

# Estate Settlement Questionnaire



**LEGACY LAW**  
*Group* LLC

## Locations

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**Please bring this form with you to your initial meeting. All information provided herein is considered CONFIDENTIAL INFORMATION by LEGACY LAW GROUP, LLC and will not be shared with anyone outside of our office without your permission. Please call us if you have any questions.**

**Date Completed:** \_\_\_\_\_

**Personal Representative/ Successor Trustee Information:**

**Please Print**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name Used to Sign Legal Documents (please print) \_\_\_\_\_

Nickname \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_ U.S. Citizen:  Yes  No

Home address \_\_\_\_\_

City \_\_\_\_\_ State/ZIP \_\_\_\_\_ County of Residence \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Email \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Divorced

Spouse Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Deceased Person's Information:**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Nickname \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last address \_\_\_\_\_

City \_\_\_\_\_ State/ZIP \_\_\_\_\_ County of Residence \_\_\_\_\_

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Death \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ U.S. Citizen:  Yes  No

**Referred By:** \_\_\_\_\_ **Located in:** \_\_\_\_\_

**Spouse of Deceased Person Information:**

Same as Personal Representative/ Successor Trustee (don't need to fill out this page)

Living, but not the Personal Representative/ Successor Trustee

Deceased: Date of Death \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Divorced: Date of Divorce \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name Used to Sign Legal Documents (please print) \_\_\_\_\_

Nickname \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State/ZIP \_\_\_\_\_ County of Residence \_\_\_\_\_

Home telephone \_\_\_\_\_ U.S. Citizen:  Yes  No

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

**Military Service of Deceased Person**

Branch \_\_\_\_\_ Length of Service \_\_\_\_\_

**Military Service of Deceased Person's Spouse**

Branch \_\_\_\_\_ Length of Service \_\_\_\_\_

**Children of Deceased Person**

If there are any children that are not beneficiaries, please provide the following information for them.  
If there are deceased children, please include them on this list. Please attach a copy of the death certificate.

<b>Name:</b>	<b>Address:</b>	<b>Social Security Number:</b>	<b>Telephone Number:</b>	<b>Birth Date:</b>

# BENEFICIARY INFORMATION

## # 1

Mr.  Mrs.  Ms.  Dr.

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name Used to Sign Legal Documents (please print) \_\_\_\_\_

Nickname \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ Email \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Relationship to Deceased Person \_\_\_\_\_

Special Needs:  Medical  Financial  Educational

Marital Status:  Married  Divorced  Widowed  Single

If Married, Spouse's Name: \_\_\_\_\_

## # 2

Mr.  Mrs.  Ms.  Dr.

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name Used to Sign Legal Documents (please print) \_\_\_\_\_

Nickname \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ Email \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Relationship to Deceased Person \_\_\_\_\_

Special Needs:  Medical  Financial  Educational

Marital Status:  Married  Divorced  Widowed  Single

If Married, Spouse's Name: \_\_\_\_\_

**# 3**

Mr.  Mrs.  Ms.  Dr.

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name Used to Sign Legal Documents (please print) \_\_\_\_\_

Nickname \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ Email \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Relationship to Deceased Person \_\_\_\_\_

Special Needs:  Medical  Financial  Educational

Marital Status:  Married  Divorced  Widowed  Single

If Married, Spouse's Name: \_\_\_\_\_

**# 4**

Mr.  Mrs.  Ms.  Dr.

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name Used to Sign Legal Documents (please print) \_\_\_\_\_

Nickname \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ Email \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Relationship to Deceased Person \_\_\_\_\_

Special Needs:  Medical  Financial  Educational

Marital Status:  Married  Divorced  Widowed  Single

If Married, Spouse's Name: \_\_\_\_\_

**# 5**

Mr.  Mrs.  Ms.  Dr.

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name Used to Sign Legal Documents (please print) \_\_\_\_\_

Nickname \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ Email \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Relationship to Deceased Person \_\_\_\_\_

Special Needs:  Medical  Financial  Educational

Marital Status:  Married  Divorced  Widowed  Single

If Married, Spouse's Name: \_\_\_\_\_

**# 6**

Mr.  Mrs.  Ms.  Dr.

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name Used to Sign Legal Documents (please print) \_\_\_\_\_

Nickname \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ Email \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Relationship to Deceased Person \_\_\_\_\_

Special Needs:  Medical  Financial  Educational

Marital Status:  Married  Divorced  Widowed  Single

If Married, Spouse's Name: \_\_\_\_\_

# DECEDENT'S REAL ESTATE

Please list all of the real estate the decedent owned at the time of death. If they owned property jointly with another person, then please list.

Value the property using the most recent property tax bill. You can use the Fair Market Value estimate from the tax bill, which is the state's best estimate of the value of the property. If you have concerns regarding the accuracy of the tax bill property value estimate, you can have an independent appraisal completed. If you plan to have the property appraised, use the appraisal value when it is available.

If you plan to sell the property, we will use the actual sales figure for the property value.

Please send us the documentation you used to determine the value of the property.

Address:	Tax Bill Parcel #:	County:	Owner(s):	Value:	Value Method:
			<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$	<input type="checkbox"/> Tax Bill <input type="checkbox"/> Appraisal <input type="checkbox"/> Sale <input type="checkbox"/> Other
			<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$	<input type="checkbox"/> Tax Bill <input type="checkbox"/> Appraisal <input type="checkbox"/> Sale <input type="checkbox"/> Other
			<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$	<input type="checkbox"/> Tax Bill <input type="checkbox"/> Appraisal <input type="checkbox"/> Sale <input type="checkbox"/> Other
			<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$	<input type="checkbox"/> Tax Bill <input type="checkbox"/> Appraisal <input type="checkbox"/> Sale <input type="checkbox"/> Other
			<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$	<input type="checkbox"/> Tax Bill <input type="checkbox"/> Appraisal <input type="checkbox"/> Sale <input type="checkbox"/> Other

# DECEDENT'S VEHICLES

Please list all vehicles (auto's, boats, RV's, campers, snowmobiles, motorcycles) owned by the decedent at the time of death. Vehicle values can be determined by using the Kelly Blue Book valuation which can be found using an online resource or by the actual sale of the vehicle. If the vehicle is an antique, or special in some other way, you may need to have it appraised.

A Vehicle's maker, model, year and VIN # can be found on the plate in the auto's windshield or on the driver's door. VIN is the Vehicle Identification Number.

Please send us the documentation you used to determine the value of the property.

Make:	Model:	Year:	VIN #:	Owner(s):	Value:	Value Method:
				<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$	<input type="checkbox"/> Blue Book <input type="checkbox"/> Appraisal <input type="checkbox"/> Sale <input type="checkbox"/> Other
				<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$	<input type="checkbox"/> Blue Book <input type="checkbox"/> Appraisal <input type="checkbox"/> Sale <input type="checkbox"/> Other
				<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$	<input type="checkbox"/> Blue Book <input type="checkbox"/> Appraisal <input type="checkbox"/> Sale <input type="checkbox"/> Other
				<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$	<input type="checkbox"/> Blue Book <input type="checkbox"/> Appraisal <input type="checkbox"/> Sale <input type="checkbox"/> Other
				<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$	<input type="checkbox"/> Blue Book <input type="checkbox"/> Appraisal <input type="checkbox"/> Sale <input type="checkbox"/> Other



# DECEDENT'S LIFE INSURANCE

Please list all insurance policies held by the decedent at the time of death.

Please contact the insurance company to inform them that the Decedent has passed away. They will send you a list of documentation required to complete their process. You will need to provide an original death certificate to each insurance company. Each company will have a specific process for you to follow, and a representative that will help you with their requirements.

Even if the policy is paid upon death to a beneficiary(ies), the government includes the value of the policy in the decedent's estate and it must be listed on this sheet.

Please list the value of the insurance policy as the benefit paid on death.

Insurance Company and Phone Number:	Policy Number:	Beneficiary(ies) by Name:	Owner(s):	Value:
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$

## DECEDENT'S ANNUITIES (non IRA)

Please list all annuities held by the decedent at the time of death.

Please contact the annuity company to inform them that the Decedent has passed away. They will send you a list of documentation required to complete their process. You will need to provide an original death certificate to each company. Each company will have a specific process for you to follow, and a representative that will help you with their requirements.

Even if the policy is paid upon death to a beneficiary(ies), the government includes the value of the policy in the decedent's estate and it must be listed on this sheet.

Please list the value of the annuity policy as the benefit paid on death.

Annuity Company and Phone Number:	Policy Number:	Beneficiary(ies) by Name:	Owner(s):	Value:
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$

## DECEDENT'S INVESTMENT ACCTS (non IRA) (STOCKS, BONDS, MUTUAL FUNDS)

Please list all investments owned through a brokerage company or as individual stock held by the decedent at the time of death. These non IRA investments could include mutual funds, bonds and bond funds, stocks owned in a brokerage account, or individual stocks purchased directly from the issuing corporation.

Please contact the brokerage company or company that issued the individual stock/investment to inform them that the Decedent has passed away. They will send you a list of documentation required to complete their process. You will need to provide an original death certificate to each company. Each company will have a specific process for you to follow, and a representative that will help you with their requirements.

Even if the policy is paid upon death to a beneficiary(ies), the government includes the value of the policy in the decedent's estate and it must be listed on this sheet.

Please list the value of the brokerage accounts and individual stocks as the value on the date of death.

Company and Phone Number:	Account Number:	Beneficiary(ies) by Name:	Owner(s):	Value:
		_____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$

# DECEDENT'S RETIREMENT ACCOUNTS

## (IRA'S, PENSIONS, TSA, 401K, ETC.)

Please list all retirement accounts held by the decedent at the time of death.

Please contact the brokerage company or company/government entity that issued the retirement benefit to inform them that the Decedent has passed away. They will send you a list of documentation required to complete their process. You will need to provide an original death certificate to each company. Each company will have a specific process for you to follow, and a representative that will help you with their requirements.

Even if the policy is paid upon death to a beneficiary(ies), the government includes the value of the policy in the decedent's estate and it must be listed on this sheet.

Please list the value of the retirement accounts as the value on the date of death.

Company and Phone Number:	Account Number:	Beneficiary(ies) by Name:	Owner(s):	Value:
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$

# DECEDENT'S BANKING ACCOUNTS

## (CERTIFICATES OF DEPOSIT, SAVINGS, CHECKING, MONEY MARKET, SAFE DEPOSIT BOXES)

Please list all bank accounts held by the decedent at the time of death.

Please contact the financial institutions to inform them that the Decedent has passed away. They will send you a list of documentation required to complete their process. You will need to provide an original death certificate to each institution. Each financial institution will have a specific process for you to follow, and a representative that will help you with their requirements.

Even if the policy is paid upon death to a beneficiary(ies), the government includes the value of the policy in the decedent's estate and it must be listed on this sheet.

Please list the value of the banking accounts as the value on the date of death.

<b>Name Of Bank:</b>	
<b>Phone Number:</b>	
<b>Contact Person:</b>	
<b>Address:</b>	

Type of Account:	Account Number:	Payable on Death Beneficiary(ies) by Name, if any:	Owner(s):	Value:
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w _____	\$
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w _____	\$
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w _____	\$
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w _____	\$

## DECEDENT'S BANKING ACCOUNTS (cont'd)

<b>Name Of Bank:</b>	
<b>Phone Number:</b>	
<b>Contact Person:</b>	
<b>Address:</b>	

Type of Account:	Account Number:	Payable on Death Beneficiary(ies) by Name, if any:	Owner(s):	Value:
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$

<b>Name Of Bank:</b>	
<b>Phone Number:</b>	
<b>Contact Person:</b>	
<b>Address:</b>	

Type of Account:	Account Number:	Payable on Death Beneficiary(ies) by Name, if any:	Owner(s):	Value:
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$

# DECEDENT'S LOANS

Please list all outstanding loans or other debts held by the decedent at the time of death. Car loans, property mortgages, student loans, and lines of credit are typical debt accounts to include in this section.

Please contact the loan company to inform them that the Decedent has passed away. They will send you a list of documentation required to complete their process. You will need to provide an original death certificate to each company. Each company will have a specific process for you to follow, and a representative that will help you with their requirements.

The value of the outstanding debt is included in the estate accounting and must be listed on this sheet.

Please list the value of the loan as the value on the date of death.

<b>Name Of Lender:</b>	
<b>Phone Number:</b>	
<b>Contact Person:</b>	
<b>Address:</b>	

Type of Account:	Account Number:	Beneficiary(ies) by Name:	Owner(s):	Value:
		_____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$

<b>Name Of Lender:</b>	
<b>Phone Number:</b>	
<b>Contact Person:</b>	
<b>Address:</b>	

Type of Account:	Account Number:	Beneficiary(ies) by Name:	Owner(s):	Value:
		_____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$
		_____ _____ _____	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$

# MONIES DUE TO DECEDENT FROM OTHERS

Please list all outstanding monies held by another on behalf of the decedent at the time of death. Prepayment for future work, or a written and signed loan to a relative or friend should be included in this section.

Please contact the loan holder to inform them that the Decedent has passed away, and to inform them that the funds should be repaid.

The value of the outstanding loan is included in the estate accounting and must be listed on this sheet. Attach the documentation of the outstanding monies due, as well as the documentation used to determine the value of the loan.

Please list the value of the loan as the value on the date of death.

<b>Name Of Loan Recipient:</b>	
<b>Phone Number:</b>	
<b>Contact Person:</b>	
<b>Address:</b>	

Type of Account:	Account Number:	Owner(s):	Value:
		<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w _____	\$

<b>Name Of Loan Recipient:</b>	
<b>Phone Number:</b>	
<b>Contact Person:</b>	
<b>Address:</b>	

Type of Account:	Account Number:	Owner(s):	Value:
		<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w _____	\$

If additional space is needed, please use a separate page.



## DECEDENT'S BUSINESS INTERESTS (SOLE PROPRIETORSHIP, PARTNERSHIP, LLC, ETC.)

Please list all business interests held by the decedent at the time of death.

Please list the approximate value of the decedent's business interest as of the date of death.

Type of Entity:	Entity Legal Name:	Additional Owners and Percent of Ownership:	Value:
		<hr/> <hr/> <hr/> <hr/> <hr/>	\$
		<hr/> <hr/> <hr/> <hr/> <hr/>	\$
		<hr/> <hr/> <hr/> <hr/> <hr/>	
		<hr/> <hr/> <hr/> <hr/> <hr/>	

## DECEDENT'S PERSONAL PROPERTY (COLLECTIONS, ANTIQUES, JEWELRY, PROFESSIONAL EQUIPMENT, ETC)

Please list all personal property of a unique value or providence which was held by the decedent at the time of death. This could include a hobby collection, art work, jewelry, antiques, or historical memorabilia owned by the Decedent.

In many cases, property with a unique value will have been appraised or insured at some point in time. Valuation can start with that value, but may need to be appraised again to properly value for the estate.

Please list the value of the asset as of the date of death.

Personal Property Description:	Owner(s):	Value:	Value Method:
	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$	<input type="checkbox"/> Insurance <input type="checkbox"/> Appraisal <input type="checkbox"/> Sale <input type="checkbox"/> Other
	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$	<input type="checkbox"/> Insurance <input type="checkbox"/> Appraisal <input type="checkbox"/> Sale <input type="checkbox"/> Other
	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$	<input type="checkbox"/> Insurance <input type="checkbox"/> Appraisal <input type="checkbox"/> Sale <input type="checkbox"/> Other
	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$	<input type="checkbox"/> Insurance <input type="checkbox"/> Appraisal <input type="checkbox"/> Sale <input type="checkbox"/> Other
	<input type="checkbox"/> Trust <input type="checkbox"/> Decedent <input type="checkbox"/> Jointly w_____	\$	<input type="checkbox"/> Insurance <input type="checkbox"/> Appraisal <input type="checkbox"/> Sale <input type="checkbox"/> Other

**Firearms:** Did the deceased own any guns?  Yes  No If so, how many? \_\_\_\_\_

○ Do you have a financial advisor you would like us to work with for the settlement process?

Yes     No

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

○ Do you have an accountant you would like us to work with for the settlement process?

Yes     No

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please list out any known creditors of the deceased and the estimated value of amount owed?

**PLEASE USE THIS SPACE TO WRITE IN ADDITIONAL FAMILY INFORMATION OR TO WRITE DOWN ANY QUESTIONS YOU MAY HAVE:**