

ESTATE ADMINISTRATION LIST

ESTATE PROPERTY

This list includes everything the deceased owned.
Separate between Real property (real estate)
and personal property (anything that is not real estate).

Please be sure to list any
Rental Property owned
by the deceased and
attach copies of the
current tenants' leases

Also list any business the
deceased owned

Did The Deceased Leave Any of The Following Documents?

- Last Will & Testament
- Trust (Revocable or Irrevocable)
- Insurance Policies (including any policy to fund an Irrevocable Trust)
- Retirement/Pensions/Annuities Plan

PLEASE ATTACH COPIES

WHO ARE THE FAMILY MEMBERS OF THE DECEASED?

Please include phone numbers and email addresses

SPOUSE

Name:

Address:

Attach any divorce decree, prenuptial agreement or death certificate

CHILDREN (include out-of-wedlock and adopted children)

Name:

Address:

dob:

If deceased – date of death:

Name:

Address:

dob:

If deceased – date of death:

Name:

Address:

dob:

If deceased – date of death:

Name:

Address:

dob:

If deceased – date of death:

Name:

Address:

dob:

If deceased – date of death:

Name:

Address:

dob:

If deceased – date of death:

PARENTS

Name:

Address:

If deceased – date of death:

Name:

Address:

If deceased – date of death:

SISTERS/BROTHERS

Name:

Address:

If deceased – date of death:

Name:

Address:

If deceased – date of death:

Name:

Address:

If deceased – date of death:

Name:

Address:

If deceased – date of death:

Name:

Address:

If deceased – date of death:

NIECES/NEPHEWS

Name:

Address:

Name:

Address:

Name:
Address:

Name:
Address:

Name:
Address:

Name:
Address:

Name:
Address:

Name:
Address:

GREAT-NIECES/GREAT-NEPHEWS

Name:
Address:

Name:
Address:

Name:
Address:

Name:
Address:

Name:
Address:

Name:
Address:

Name:
Address:

Name:
Address:

**PLEASE LIST THE FOLLOWING PROFESSIONALS
USED OR ARRANGED BY THE DECEDENT**

ACCOUNTANT/TAX PREPARER

Name:

Address:

BANKER

Name:

Address:

INSURANCE COMPANY

Name:

Address:

BROKER/FINANCIAL ADVISOR

Name:

Address:

NURSING HOME/HOME HEALTH CARE AGENCY

Name:

Address:

CHURCH/SYNAGOG/HALL/TEMPLE

Name:

Address:

FUNERAL HOME

Name:

Address:

CEMETERY

Name:

Address:

PLEASE LIST AND ATTACH COPIES OF THE FOLLOWING BILLS AND ANY OTHER OUTSTANDING DEBTS

Telephone _____

Electricity _____

Gas _____

Oil _____

Water _____

Rent/Mortgage _____

State Property Taxes _____

Federal Taxes _____

Renters/Homeowner's Insurance _____

Automobile Loans _____

Automobile Insurance _____

Storage Fees _____

Credit Cards _____

Child Support _____

Lawsuits _____

Worker's Compensation Claims _____
