PROBATE / TRUST ADMINISTRATION WORKBOOK

USING THIS ORGANIZER WILL ASSIST US IN EFFICIENTLY ADVISING YOU REGARDING YOUR PROBATE AND/OR TRUST ADMINISTRATION QUESTIONS. ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PLEASE RETURN THE COMPLETED WORKBOOK TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA MAIL, FAX, OR EMAIL TO STONELAW@NVESTATEPLAN.COM.

PART I - PERSONAL INFORMATION

DECEDENT'S INFORMATION

Full Legal Name:____

Also Known As:____
(other names used to title property and accounts)

Birth date: ____________________________ Social Security #: ___________________________

Home Address: ____ City:____________________

State: _____________________ Zip: ______________ County of Residence: ________________

❑ Married: Date_______________ ❑ Divorced: Date_________________ ❑ Single

❑ Domestic Partner: Date_________________ ❑ Widowed: Date________________

❑ Non-U.S. Citizen ❑ Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

Date of Death: ____________________ Please provide an **original** death certificate

Did the Decedent have a Last Will? ❑ Yes ❑ No If yes, please provide the **original** Last Will.

SURVIVING SPOUSE

Full Legal Name: ____

Also Known As:____
(other names used to title property and accounts)

Birth date: ____________________________ Social Security #:_____________________________

Home Address ____ City ____________________

State ______________________ Zip ____________ County of Residence ___________________

Home Phone _______________ Cell Phone _______________ Business Phone _________________

Employer ____

Business Address ____

City ___________________________ State __________________ Zip ___________________

E-mail Address ___________________________________ US Citizen? ❑ Yes / ❑ No

Is Surviving Spouse the Successor Trustee? ❑ Yes ❑ No

PART II - PERSONAL REPRESENTATIVE'S INFORMATION

Please provide the following information for the proposed personal representative, i.e., Executor, Administrator, or Trustee

Full Legal Name: ____

Gender: ❑ Male ❑ Female Relationship to the Decedent: ________________________________

Birth date ______________________________ Social Security # ____________________________

Home Address ____ City ____________________

State ________________________ Zip _____________ County of Residence _______________

Home Phone ______________ Cell Phone ________________ Business Phone ________________

E-mail Address ____

Has the proposed Personal Representative ever been convicted of a felony? ❑ Yes ❑ No

PART III – BENEFICIAIRIES OF THE DECEASED PERSON

Please identify decedent's children and other family members, friends, or persons who will be beneficiaries of your estate. Also list any persons that should be specifically excluded from receiving any benefit from the decedent's estate. Use full legal name.

Full Name	Sex	DOB	Relationship	No. of Children
1. ______________________________	M F	___ / ___ / ___	___________	_____________

Address ____

Home Phone (______)________-____________ Cell Phone (______)________-____________

E-mail ____ Marital Status __________________________

Full Name	Sex	DOB	Relationship	No. of Children
2. ______________________________	M F	___ / ___ / ___	___________	_____________

Address ____

Home Phone (______)________-____________ Cell Phone (______)________-____________

E-mail ____ Marital Status __________________________

Full Name	Sex	DOB	Relationship	No. of Children
3. ______________________________	M F	___ / ___ / ___	___________	_____________

Address ____

Home Phone (______)________-____________ Cell Phone (______)________-____________

E-mail ____ Marital Status __________________________

Full Name	Sex	DOB	Relationship	No. of Children
4. ______________________________	M F	___ / ___ / ___	___________	_____________

Address ____

Home Phone (______)________-____________ Cell Phone (______)________-____________

E-mail ____ Marital Status __________________________

Attach additional sheets if needed.

PART IV - OTHER PROFESSIONAL ADVISORS

Name of CPA: ____

Company_______________________________________ Phone # _____________________

Name of Financial Advisor: ____

Company_______________________________________ Phone # _____________________

Name of Family Attorney: ____

Company_______________________________________ Phone # _____________________

Name of Stock Broker: ____

Company_______________________________________ Phone # _____________________

Name of Life Insurance Agent: ____

Company_______________________________________ Phone # _____________________

Name of Personal Banker: ____

Company_______________________________________ Phone # _____________________

PART V - PROPERTY INFORMATION

INSTRUCTIONS FOR COMPLETING THE *PROPERTY INFORMATION* CHECKLIST

General Headings

This *Property Information* checklist is designed to help the personal representative (executor, trustee, administrator, etc.) list all the property owned by the decedent as of the date of death, and what it is worth. If the decedent did not own property under a particular heading, just leave that section blank. Under certain headings a decedent may own more property than can be listed on this checklist. If so, use **extra sheets** of paper to list your additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

"Owner" of Property

How the decedent owned his or her property is ***extremely important*** for purposes of properly administering the estate. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If the property was owned in the decedent's name only	I
If the property was owned in the name of the decedent's Trust	TR
If married or a registered domestic partner, Spouse's / Partner's name alone, with no other person	SP
If married or a registered domestic partner, Joint Tenancy with spouse/partner	JTS
Joint Tenancy with someone other than a spouse/partner, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

REAL PROPERTY

TYPE: Any interest in real estate including decedent's family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	**Owner**	**Market Value**	**Loan Balance**
	Total		

AUTOMOBILES, BOATS AND RVS

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance. Please do not include leased vehicles:

Vehicle Description	**Owner**	**Market Value**	**Loan Balance**
	Total		

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below). Do not include IRAs or 401(k)s here*

Name of Institution and account number	**Type**	**Owner**	**Amount**
		Total	

Note: If Account is in the decendent's name (or the spouse's or partner's name) for the benefit of a minor, please specify and give minor's name.

STOCK AND BOND CERTIFICATES

TYPE: List any and all stock and bond certificates the decedent owned.

Stocks, Bonds or Investment Accounts	Type	Number of Shares	Owner	Amount
			Total	

STOCK OPTIONS

Company	ISO/NQSO	Number of Shares	Owner	Amount
			Total	

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Company Type	Face Amount	Insured	Owner	Beneficiaries	Premium Payer	Agent
					Total	

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Type of plan	Plan Name	Participant	Current Value	Beneficiaries	Other Information

Total ______________

FURNITURE AND PERSONAL EFFECTS

TYPE: List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property *(indicate type below and **give a lump sum value for miscellaneous**, less valuable items.).*

Type or Description	Owner	Market Value
	Total	

BUSINESS INTERESTS

TYPE: LLCs, Corporations (C & S), General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, decedent's ownership in the interests, and the estimated value of the interests.

Entity Name	Interest Type	Ownership Interest	Estimated Value	Other Information

Total ______________

MONEY OWED TO DECEDENT

TYPE: Mortgages or promissory notes payable to the decedent**,** or other money owed to the decedent.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
			Total	

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that the decedent was receiving or expected to receive at some time in the future; or monies that the decedent was entitled to receive or anticipated receiving through a judgment in a lawsuit. **Describe in appropriate detail**.

Description ____

____

Total estimated value ____________________

OIL, GAS AND MINERAL INTERESTS

TYPE: Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.

Type or Description	Owner	Market Value
	Total	

DIGITAL ASSETS

TYPE: Please identify any valuable digital assets, such as domain names, online profiles, avatars, etc. Other property is any property that the decedent had that does not fit into any listed category.

Do you have an inventory of your "online" digital assets – account user names / passwords, email addresses, social media profiles, etc.? ❑ Yes / ❑ No

Type	Owner	Value
	Total	

OTHER ASSETS

TYPE: Please identify any other property the decedent had that doesn't fit into any of the above categories.

Type	**Owner**	**Value**
	Total	

DECEDENT'S PERSONAL DEBTS

Credit Cards:

Name of Issue	**Account Number**	**Owner of Account**	**Balance Owed**

Loans:

Name of Issue	**Account Number**	**Owner of Account**	**Balance Owed**

Notes:

Name of Issue	**Account Number**	**Owner of Account**	**Balance Owed**

Other:

Name of Issue	**Account Number**	**Owner of Account**	**Balance Owed**

*Total*______________

Notes or Additional Information:

PROPERTY SUMMARY

ASSETS	*AMOUNT*
Real Property	______
Automobiles, Boats & RV's	______
Bank & Savings Accounts	______
Stock & Bond Certificates	______
Stock Options	______
Life Insurance Policies & Annuities	______
Retirement Plans	______
Furniture & Personal Effects	______
Business Interests	______
Monies Owed to Decedent	______
Anticipated Inheritance, Gift, or Judgment	______
Oil, Gas, and Mineral Interests	______
Digital Assets	______
Other Assets	______
TOTAL ASSETS	______

PERSONAL LIABILITIES

	AMOUNT
Residence mortgages	______
Other mortgages	______
Bank loans	______
Margin loans	______
Taxes (due and owing)	______
Credit cards	______
Auto loans	______
Leases	______
Accounts payable	______
Judgments	______
Personal Guarantees	______
Other liabilities	______
TOTAL LIABILITIES	______