

**ESTATE INFORMATION SHEET**

**GENERAL INFORMATION:**

DECEDENT'S NAME \_\_\_\_\_ S.S.N: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CAUSE OF DEATH: \_\_\_\_\_

DECEDENT'S OCCUPATION: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

COUNTY OF ADMINISTRATION: \_\_\_\_\_

TESTATE  INTESTATE LOCATION OF WILL: \_\_\_\_\_

APPRAISER: \_\_\_\_\_

**MARITAL STATUS AT TIME OF DEATH:**

MARRIED - DATE OF MARRIAGE: \_\_\_\_\_

WIDOWED - DECEASED SPOUSE: \_\_\_\_\_

SEPARATED - NAME OF SPOUSE: \_\_\_\_\_

DIVORCED - DATE OF DIVORCE: \_\_\_\_\_

SINGLE

**RELATIVES:**

1. Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

4. Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

5. Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

6. Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

7. Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

**ASSETS:**

<b>PERSONAL PROPERTY:</b>	<b>HOW OWNERSHIP HELD</b>	<b>DESCRIPTION</b>
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HOUSEHOLD GOODS: \_\_\_\_\_

ANTIQUES, ETC.: \_\_\_\_\_

VEHICLES: \_\_\_\_\_

<b><u>NAME OF BANK:</u></b>	<b><u>ACCT. #:</u></b>	<b><u>OWNERSHIP:</u></b>	<b><u>BALANCE:</u></b>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>STOCKS:</b>	<b><u>STOCK NO:</u></b>	<b><u>OWNERSHIP:</u></b>	<b><u>VALUE:</u></b>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>BONDS:</b>	<b><u>BOND NO.:</u></b>	<b><u>OWNERSHIP:</u></b>	<b><u>VALUE:</u></b>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>CASH ON HAND:</b>	<b><u>AMOUNT:</u></b>
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<b>SAFETY DEPOSIT BOX NO.:</b> _____	<b>LOCATION:</b> _____
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**INSURANCE POLICIES:**

<b><u>COMPANY NAME:</u></b>	<b><u>POLICY NO.:</u></b>	<b><u>BENEFICIARY:</u></b>	<b><u>FACE VALUE:</u></b>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**REAL ESTATE:**

**DESCRIPTION:**

**COUNTY:**

**OWNERSHIP:**

**EST. VALUE:**

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**TAX REQUIREMENTS: (ANTICIPATED RETURNS)---(FOR OFFICE USE ONLY)**

	<b>YES/NO</b>	<b>DUE DATE:</b>
1040 FINAL	_____	_____
STATE INCOME FINAL	_____	_____
CITY INCOME FINAL	_____	_____
PERSONAL PROPERTY TAX	_____	_____
OHIO ESTATE TAX	_____	_____
FEDERAL ESTATE TAX	_____	_____
FIDUCIARY RETURN ANTICIPATED	_____	_____

**PLANNING:---(FOR OFFICE USE ONLY)**

YEARS ALLOWANCE: \_\_\_\_\_

EXEMPT PROPERTY: \_\_\_\_\_

AUXILLARY ADM. REQUIRED: \_\_\_\_\_

TAX FILINGS ANTICIPATED IN OTHER STATES (NAME OF STATE): \_\_\_\_\_

**SPECIFIC REQUESTS:** \_\_\_\_\_

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IS CASH PROBLEM ANTICIPATED? \_\_\_\_\_

**LIST OF DEBTS KNOWN:**

**CREDITOR:**

**EST. AMOUNT:**

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