

BOGUTZ & GORDON, P.C.
3503 North Campbell Ave., Suite 101
Tucson, Arizona 85719
Phone(520) 321-9700
Fax (520)321-9797
www.bogutzandgordon.com

If you would like to sign up for our email newsletter, please visit our website.

Date: _____

Prepared by: _____

Estate Administration Information

The following information will be needed in the administration of the estate and will assist us in determining what procedures are needed and what notifications must be given. Please complete this information as completely as possible and return it to us with copies of any documents about which you have questions and with any account statements or other financial information that may be needed.

Name

Social Security Number

Decedent _____

Date of Death: _____ Place of Death: _____

Date of Birth: _____

Address at Time of Death: _____

Decedent's Occupation: _____

Did the Decedent have a Trust? _____ If so, please describe or submit a copy.

Was there a will? _____ Where is the original of the will located? _____

Who is named as the Personal Representative/Executor? _____

Address: _____

D.O.B. _____

Phone: _____

Who is named as the alternate Personal Representative/Executor? _____

Address: _____

Phone: _____

Was there a list made by the decedent of gifts of personal property to be made after death? _____

Decedent's Family
(If any person is deceased, please give date of death)

<u>Name</u> _____	<u>Date of Birth</u> _____	<u>Address (Very Helpful)</u> _____
Spouse: _____		

phone: _____		
SSN: _____		

Children of the decedent (list all children including any who are not still alive):

_____	_____	_____
Deceased? _____		
Name of child's other parent other than decedent:		_____
_____	_____	_____
Deceased? _____		
Name of child's other parent other than decedent:		_____
_____	_____	_____
Deceased? _____		
Name of child's other parent other than decedent:		_____
_____	_____	_____
Deceased? _____		
Name of child's other parent other than decedent:		_____
_____	_____	_____
Deceased? _____		
Name of child's other parent other than decedent:		_____
_____	_____	_____
Deceased? _____		
Name of child's other parent other than decedent:		_____
_____	_____	_____
Deceased? _____		
Name of child's other parent other than decedent:		_____
_____	_____	_____
Deceased? _____		
Name of child's other parent other than decedent:		_____
_____	_____	_____

Other persons who are related to the decedent or who are named in the will or trust: (grandchildren, siblings, nieces and nephew, etc.):

<u>Name</u> _____	<u>Relationship and Address (Please supply SSN if known):</u> _____
_____	_____
_____	_____
_____	_____

INCOME

Was the decedent receiving income from any of the following sources? Give the monthly amounts if known.

Source Monthly Amounts

Social Security _____

Pension Benefits _____

Employment _____

Give name and address of employer: _____

VA or other pension: _____

Other Income _____

Did the Decedent file an income tax return for the preceding year? _____ If so, please submit a copy.

ASSETS

Please complete the appropriate sections and attach separate statements such as bank account or brokerage statements, balance sheet, your own list, etc.

1. Real Estate

<u>Location</u>	<u>Name(s) on Title</u>	<u>Estimated Value</u>	<u>Mortgage Balance</u>
-----------------	-------------------------	------------------------	-------------------------

2. Bank Accounts (attach statements if available)

<u>Name of Bank and Account Number</u>	<u>Type: (Checking, CD, money market, etc)</u>	<u>Name(s) on Account</u>	<u>Balance</u>
--	--	---------------------------	----------------

3. Regular Investments (brokerage accounts, mutual funds, etc.) Attach statements or separate list if available.

<u>Item</u>	<u>Name(s) on Account</u>	<u>Value</u>

4. Promissory Notes, Mortgages (money owed to decedent)

<u>Description</u>	<u>Value</u>

5. Business Assets

<u>Description</u>	<u>Form of Ownership</u>	<u>Value</u>
	<u>Name(s) on Account</u>	

6. Tax-Qualified Investments (IRA accounts, tax-sheltered annuities, pensions, 401(K)s, 403(b)s, etc.)

<u>Description</u>	<u>Owner of Account</u>	<u>Amount</u>	<u>Beneficiary</u>

7. Life Insurance

<u>Company</u>	<u>Face Amount</u>	<u>Beneficiary</u>

8. Tangible Personal Property (motor vehicles, musical instruments, artwork, jewelry, etc.)
(Only list items of substantial value or importance)

<u>Item</u>	<u>Location</u>	<u>Approximate Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Estimate the total value of the household furnishings, and other personal belongings: \$ _____

9. Did the decedent maintain a safe deposit box?

<u>Bank</u>	<u>Branch</u>	<u>Number</u>
_____	_____	_____

Where is the key located? _____

10. What funeral or burial arrangements were made?

<u>Funeral Home/Cemetery</u>	<u>Cost</u>	<u>Amount Paid and by Whom</u>
_____	_____	_____

11. Miscellaneous Assets: Are there any items belonging to decedent not previously mentioned, such as U.S. savings bonds, annuities, pending lawsuits, out of state assets, refunds due, etc.?

<u>Description</u>	<u>Value</u>
_____	_____
_____	_____

LIABILITIES

Please list any outstanding liabilities of the decedent including mortgage debt, personal debts, medical debts, promissory notes, credit cards, bank loans or any other debts:

Lender:	Acct. No.	Balance due:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Please bring the following documents to our meeting, if available and applicable: (a) Will(s) and Trust(s); (b) Deed to residence; (c) latest tax returns; (d) insurance policies; (e) bank or brokerage account statements and (f) any other documents or information you deem relevant.

PLEASE MAKE SURE TO WRITE DOWN ANY QUESTIONS YOU MAY HAVE SO THAT WE ARE SURE TO ANSWER THEM AT OUR MEETING.