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	Date:
Estate Adı	Prepared by:
determining what procedures are needed and what	in the administration of the estate and will assist us in at notifications must be given. Please complete this it to us with copies of any documents about which you have er 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, pl	ease describe or submit a copy.
Was there a will? Where is the original	nal of the will located?
Who is named as the Personal Representative/Exe	ecutor?
Address:	
D.O.B	
Phone:	
Who is named as the alternate Personal Represen	tative/Executor?
Address:	
Phone:	
	personal property to be made after death?

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

<u>Name</u>	Date of Birth	Address (Very Helpful)
Spouse:		
		phone: SSN:
Children of the decedent (list all chil	dren including any wl	no are not still alive):
Deceased?		
Name of child's other parent	other than decedent:	SSN:
Deceased?		
Name of child's other parent	other than decedent:	SSN:
Deceased?		
Name of child's other parent		phone: SSN:
Deceased?		
Name of child's other parent	other than decedent:	phone: SSN:
Deceased?		
		phone: SSN:
Name of child's other parent	other than decedent:	
Other persons who are related to the nieces and nephew, etc.):	decedent or who are r	named in the will or trust: (grandchildren, siblings,
<u>Name</u>	Relati	onship and Address (Please supply SSN if known):

INCOME

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

Source	Monthly An	nounts	
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	g year? If so, j	please submit a copy.
	ASSET	<u>S</u>	
	ete the appropriate sections and attach balance sheet, your own list, etc.	separate statements s	such as bank account or
1. <u>Real Estate</u>			
Location	Name(s) on Title	Estimated Value	Mortgage Balance
2. Bank Account	ts (attach statements if available)		
Name of Bank and Account Number	Type: (Checking, CD, money market, etc)	Name(s) on Account	Balance

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

Item		Name	(s) on Account Va	llue
4.	Promissory Notes, Mo	rtgages (money owed to dece	edent)	
Desci	ription		Value	
5.	Business Assets		_Form of Ownership	
Desci	ription		Name(s) on Account	Value
6. Desci		ents (IRA accounts, tax-shel Owner of Account		401(K)s, 403(b)s, etc.) Beneficiary
7.	Life Insurance			
	Company	Face Amount	Beneficiary	

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

<u>Item</u>		Location	Approximate Value
	ate the total value of the household nings, and other personal belongings:	\$	
9.	Did the decedent maintain a safe dep	posit box?	
<u>Bank</u>	Branch	Number	
	is the key located?		_
10.	What funeral or burial arrangements	were made?	
<u>Funera</u>	al Home/Cemetery		Amount Paid and by Whom
11. saving	<u>Miscellaneous Assets:</u> Are there any s bonds, annuities, pending lawsuits, o	titems belonging to decedent no	ot previously mentioned, such as U.S. etc.?
	Description	Value	

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.