

# Estate Administration Checklist

## *Decedent name and address*

Legal Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County of Residence: \_\_\_\_\_

## *Spouse name and address*

Legal Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County of Residence: \_\_\_\_\_

## *Miscellaneous decedent information*

SS#: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Citizenship (USA or Other)? \_\_\_\_\_  
AKA or other Names: \_\_\_\_\_  
Previous Marriages: \_\_\_\_\_

## *Miscellaneous spouse information*

SS#: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Citizenship (USA or Other)? \_\_\_\_\_  
AKA or other Names: \_\_\_\_\_  
Previous Marriages: \_\_\_\_\_

## *Phone Numbers*

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

## *Executor Information*

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (H): \_\_\_\_\_ (W): \_\_\_\_\_  
(Cell): \_\_\_\_\_ (Fax): \_\_\_\_\_

## *Co-Executor Information*

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (H): \_\_\_\_\_ (W): \_\_\_\_\_  
(Cell): \_\_\_\_\_ (Fax): \_\_\_\_\_

## Children information

Legal Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Children (names & ages): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Legal Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Children (names & ages): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Legal Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Children (names & ages): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Legal Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Children (names & ages): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Children information

Legal Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Children (names & ages): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Legal Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Children (names & ages): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Legal Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Children (names & ages): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Legal Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Children (names & ages): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Children of Prior Marriages (if applicable)

Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Children (names & ages): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Other Parent: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Children (names & ages): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Other Parent: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Children (names & ages): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Other Parent: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Children (names & ages): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Other Parent: \_\_\_\_\_

## Children of Prior Marriages (if applicable)

Legal Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Phone: \_\_\_\_\_ SS#: \_\_\_\_\_  
Children (names & ages): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of Other Parent: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Phone: \_\_\_\_\_ SS#: \_\_\_\_\_  
Children (names & ages): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of Other Parent: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Phone: \_\_\_\_\_ SS#: \_\_\_\_\_  
Children (names & ages): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of Other Parent: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Phone: \_\_\_\_\_ SS#: \_\_\_\_\_  
Children (names & ages): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of Other Parent: \_\_\_\_\_

## Individuals Mentioned in the Will

Legal Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
SS#: \_\_\_\_\_ Relation: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
SS#: \_\_\_\_\_ Relation: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
SS#: \_\_\_\_\_ Relation: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
SS#: \_\_\_\_\_ Relation: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
SS#: \_\_\_\_\_ Relation: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
SS#: \_\_\_\_\_ Relation: \_\_\_\_\_

## Charitable Beneficiaries Under Will

Charity Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ EIN: \_\_\_\_\_  
Special Purpose: \_\_\_\_\_  
\_\_\_\_\_

Charity Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ EIN: \_\_\_\_\_  
Special Purpose: \_\_\_\_\_  
\_\_\_\_\_

Charity Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ EIN: \_\_\_\_\_  
Special Purpose: \_\_\_\_\_  
\_\_\_\_\_

Charity Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ EIN: \_\_\_\_\_  
Special Purpose: \_\_\_\_\_  
\_\_\_\_\_

Charity Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ EIN: \_\_\_\_\_  
Special Purpose: \_\_\_\_\_  
\_\_\_\_\_

Charity Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ EIN: \_\_\_\_\_  
Special Purpose: \_\_\_\_\_  
\_\_\_\_\_

## Decedent's Family Information

### *Father*

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

### *Mother*

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

### *Siblings*

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____









*Miscellaneous Information*

Yes      No

Did the decedent own a lock box?            If Yes: Where? \_\_\_\_\_, Names on Box? \_\_\_\_\_

What property is in the box? \_\_\_\_\_

Yes      No

Was the decedent in the Armed Forces?            If Yes: Branch: \_\_\_\_\_, Dates of Service: \_\_\_\_\_

Are there any death benefits? \_\_\_\_\_

Yes      No

Did the decedent make lifetime gifts over \$10,000?            If Yes: To Whom? \_\_\_\_\_, Amount: \_\_\_\_\_

Yes      No

Did the decedent have any ownership interests in a business (such as an S-Corp, Partnership, Privately Held Company)?       

If Yes, describe (name, address, restrictive agreements): \_\_\_\_\_

Did the decedent ever live in any of the following states: California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, Wisconsin or Idaho?

Yes      No

       If Yes: list any major assets purchased in those states: \_\_\_\_\_

Please provide information for the following:

	<i>Name</i>	<i>Phone Number</i>	<i>Address</i>
CPA			
Broker			
Life Insurance Agent			
Bank Preference			

