

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			

