

Estate Information Sheet

Checklist of Items to Be Brought by Client to Initial Interview on a Probate Matter

- Three certified copies of the death certificate or as many as necessary for transferring assets.
- Legal documents: copy of the decedent's birth certificate, last will, codicils, trusts, handwritten/typed lists of personal property, prenuptial/marital agreements, child support orders, life insurance policies, beneficiary designations, buy/sell agreements, operating agreements, contracts/notes, deeds, land contracts, loan agreements, title to automobile, boats, etc.
- Financial documents: any information available describing the decedent's assets and liabilities, such as bills, bank statements, investment reports, copies of bonds, stocks, mortgages, corporate financials, income tax returns, business records, real estate documents, the decedent's check register, credit card statements, information about any known creditors and the like.
- Names and addresses of the following: (1) decedent's spouse, if any, and surviving children and issue of deceased children, if any; (2) if no surviving spouse, children, grandchildren, then to decedent's surviving parents; (3) if no surviving parents, then to brothers and sisters of decedent and the children of deceased brothers and sisters.
- If there are none of the above, question the client and family, if any, very carefully to determine who the heirs are under MCL 700.2103(d).
- Social Security numbers of all who will receive property from the estate (if estate tax returns are required).

ESTATE INFORMATION SHEET

Please answer the following questions as completely as possible. If the question does not apply, write N/A. We realize this form is quite involved; however, your taking the time to complete the form will assist us in more efficient administration of the estate.

Estate and/or trust of _____

General Information

1. Date of death _____ death certificate _____
2. Social security number _____
3. Citizenship _____
4. Address of permanent residence at time of death _____

5. State of legal domicile _____
6. Year in which current domicile was established _____
7. Place of death _____
8. Cause of death _____
9. Length of last illness _____
10. Name and addresses of the decedent's regular physician _____

11. If confined in a hospital during the last illness or within three years before death, give the name and the address of the hospital:

12. Date of birth _____
13. Place of birth _____
14. Retired: [] Yes [] No
15. Business or occupation:
 Position held (former one if retired) _____
 Name of employer _____
 Address _____
16. Marital status at date of death _____

17. If spouse survives, his or her name _____
Social security number _____
Date of marriage _____
18. State in which the decedent was legally domiciled at the date of this marriage

19. If the spouse was deceased, his or her name _____
Date of death _____ Please provide a death certificate
20. Children, all beneficiaries and personal representative (PR)
- a. Name of PR _____
Social security number _____
Relationship to the decedent _____
Address _____
Phone (Home) (____) _____ (Work) (____) _____
Date of birth _____
Driver's License Number: _____
- b. Name _____
Social security number _____
Relationship to the decedent _____
Address _____
Phone (Home) (____) _____ (Work) (____) _____
Date of birth _____
- c. Name _____
Social security number _____
Relationship to the decedent _____
Address _____
Phone (Home) (____) _____ (Work) (____) _____
Date of birth _____
- d. Name _____
Social security number _____
Relationship to the decedent _____
Address _____
Phone (Home) (____) _____ (Work) (____) _____
Date of birth _____
- e. Name _____
Social security number _____
Relationship to the decedent _____
Address _____
Phone (Home) (____) _____ (Work) (____) _____
Date of birth _____
- f. Name _____
Social security number _____
Relationship to the decedent _____
Address _____
Phone (Home) (____) _____ (Work) (____) _____
Date of birth _____
- g. Name _____
Social security number _____
Relationship to the decedent _____
Address _____
Phone (Home) (____) _____ (Work) (____) _____
Date of birth _____
- h. Name _____
Social security number _____
Relationship to the decedent _____
Address _____
Phone (Home) (____) _____ (Work) (____) _____
Date of birth _____

Schedule A -- Real Estate

Real Estate Titled in the Decedent's Name Alone		Appraised value	equalized value
1.	Property address _____ _____	_____	
2.	Property address _____ _____	_____	
3.	Property address _____ _____	_____	
4.	Property address _____ _____	_____	
5.	Property address _____ _____	_____	

Please attach a document containing the legal description (deed) for the property listed above and a copy of the most recent tax bill.

Schedule B -- Stocks and Bonds

Stocks and Bonds Titled in the Decedent's Name Alone		Approximate value
1.	Name of security _____ Number of shares _____ Certificate held by a. <input type="checkbox"/> Decedent b. <input type="checkbox"/> Broker (1) Name _____ (2) Account no. _____	_____
2.	Name of security _____ Number of shares _____ Certificate held by a. <input type="checkbox"/> Decedent b. <input type="checkbox"/> Broker (1) Name _____ (2) Account no. _____	_____
3.	Name of security _____ Number of shares _____ Certificate held by a. <input type="checkbox"/> Decedent b. <input type="checkbox"/> Broker (1) Name _____ (2) Account no. _____	_____

Please include copies of the broker's statements for the month before, the month of, and the month after the decedent's death.

Schedule C -- Mortgages, Notes, and Cash

Mortgages, Notes, and Cash (or Other Indebtedness Owed) in the Decedent's Name Alone

Description	Value at date of death
1. Mortgages and notes _____	_____
a. Debtor/mortgagee _____	
Interest rate _____	
Date of note/mortgage _____	
b. Debtor/mortgagee _____	_____
Interest rate _____	
Date of note/mortgage _____	
c. Debtor/mortgagee _____	_____
Interest rate _____	
Date of note/mortgage _____	
d. Debtor/mortgagee _____	_____
Interest rate _____	
Date of note/mortgage _____	
e. Debtor/mortgagee _____	_____
Interest rate _____	
Date of note/mortgage _____	
f. Debtor/mortgagee _____	_____
Interest rate _____	
Date of note/mortgage _____	

Please attach a copy of each mortgage or note.

2. Cash	amount
a. Location and account no. _____	
b. Location and account no. _____	
c. Location and account no. _____	
d. Location and account no. _____	
e. Location and account no. _____	
f. Location and account no. _____	

Please attach copies of bank statements for the month before, the month of, and the month after the date of death.

Schedule D -- Insurance on the Decedent's Life

Description	Value at date of death
1. Company _____	_____
Policy number _____	
Face amount _____	
Owner _____	
Beneficiary _____	
2. Company _____	_____
Policy number _____	
Face amount _____	
Owner _____	
Beneficiary _____	

3. Company _____
 Policy number _____
 Face amount _____
 Owner _____
 Beneficiary _____
4. Company _____
 Policy number _____
 Face amount _____
 Owner _____
 Beneficiary _____

Schedule E, Part 1 -- Jointly Owned Property

Interests Held by the Decedent and His or Her Spouse as the Only Joint Tenants

Stocks

- | | <i>Description</i> | <i>Value at date of death</i> |
|----|---|-------------------------------|
| 1. | Name of security _____
Number of shares _____
Certificate held by
a. <input type="checkbox"/> Decedent and spouse
b. <input type="checkbox"/> Broker
(1) Location _____
(2) Account no. _____ | _____ |
| 2. | Name of security _____
Number of shares _____
Certificate held by
a. <input type="checkbox"/> Decedent and spouse
b. <input type="checkbox"/> Broker
(1) Location _____
(2) Account no. _____ | _____ |
| 3. | Name of security _____
Number of shares _____
Certificate held by
a. <input type="checkbox"/> Decedent and spouse
b. <input type="checkbox"/> Broker
(1) Location _____
(2) Account no. _____ | _____ |

Bonds

- | | <i>Description</i> | <i>Value at date of death</i> |
|----|---|-------------------------------|
| 1. | Name and dollar amount of bond _____
Held by
a. <input type="checkbox"/> Decedent and spouse
b. <input type="checkbox"/> Broker
(1) Location _____
(2) Account no. _____ | _____ |
| 2. | Name and dollar amount of bond _____
Held by
a. <input type="checkbox"/> Decedent and spouse
b. <input type="checkbox"/> Broker
(1) Location _____
(2) Account no. _____ | _____ |

3. Name and dollar amount of bond _____
 Held by
 a. Decedent and spouse
 b. Broker
 (1) Location _____
 (2) Account no. _____

Cash

<i>Description</i>	<i>Value at date of death</i>
1. Location and account no. _____	
2. Location and account no. _____	
3. Location and account no. _____	
4. Location and account no. _____	

Please attach copies of bank statements for the month before, the month of, and the month after the date of death.

Real Estate

Description -- include legal description, Appraised value or common address, and tax ID number state equalized value

1. Property address _____	_____

2. Property address _____	_____

3. Property address _____	_____

4. Property address _____	_____

Schedule E, Part 2 -- All Other Joint Interests

Stocks

	<i>Description</i>	<i>Value at date of death</i>
1.	Name of security _____ Number of shares _____ Certificate held by a. <input type="checkbox"/> Decedent b. <input type="checkbox"/> Broker (1) Location _____ (2) Account no. _____ Name of joint tenant(s) _____ Date placed in joint name _____ Who furnished consideration? _____	_____
2.	Name of security _____ Number of shares _____ Certificate held by a. <input type="checkbox"/> Decedent b. <input type="checkbox"/> Broker (1) Location _____ (2) Account no. _____ Name of joint tenant(s) _____ Date placed in joint name _____ Who furnished consideration? _____	_____

Bonds

Description Value at date of death

1.	Name and dollar amount of bond _____ Held by a. <input type="checkbox"/> Decedent b. <input type="checkbox"/> Broker (1) Location _____ (2) Account no. _____ Name of joint tenant(s) _____ Date placed in joint name _____ Who furnished consideration? _____	
2.	Name and dollar amount of bond _____ Held by a. <input type="checkbox"/> Decedent b. <input type="checkbox"/> Broker (1) Location _____ (2) Account no. _____ Name of joint tenant(s) _____ Date placed in joint name _____ Who furnished consideration? _____	

Cash

	<i>Description</i>	<i>Value at date of death</i>
1.	Location and account no. _____ Name of joint tenant(s) _____ Who furnished consideration? _____	_____
2.	Location and account no. _____ Name of joint tenant(s) _____ Who furnished consideration? _____	_____
3.	Location and account no. _____ Name of joint tenant(s) _____ Who furnished consideration? _____	_____

4. Location and account no. _____
 Name of joint tenant(s) _____
 Who furnished consideration? _____

Please attach copies of bank statements for the month before, the month of, and the month after the date of death.

Real Estate	<i>Appraised value or equalized value</i>
1. Property Address _____ _____ _____ Joint tenant _____ Who furnished consideration? _____	_____
2. Property address _____ _____ _____ Joint tenant _____ Who furnished consideration? _____	_____
3. Property address _____ _____ _____ Joint tenant _____ Who furnished consideration? _____	_____

Please attach a document containing the legal description (deed) for the property listed above and a copy of the most recent tax bill.

***Schedule F -- Other Miscellaneous Property
Not Reportable Under Any Other Schedule***

Automobiles, Collectibles, Partnership Interests, Household Goods, and Personal Effects

<i>Description</i>	<i>Value at date of death</i>
1. Item _____	_____
2. Item _____	_____
3. Item _____	_____
4. Item _____	_____
5. Item _____	_____

1. Did the decedent at the time of death own any articles of artistic or collectible value in excess of \$3,000 or any collections whose artistic or collectible value combined at the date of death exceed \$10,000? Yes No If yes, please give full details: _____

2. Has the decedent's estate, spouse, or any other person, received (or will they receive) any bonus or award as a result of the decedent's employment or death? Yes No If yes, please give full details: _____

3. Did the decedent at the time of death have or have access to a safe deposit box? Yes No
 If yes, state the location and contents; and if it was held jointly, state the name and the relationship of the joint depositor.

Schedule G -- Transfers During Decedent's Life

Property Transferred to the Decedent's Trust, Including Any Life Insurance with the Trust as a Named Beneficiary

Bonds

Description

Value at date of death

1. Name and dollar amount of bond _____
Held by
a. Decedent
b. Broker
(1) Location _____
(2) Account no. _____

2. Name and dollar amount of bond _____
Held by
a. Decedent
b. Broker
(1) Location _____
(3) Account no. _____

3. Name and dollar amount of bond _____
Held by
a. Decedent
b. Broker
(1) Location _____
(2) Account no. _____

Cash

Description

Value at date of death

1. Location and account no. _____
2. Location and account no. _____
3. Location and account no. _____
4. Location and account no. _____
5. Location and account no. _____

Please attach copies of bank statements for the month before, the month of, and the month after the date of death.

Real Estate

Appraised value or
equalized value

1. Property address _____

2. Property address _____

3. Property address _____

Please attach copies of all securities, bank statements (for the month before, the month of, and the month after the decedent's death), and tax bills for all real estate.

Stocks

	<i>Description</i>	<i>Value at date of death</i>
1.	Name of security _____ Number of shares _____ Certificate held by a. <input type="checkbox"/> Decedent b. <input type="checkbox"/> Broker (1) Location _____ (2) Account no. _____	_____
2.	Name of security _____ Number of shares _____ Certificate held by a. <input type="checkbox"/> Decedent b. <input type="checkbox"/> Broker (1) Location _____ (2) Account no. _____	_____
3.	Name of security _____ Number of shares _____ Certificate held by a. <input type="checkbox"/> Decedent b. <input type="checkbox"/> Broker (1) Location _____ (2) Account no. _____	_____

Schedule H -- Powers of Appointment

1. Did the decedent ever possess, exercise, or release any general power of appointment over assets in someone else's trust or estate? Yes No
2. If the decedent ever exercised or released to any extent a general power of appointment, give details, including the date the power was created, and attach a copy of the trust or will.

Schedule I -- Annuities

If the decedent, at the date of death, was the beneficiary of or had an interest in a pension plan, defined benefit plan, 401(k), or profit sharing plan, give details:

	<i>Description</i>	<i>Value at date of death</i>
1.	Name of company _____ Type of plan _____ Beneficiary _____	_____
2.	Name of company _____ Type of plan _____ Beneficiary _____	_____
3.	Name of company _____ Type of plan _____ Beneficiary _____	_____

4. Name of company _____
 Type of plan _____
 Beneficiary _____
5. Name of company _____
 Type of plan _____
 Beneficiary _____

**Schedule J -- Funeral Expenses and Expenses Incurred
 in Administering Property Subject to Claims**

Funeral Costs

1. Name of the funeral home _____
2. Amount _____
3. Paid by _____

Attach a list of all funeral and related expenses that are deductible for estate and inheritance tax purposes. This would include not only the funeral bill but any and all related expenses, such as flowers, acknowledgment cards, the acquisition of a gravesite marker, opening and closing charges, gratuities to the minister or church, and the like. The list should reflect in reasonable detail the name of each person paid, what the payment was for, and the amount of each payment.

**Schedule K -- Debts of the Decedent, and Mortgages and Liens
 Debts, Including Medical Bills, Credit Cards, and Mortgages**

	<i>Description</i>	<i>Amount owed</i>
1.	_____	
	Payee _____	_____
2.	_____	
	Payee _____	_____
3.	_____	
	Payee _____	_____
4.	_____	
	Payee _____	_____

Please attach a copy of all indebtedness of the decedent.

General Information

If the decedent ever made a transfer (excluding transfers to a revocable living trust) or a gift of \$10,000 or more without adequate and full consideration, give details: _____

If the decedent, within two years of death, made any transfer exceeding \$1,000 in any given year without adequate and full consideration, give details:

If there was in existence, at the date of death, any trusts created by the decedent, give details and attach a copy of each such trust agreement:
