

PROBATE WORKSHEET #5

Conrad Trosch & Kemmy, P.A.

Decedent's Information:

Decedent: _____
(Please print name as it appears in the Will, if there is one.)

Decedent's Address: _____

Decedent's Date of Birth: _____ Decedent's Date of Death: _____

Decedent's Cause of Death: _____

Decedent's Social Security Number: _____

Decedent's Place of Death: _____

Funeral Home: _____

Estate Planning Documents:

Date of Will: _____

Date of Codicils, if any: _____

Name of Executor: _____

Executor's Address: _____

Executor's Phone Number: _____

Executor's Email Address: _____

Date of Trust(s), if any: _____

Date of Trust amendments, if any: _____

Name of Trustee: _____

Trustee's Address: _____

Trustee's Phone Number: _____

Trustee's Email Address: _____

Beneficiaries:

1. Name: _____ Spouse: _____

Address: _____

Phone Number: _____ Relationship to Decedent: _____

Date of Birth: _____ Social Security Number: _____

2. Name: _____ Spouse: _____

Address: _____

Phone Number: _____ Relationship to Decedent: _____

Date of Birth: _____ Social Security Number: _____

3. Name: _____ Spouse: _____

Address: _____

Phone Number: _____ Relationship to Decedent: _____

Date of Birth: _____ Social Security Number: _____

4. Name: _____ Spouse: _____

Address: _____

Phone Number: _____ Relationship to Decedent: _____

Date of Birth: _____ Social Security Number: _____

5. Name: _____ Spouse: _____

Address: _____

Phone Number: _____ Relationship to Decedent: _____

Date of Birth: _____ Social Security Number: _____

6. Name: _____ Spouse: _____

Address: _____

Phone Number: _____ Relationship to Decedent: _____

Date of Birth: _____ Social Security Number: _____

ASSETS

Real Estate:

1. Address: _____

County: _____

Owner(s): _____

Parcel #: _____

Tax Assessed Value: _____

2. Address: _____

County: _____

Owner(s): _____

Parcel #: _____

Tax Assessed Value: _____

3. Address: _____

County: _____

Owner(s): _____

Parcel #: _____

Tax Assessed Value: _____

Bank Accounts:

1. Bank: _____ Account Number: _____

Owner(s): _____

Payable on Death Designee(s): _____

Value as of Decedent's Date of Death: _____

2. Bank: _____ Account Number: _____

Owner(s): _____

Payable on Death Designee(s): _____

Value as of Decedent's Date of Death: _____

3. Bank: _____ Account Number: _____

Owner(s): _____

Payable on Death Designee(s): _____

Value as of Decedent's Date of Death: _____

4. Bank: _____ Account Number: _____

Owner(s): _____

Payable on Death Designee(s): _____

Value as of Decedent's Date of Death: _____

CDs:

1. Account Number: _____

Owner(s): _____

Beneficiary/Payable on Death Designee: _____

Value as of Decedent's Date of Death: _____

2. Account Number: _____

Owner(s): _____

Beneficiary/Payable on Death Designee: _____

Value as of Decedent's Date of Death: _____

3. Account Number: _____

Owner(s): _____

Beneficiary/Payable on Death Designee: _____

Value as of Decedent's Date of Death: _____

Bonds:

1. Type: _____

Owner(s): _____

Value as of Decedent's Date of Death: _____

2. Type: _____

Owner(s): _____

Value as of Decedent's Date of Death: _____

Securities (OTHER THAN 401K/IRA/retirement accounts):

1. Company: _____

Account Number: _____

Owner(s): _____

Value as of Decedent's Date of Death: _____

Beneficiary/Transfer on Death Designee(s): _____

2. Company: _____

Account Number: _____

Owner(s): _____

Value as of Decedent's Date of Death: _____

Beneficiary/Transfer on Death Designee(s): _____

3. Company: _____

Account Number: _____

Owner(s): _____

Value as of Decedent's Date of Death: _____

Beneficiary/Transfer on Death Designee(s): _____

4. Company: _____

Account Number: _____

Owner(s): _____

Value as of Decedent's Date of Death: _____

Beneficiary/Transfer on Death Designee(s): _____

IRA/401K Accounts:

1. Company: _____

Account Number: _____

Owner(s): _____

Value as of Decedent's Date of Death: _____

Beneficiary/Transfer on Death Designee(s): _____

2. Company: _____

Account Number: _____

Owner(s): _____

Value as of Decedent's Date of Death: _____

Beneficiary/Transfer on Death Designee(s): _____

3. Company: _____

Account Number: _____

Owner(s): _____

Value as of Decedent's Date of Death: _____

Beneficiary/Transfer on Death Designee(s): _____

Annuities:

1. Company: _____

Owner(s): _____

Value as of Decedent's Date of Death: _____

Beneficiaries: _____

2. Company: _____

Owner(s): _____

Value as of Decedent's Date of Death: _____

Beneficiaries: _____

3. Company: _____

Owner(s): _____

Value as of Decedent's Date of Death: _____

Beneficiaries: _____

Life Insurance:

1. Company: _____

Policy Number: _____

Value: _____

Beneficiaries: _____

2. Company: _____

Policy Number: _____

Value: _____

Beneficiaries: _____

Vehicles/Boats/Recreational Vehicles:

1. Make: _____ Model: _____

VIN #: _____

Owner(s): _____

Value (Kelley Blue Book Value - www.kbb.com): _____

2. Make: _____ Model: _____

VIN #: _____

Owner(s): _____

Value (Kelley Blue Book Value - www.kbb.com): _____

3. Make: _____ Model: _____

VIN #: _____

Owner(s): _____

Value (Kelley Blue Book Value - www.kbb.com): _____

Creditors:

1. Name: _____

Address: _____

Account Number: _____

Amount Owed: _____

2. Name: _____

Address: _____

Account Number: _____

Amount Owed: _____

3. Name: _____

Address: _____

Account Number: _____

Amount Owed: _____

4. Name: _____

Address: _____

Account Number: _____

Amount Owed: _____

5. Name: _____

Address: _____

Account Number: _____

Amount Owed: _____