



ESTATE & ELDER LAW

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PROBATE ESTATE INFORMATION

Name of proposed Executor/Administrator: _____

Relation to deceased: _____

Address: _____

Telephone number: _____

Email address: _____

SSN: Provide to attorney at consultation

I. General Information

Name of deceased: _____

Date of death: _____ Date of birth: _____

SS#: _____ Veteran status: _____

Home address: _____

Marital status at time of death:

Married; Surviving spouse: _____

Date of marriage: _____

Widowed; Name and date of death of deceased spouse: _____

Single

II. Heirs at Law and/or Next of Kin

(list children, if any; otherwise, list parents, if living; if neither living, then siblings)

Name: _____ Relationship: _____

Address: _____

Name: _____ Relationship: _____

Address: _____

Name: _____ Relationship: _____

Address: _____

Name: _____ Relationship: _____

Address: _____

Name: _____ Relationship: _____

Address: _____

III. Probate Assets as of Date of Death – only assets owned by decedent individually or as “tenants in common”, without any named beneficiary

REAL ESTATE – *Individually titled or as “tenants in common”*

Name of Owner(s): _____

Address: _____

Value: _____ Source: Tax Bill Appraisal

Outstanding mortgage balance, if any: _____

Name of Owner(s): _____

Address: _____

Value: _____ Source: Tax Bill Appraisal

Outstanding mortgage balance, if any: _____

BANK ACCOUNTS – *individual accounts WITHOUT beneficiary*

Bank name & account #: _____

Type of account: _____ Amount: _____

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Bank name & account #: _____

Type of account: _____ Amount: _____

INVESTMENTS (non-qualified) - *Individual accounts WITHOUT beneficiary*

Description (Stocks/Bonds/Brokerage Accounts)

Value

LIFE INSURANCE/ANNUITIES - *those without beneficiaries OR name "estate" as beneficiary*

Company & policy #: _____

Beneficiary: ESTATE _____ Amount: _____

Company & policy #: _____

Beneficiary: ESTATE _____ Amount: _____

IRAS/401(K)/OTHER RETIREMENT ACCOUNTS - those without beneficiaries OR name "estate" as beneficiary

Name of institution: _____ Account #: _____

Beneficiary: _____ Value: _____

Name of institution: _____ Account #: _____

Beneficiary: _____ Value: _____

VEHICLES – individually titled

Description	Value
_____	_____
_____	_____
_____	_____

OTHER ASSETS

Description	Value
_____	_____
_____	_____
_____	_____

Safety Deposit Box

() yes () no

Location of Depository: _____

Joint owner, if any: _____

Contents: _____

KNOWN EXPENSES / CREDITORS (funeral expenses, medical, credit cards, other debts)

LIST OF DOCUMENTS NEED TO PROVIDE (if applicable)

1. Original will/codicil, if any
2. Original death certificate (2 originals, if owned real estate)
3. Copy of death certificate of deceased spouse
4. Copies of any and all deeds to real estate
5. Copies of real estate tax bills (date closest to date of death)
6. Copies of stock certificates, bonds, and brokerage account statements (date closest to date of death)
7. Copies of bank account statements (reflecting balance on or near date of death)
8. Original Form 712s from life insurance companies and/or statement of proceeds
9. Copy of automobile registration(s)
10. Copies of verification of value of any other estate assets
11. Copy of paid funeral bill
