



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: \_\_\_\_\_

Bank name & account #: \_\_\_\_\_

Type of account: \_\_\_\_\_ Amount: \_\_\_\_\_

Bank name & account #: \_\_\_\_\_

Type of account: \_\_\_\_\_ Amount: \_\_\_\_\_

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

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