



NW TAX & ACCOUNTING, LLC

561 NW Van Buren Avenue, Corvallis, Oregon 97330 Tel: 541-738-4313 Fax: 541-738-4312

ESTATE ADMINISTRATION CHECKLIST

This is a checklist of the information and documents needed in order to assist you in the Estate or Trust Administration:

1. A completed **Estate Administration Data Sheet** (attached) - it covers much of the basic information and provides a summary of assets.

Assets (all values are to be as of date of death):

1. **Copies** of (no matter how titled-individually, joint, in Trust, etc.):
 - A. Deeds and lease agreements to all real properties
 - B. Promissory notes (notes receivable) and amount owed to the decedent
 - C. Contracts for sale or purchase of real property-currently being sold/purchased
 - D. Business agreements or documents (Corporations, Partnerships, Limited Liability Companies), Shareholder or Buy-Sell Agreements
 - E. Stock certificates, US Savings Bonds, Limited Partnership interests - where the decedent had physical possession of the item
 - F. Titles to automobiles, boats, planes, etc.
 - G. Last year's income tax return and any past Gift tax returns.
2. **Most recent copies** of statements for (no matter how titled-individually, joint, in Trust, etc.):
 - A. Checking and savings accounts
 - B. Money market and mutual fund accounts
 - C. Brokerage/investment accounts
 - D. IRAs, 401k, 403(b) and other retirement plan accounts
3. **Copies** of information for all life insurance policies (recent annual summary or benefits summary page from insurance policy) where the decedent was either:
 - A. The insured or
 - B. The owner

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DATE _____ REFERRED BY _____

I. DECEDENT:

NAME _____

RESIDENCE AT DEATH _____

CITY _____ STATE _____ ZIP _____

DATE OF DEATH _____ DATE OF BIRTH _____ AGE AT DEATH _____

SOCIAL SECURITY NUMBER _____ CITIZENSHIP _____

WHEN DID DECEDENT BECOME A RESIDENT OF THAT STATE? _____

EMPLOYER _____

EMPLOYER ADDRESS _____

EMPLOYER TELEPHONE _____

II. DECEDENT'S FAMILY:

SPOUSE _____ DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____ CITIZENSHIP _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME TELEPHONE (____) _____ EMAIL _____

WORK TELEPHONE (____) _____ CELL PHONE (____) _____

EMAIL _____

EMPLOYER _____

EMPLOYER ADDRESS _____

Liabilities (all amounts are to be as of date of death):

1. **Copies** of the paid bills and checks for funeral, memorial, headstone, flowers, minister, music, and anything else related to funeral and burial services.
2. **Copies and amounts** of all outstanding bills the decedent owed at time of death:
 - A. Credit cards and other loans
 - B. Medical bills from last illness
 - C. Real estate tax bills from before death, utility bills, and any other bills associated with the residence or real property
 - D. Income taxes owed (and not yet paid or paid in) - federal and state

Information on all Safe Deposit boxes - title and contents.

The **originals** of all Wills and Trusts (with amendments).

Several **original** death certificates

With these items we can get started with the following:

1. A review of the legal documents, assets, values, etc.
2. An analysis of whether a probate is needed.
3. An analysis of whether a Federal Estate Tax return is required or necessary.
4. Preparation of any Estate Tax return, or other out-of-state estate tax returns.
5. Recommendations or necessary counsel on documents, distributions, establishment of testamentary trusts, etc.

Thank you for your assistance.

III. **CHILDREN:**

1. NAME _____ EMAIL _____
HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
ADDRESS _____
EMAIL _____
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

2. NAME _____ EMAIL _____
HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
ADDRESS _____
EMAIL _____
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

3. NAME _____ EMAIL _____
HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
ADDRESS _____
EMAIL _____
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

4. NAME _____ EMAIL _____
HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
ADDRESS _____
EMAIL _____
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

5. NAME _____ EMAIL _____
HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
ADDRESS _____
EMAIL _____
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

6. NAME _____ EMAIL _____
HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
ADDRESS _____
EMAIL _____
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

ARE THESE CHILDREN FROM THIS MARRIAGE? YES NO

IF NO, PLEASE EXPLAIN: _____

ARE ANY CHILDREN OR GRANDCHILDREN ADOPTED?

ARE THERE SPECIAL NEEDS FOR ANY CHILD? YES NO

IF YES, PLEASE EXPLAIN: _____

IV. **DOCUMENTS: PLEASE BRING TO THE FIRST CONFERENCE AS MANY OF THE FOLLOWING DOCUMENTS AS ARE APPLICABLE TO THE DECEDENT:**

- Existing Wills, Codicils or Trust Agreements;
- Life Insurance Policies;
- Divorce Decrees and Property Settlement Agreements;
- Deeds and Lease Agreements for Real Estate;
- Appraisals for all Real Estate;
- Employee Benefit and Retirement Plans;
- Corporation Documents and Shareholder Agreements;
- Partnership Agreements;
- Deeds of Trust and Notes for Money Owed to Decedent;
- Last Year's Income Tax Returns;
- Gift Tax Returns;
- Information on any safe-deposit boxes that decedent had;
- Any other information that might be important.

V. INVENTORY OF ASSETS (PLEASE COMPLETE WITH FULL INFORMATION):

***TITLE:** D-DECEDENT S-SPOUSE J-JOINT TENANCY W/ SURVIVORSHIP
TC-TENANTS IN COMMON C-COMMUNITY PROPERTY
RLT-REVOCABLE LIVING TRUST

| | STATE | *TITLE | MARKET VALUE | DEBTS |
|-------------------|-------|--------|--------------|-------|
| RESIDENCE | _____ | _____ | _____ | _____ |
| OTHER REAL ESTATE | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| PERSONAL PROPERTY | _____ | _____ | _____ | _____ |
| VEHICLES | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| CHECKING ACCOUNTS | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| SAVINGS ACCOUNTS | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| STOCKS & BONDS | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |

INVENTORY OF ASSETS - Continued

T-BILLS, CDs

MUTUAL FUNDS

MONEY MARKET FUNDS

NOTES TO YOU

OTHER

INVENTORY OF ASSETS - Continued

BUSINESSES: Please give complete information.

*TYPE: C-CORPORATION S-S CORPORATION SP-SOLE PROPRIETORSHIP
 P-PARTNERSHIP PC-PROFESSIONAL CORPORATION
 LLC- LIMITED LIABILITY COMPANY

#1. NAME OF BUSINESS: _____

WHAT DOES BUSINESS DO?

| *TYPE | SHAREHOLDERS/PARTNERS | OWNERSHIP | VALUE |
|-------|-----------------------|-----------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

WHO WILL CONTINUE THE BUSINESS UPON RETIREMENT OR DEATH? _____

IS THERE A BUY-SELL AGREEMENT FOR THE BUSINESS? _____

IS THERE KEY-MAN AND/OR DISABILITY INSURANCE? _____

#2. NAME OF BUSINESS: _____

WHAT DOES BUSINESS DO? _____

| *TYPE | SHAREHOLDERS/PARTNERS | OWNERSHIP | VALUE |
|-------|-----------------------|-----------|-------|
|-------|-----------------------|-----------|-------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

WHO WILL CONTINUE THE BUSINESS UPON RETIREMENT OR DEATH? _____

IS THERE A BUY-SELL AGREEMENT FOR THE BUSINESS? _____

IS THERE KEY-MAN AND/OR DISABILITY INSURANCE? _____

#3. NAME OF BUSINESS: _____

WHAT DOES BUSINESS DO? _____

| *TYPE | SHAREHOLDERS/PARTNERS | OWNERSHIP | VALUE |
|-------|-----------------------|-----------|-------|
|-------|-----------------------|-----------|-------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

WHO WILL CONTINUE THE BUSINESS UPON RETIREMENT OR DEATH? _____

IS THERE A BUY-SELL AGREEMENT FOR THE BUSINESS? _____

IS THERE KEY-MAN AND/OR DISABILITY INSURANCE? _____

INTERESTS IN TRUSTS: (WHERE DECEDENT IS NAMED AS A BENEFICIARY)

| NAME OF TRUST | INTEREST HELD | VALUE | WHEN TO RECEIVE |
|----------------------|----------------------|--------------|------------------------|
|----------------------|----------------------|--------------|------------------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

OTHER DEBTS:

| TYPE OF DEBT | WHEN INCURRED | AMOUNT | CREDITOR |
|---------------------|----------------------|---------------|-----------------|
|---------------------|----------------------|---------------|-----------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

NET ESTATE SUMMARY:

| | MARKET VALUE | DEBTS |
|--------------------------------|---------------------|--------------|
| INTERESTS IN TRUSTS: | _____ | _____ |
| BUSINESSES: | _____ | _____ |
| LIFE INSURANCE: | _____ | _____ |
| RETIREMENT PLANS: | _____ | _____ |
| ALL OTHER: | _____ | _____ |
| GROSS ESTATE: | _____ | |
| LESS DEBTS: | _____ | |
| <u>NET ESTATE VALUE</u> | _____ | |

COMMENTS:

VI. ESTATE ADMINISTRATION DETAILS:

- A. WILL OR NO WILL
- B. DATE OF QUALIFICATION _____
- C. CITY/COUNTY COURT _____
- D. INVENTORY DUE _____
- E. **FEDERAL ESTATE TAX RETURN DUE** _____
- F. **STATE ESTATE TAX RETURN DUE** _____
- G. **EXECUTOR** _____
ADDRESS/PHONE _____
EXECUTOR _____
ADDRESS/PHONE _____
- H. REVOCABLE LIVING TRUST OR TESTAMENTARY TRUST
- I. TRUSTEE _____
ADDRESS/PHONE _____
TRUSTEE _____
ADDRESS/PHONE _____

VII. DISTRIBUTIONS FROM WILL OR TRUST:

- A. TO SPOUSE:

| | SPECIFIC ASSETS | PERCENTAGE |
|--|---|------------|
| OUTRIGHT BEQUESTS _____ | | |
| MARITAL TRUST <input type="checkbox"/> | CREDIT SHELTER TRUST <input type="checkbox"/> | |
 - B. TO OTHERS:

| NAME | SPECIFIC ASSETS | PERCENTAGE |
|-------|-----------------|------------|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
- INTO TRUST FOR CHILDREN (COMPLETE "C" BELOW) _____

C. TRUST DISTRIBUTIONS FOR CHILDREN:

1. AGES & PERCENTAGES: _____ % AT _____ YEARS
_____ % AT _____ YEARS
_____ % AT _____ YEARS

2. SPECIAL PROVISIONS:

VIII. **BACKGROUND INFORMATION:**

A. PREVIOUS MARRIAGES:

FORMER SPOUSE: _____

DATE & PLACE OF MARRIAGE: _____

HOW TERMINATED: _____

B. DIVORCE OBLIGATIONS (PAY/RECEIVE):

CHILD SUPPORT: _____

ALIMONY: _____

LIFE INSURANCE: _____

OTHER TERMS: _____

C. DO YOU SUPPORT OR EXPECT TO SUPPORT ANYONE ELSE SUCH AS A

PARENT OR OTHER PERSON? YES NO

IF YES, PLEASE EXPLAIN: _____

D. MILITARY SERVICE: (BRANCH, RANK, SERIAL #, DATES): _____

E. NAME & ADDRESS OF PHYSICIAN: _____

F. HAS DECEDENT EVER LIVED IN A COMMUNITY PROPERTY STATE? (AZ, CA, TX, ID, LA, NM, NV, WA & WI) _____

G. PREVIOUS RESIDENCES: (STATES) _____

H. ANY NAME CHANGES: YES NO

I. ANY GIFTS MADE PRIOR TO 1982 IN EXCESS OF \$3,000? YES NO

AFTER 1982 IN EXCESS OF \$10,000? YES NO

J. FORGIVE ANY LOANS AT DEATH? YES NO

K. SPECIFIC INSTRUCTIONS FOR BURIAL? YES NO

L. ANY RECENTLY INHERITED ASSETS? YES NO

M. ANY PRE-NUPTIAL AGREEMENTS? YES NO

IX. **PARENTS:**

| NAME | ADDRESS | PHONE |
|------|---------|-------|
|------|---------|-------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

X. **ADVISORS:**

| NAME | ADDRESS | PHONE |
|------|---------|-------|
|------|---------|-------|

A. ACCOUNTANT: _____

B. ATTORNEY: _____

C. STOCKBROKER: _____

D. FINANCIAL PLANNER: _____

E. LIFE INSURANCE AGENT: _____

F. OTHER ADVISORS: _____