

**ESTATE ADMINISTRATION INFORMATION**

Please provide the following information with respect to the Decedent:

Full Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Year Decedent became Massachusetts Resident: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Length of last illness: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Decedent's marital status at death (check one):

Single

Married

Full name of surviving spouse: \_\_\_\_\_

Date of marriage to surviving spouse: \_\_\_\_\_

Domicile at date of marriage: \_\_\_\_\_

Surviving spouse's social security number: \_\_\_\_\_

Widow or Widower

Full name of deceased spouse: \_\_\_\_\_

Date of death of deceased spouse: \_\_\_\_\_

Separated

Full name of separated spouse: \_\_\_\_\_

Divorced

Full name of divorced spouse: \_\_\_\_\_

Date divorce decree became final: \_\_\_\_\_

Decedent's business or occupation (if retired, so state and provide Decedent's former business or occupation and date of retirement): \_\_\_\_\_

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Names and Addresses of Decedent's physicians:

Name

\_\_\_\_\_  
Name

Address

\_\_\_\_\_  
Address

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Names and Addresses of hospitals in which Decedent was admitted within last two years:

Name

\_\_\_\_\_  
Name

Address

\_\_\_\_\_  
Address

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Did Decedent have a Will? (check one):

No

Yes

Name of Executor: \_\_\_\_\_

Address of Executor: \_\_\_\_\_

Relationship of Executor to Decedent: \_\_\_\_\_

Did Decedent have a safe deposit box? (check one):

No

Yes

Location: \_\_\_\_\_

Box Number: \_\_\_\_\_

Contents: \_\_\_\_\_

Joint Owner (if any): \_\_\_\_\_

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Did Decedent make any gifts or transfers without full consideration within three years of death?  
(check one):

No

Yes

Date of gift or transfer: \_\_\_\_\_

Amount of gift or transfer: \_\_\_\_\_

Donee of gift or transfer: \_\_\_\_\_

Was a federal gift tax return filed?:\_\_

**Please provide the following information regarding all living heirs at law, next-of-kin, and beneficiaries under the Will (including spouse, children, grandchildren, parents, and siblings):**

Name	_____
Address	_____
Date of Birth	_____
Social Security Number	_____

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Name	_____
Address	_____
Date of Birth	_____
Social Security Number	_____

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Name	_____
Address	_____
Date of Birth	_____
Social Security Number	_____

**FINANCIAL INFORMATION**

**List and describe all real estate and tangible personal property the Decedent owned OUTSIDE of Massachusetts:**

Location: \_\_\_\_\_

Estimated Value:     \$ \_\_\_\_\_ Outstanding Mortgage:     \$ \_\_\_\_\_

Type of Property (primary residence, vacation residence, investment property):

\_\_\_\_\_

Joint Owner (if any): \_\_\_\_\_

Tangible Personal Property in Real Estate: \_\_\_\_\_

\_\_\_\_\_

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Location: \_\_\_\_\_

Estimated Value:     \$ \_\_\_\_\_ Outstanding Mortgage:     \$ \_\_\_\_\_

Type of Property (primary residence, vacation residence, investment property):

\_\_\_\_\_

Joint Owner (if any): \_\_\_\_\_

Tangible Personal Property in Real Estate: \_\_\_\_\_

\_\_\_\_\_

**List and describe all real estate the Decedent owned IN Massachusetts:**

Location: \_\_\_\_\_

Estimated Value: \$ \_\_\_\_\_ Outstanding Mortgage: \$ \_\_\_\_\_

Type of Property (primary residence, vacation residence, investment property):

\_\_\_\_\_

Joint Owner (if any): \_\_\_\_\_

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Location: \_\_\_\_\_

Estimated Value: \$ \_\_\_\_\_ Outstanding Mortgage: \$ \_\_\_\_\_

Type of Property (primary residence, vacation residence, investment property):

\_\_\_\_\_

Joint Owner (if any): \_\_\_\_\_

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Location: \_\_\_\_\_

Estimated Value: \$ \_\_\_\_\_ Outstanding Mortgage: \$ \_\_\_\_\_

Type of Property (primary residence, vacation residence, investment property):

\_\_\_\_\_

Joint Owner (if any): \_\_\_\_\_

**List all cash, bank and money market accounts, and certificates of deposit which the Decedent owned on date of death:**

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Type of Account (checking, savings, money market, certificate of deposit): \_\_\_\_\_

Account Number: \_\_\_\_\_

Estimated value on Date of Death: \_\_\_\_\_

Joint Owner (if any): \_\_\_\_\_

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Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Type of Account (checking, savings, money market, certificate of deposit): \_\_\_\_\_

Account Number: \_\_\_\_\_

Estimated value on Date of Death: \_\_\_\_\_

Joint Owner (if any): \_\_\_\_\_

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Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Type of Account (checking, savings, money market, certificate of deposit): \_\_\_\_\_

Account Number: \_\_\_\_\_

Estimated value on Date of Death: \_\_\_\_\_

Joint Owner (if any): \_\_\_\_\_

**List all stocks, bonds, and mutual funds which the Decedent owned on date of death:**

Name of Stock, Bond, or Mutual Fund: \_\_\_\_\_

Number of Shares, face value, or units: \_\_\_\_\_

Estimated value on Date of Death: \_\_\_\_\_

Joint Owner (if any): \_\_\_\_\_

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Name of Stock, Bond, or Mutual Fund: \_\_\_\_\_

Number of Shares, face value, or units: \_\_\_\_\_

Estimated value on Date of Death: \_\_\_\_\_

Joint Owner (if any): \_\_\_\_\_

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Name of Stock, Bond, or Mutual Fund: \_\_\_\_\_

Number of Shares, face value, or units: \_\_\_\_\_

Estimated value on Date of Death: \_\_\_\_\_

Joint Owner (if any): \_\_\_\_\_

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Name of Stock, Bond, or Mutual Fund: \_\_\_\_\_

Number of Shares, face value, or units: \_\_\_\_\_

Estimated value on Date of Death: \_\_\_\_\_

Joint Owner (if any): \_\_\_\_\_

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**List any notes, mortgages, or accounts receivable owed to the Decedent on date of death:**

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**List all closely held business interests and partnership interests the Decedent held on date of death:**

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**List all life insurance policies on the Decedent's life or owned by the Decedent on others' lives:**

Insurance Company:

Insured \_\_\_\_\_  
Owner \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Face Value \_\_\_\_\_  
Cash Value \_\_\_\_\_  
Loans \_\_\_\_\_

Agent: \_\_\_\_\_

Insurance Company:

Insured \_\_\_\_\_  
Owner \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Face Value \_\_\_\_\_  
Cash Value \_\_\_\_\_

Agent: \_\_\_\_\_

Loans \_\_\_\_\_

**Was Decedent immediately before death receiving an annuity or pension?**

No

Yes

Payer: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount received monthly: \_\_\_\_\_

Amount contributed by Decedent: \_\_\_\_\_

**Did an annuity or pension become payable to any beneficiary as survivor on Decedent's death?**

No

Yes

Beneficiary: \_\_\_\_\_

Payer and Account Number: \_\_\_\_\_

Amount to be received: \_\_\_\_\_

**List all employee benefits, retirement plans, IRAs, etc.**

Pension: \_\_\_\_\_

Profit Sharing: \_\_\_\_\_

401(k): \_\_\_\_\_

Keogh: \_\_\_\_\_

IRAs: \_\_\_\_\_

Deferred Comp: \_\_\_\_\_

TIAA-CREF: \_\_\_\_\_

**List all tangible assets Decedent owned on date of death having either artistic or intrinsic value such as jewelry, cars, boats, antiques, coin or stamp collections, furs, paintings, etc.). If property was owned jointly, please name joint owner.**

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**If any such property should be appraised by a professional, please indicate if you would like this office to arrange to have the property appraised.** \_\_\_\_\_

**Was Decedent a trustee or a beneficiary under any trust created by Decedent or any other person?**

No

Yes

Name of trust: \_\_\_\_\_

Decedent's interest: \_\_\_\_\_

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**List any other property which you think should be included in Decedent's estate:**

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**LIABILITIES**

**List all expenses and debts which the Decedent accrued before death:**

	<b>Amount:</b>
Bank Loans: _____	\$ _____
Notes: _____	\$ _____
Leases: _____	\$ _____
Income Taxes: _____	\$ _____
Property Taxes: _____	\$ _____
Legal suits pending: _____	\$ _____
Credit Cards: _____	\$ _____
	\$ _____
	\$ _____
Household Expenses:	
Electricity: _____	\$ _____
Water: _____	\$ _____
Telephone: _____	\$ _____
Insurance: _____	\$ _____
Other: _____	\$ _____

**List all funeral expenses incurred on behalf of the Decedent, including name of creditor and amounts paid and/or owed:**

Funeral Home:	_____	\$ _____
Flowers:	_____	\$ _____
Headstone:	_____	\$ _____
Engraving:	_____	\$ _____
Cemetery:	_____	\$ _____
Church service:	_____	\$ _____
Travel Expenses:	_____	\$ _____
Other:	_____	\$ _____

**Please forward to this office the following documents:**

Attached (X) or N/A

Original Wills and Codicils, if any:

\_\_\_\_\_

Original Death Certificate:

\_\_\_\_\_

Copies of:

Trust Instruments Decedent created  
or in which Decedent had an interest:

\_\_\_\_\_

Deeds to Real Estate:

\_\_\_\_\_

Real Estate tax bills:

\_\_\_\_\_

Federal and State Income Tax Returns  
for last three years:

\_\_\_\_\_

All Gift Tax Returns:

\_\_\_\_\_

Separation Agreements  
Divorce Papers:

\_\_\_\_\_

Life Insurance Policies:

\_\_\_\_\_

Business Agreements and Documents re  
Interests in Closely Held Businesses:

\_\_\_\_\_

Pension or Profit Sharing Plan Documents  
and beneficiary designations:

\_\_\_\_\_

IRA documents and beneficiary  
designations:

\_\_\_\_\_

Brokerage Statements:

\_\_\_\_\_

Statements and registers for all bank accounts and term certificates in which Decedent had an interest, individually, jointly, as "trustee" or otherwise:

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Any contracts not completed prior to Decedent's death to which Decedent was a party:

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