

Bank Name and Address Account Number	Form of Account (Joint, Trust, etc.) Names of Account	Amount
-----	-----	\$ _____
-----	-----	\$ _____
-----	-----	\$ _____
-----	-----	\$ _____
-----	-----	\$ _____
		Total: \$ _____

U.S. SAVINGS BONDS

Registration of Bonds (Form and Names)	Redemption Value of Bonds So Registered	Issue Dates
-----	-----	-----
-----	-----	-----
-----	-----	-----
Total: _____		

OTHER BONDS

Description (Issuer Series, Rate, Date Acquired)	Registration of Bonds (form and Names)	Amount	Cost or Face Basis	Current Value
-----	-----	\$ _____	-----	\$ _____
-----	-----	\$ _____	-----	\$ _____
-----	-----	\$ _____	-----	\$ _____

----- \$-----
----- \$-----
----- \$-----

BOND TOTAL: \$----- TOTAL: \$-----

STOCKS

Name of Company and Type of Stock:

Number of Shares:

Registration of Stock (Form and Names):

Date Acquired:

Cost or Other Basis:

Current Value:

What amounts were contributed by each joint owner of jointly held stock?

List all brokers with whom you have account or do business.

REAL ESTATE

Location Description, Date Acquired:

Cost or Other Basis:

Fair Market Value:

Mortgages and Other Liens:

Equity:

TOTAL: -----

INSURANCE ON HOMES

Type of Insurance	Name of Company	Policy Number	Expiration Dates	Name of Broker
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

REAL ESTATE-INVESTMENTS

Location Description Date Acq'd	Owners-Form of Ownership-Interest of Each Owner	Cost or Other Basis	Fair Market Value	Mortgages and Other Liens	Your Equity
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----

TOTAL: -----

INSURANCE ON INVESTMENT REALTY

Type of Insurance	Name of Company	Policy Number	Expiration Dates	Name of Broker
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

LIFE INSURANCE

List all policies under which you are the insured.

Name of Company	Type of Policy	Policy Number	Present		Owner	Beneficiary
			Cash Value	Face Amount		
-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----

TOTALS

Are there any loans under the policies?

Do you own life insurance on lives of others? If so, give details here including name of insured, face amount of policy, and present cash value.

Who are your insurance agents?

BUSINESS INTERESTS

Name of Business:

Address of Business:

Sole proprietorship: _____ Partnership: _____ Close Corporation: _____

Nature of Business enterprise:

Names of Partners or Stockholders	Number of Shares or Percentage Interest	Office Held	Duties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Value of interest in business: _____

EMPLOYEE AND RETIREMENT BENEFITS

Employer's Pension, Profit-sharing or Stock Bonus Plans

	Plan 1	Plan 2	Plan 3
Name of Plan	_____	_____	_____
Trustee, Insurance Company, or Administrator	_____	_____	_____
Amount Contributed by Employee	_____	_____	_____

Amount Contributed
 by Employer _____

Retirement
 Benefit _____

Death Benefit _____

Present Value of Total
 Contributions _____

Amount Vested _____

Accident, Health, Death Benefit, and Disability Plans

	Plan 1	Plan 2	Plan 3
Name of Plan	_____	_____	_____
Insurer of Trustee	_____	_____	_____
Policy Number	_____	_____	_____
Benefits	_____	_____	_____
Beneficiary	_____	_____	_____
Options Elected	_____	_____	_____
TOTAL DEATH BENEFITS FROM ALL PLANS	_____		

MISCELLANEOUS INVESTMENTS

Stocks:
 CDs:
 IRAs:
 Money Markets:
 Etc:

MISCELLANEOUS ASSETS

Personal Property

(Automobiles, boats, jewelry, furs, silverware, china, art works, books, stamp collections, coin collections, household furniture, etc.)

Table with 5 columns: Description, Location, Date Acquired, Current Value, Costs or Other Basis, Insurance Information. Includes multiple rows of dashed lines for data entry.

SUBTOTAL: _____

Cemetery Plots

Enter here all information relating to ownership of family burial plots, location of deed.

Two horizontal dashed lines for text entry.

Table with 2 columns: Personal Property over \$300 (listing categories like Jewelry, Vehicles, Collectibles, etc.) and Value. Includes dashed lines for data entry.

Farm, Trade or Specialty Equipment: _____

Other: _____

TOTAL - MISCELLANEOUS ASSETS: _____

LIABILITIES

Nature of Debt	Creditor	Amount	Security	Location of Security
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL _____

SUMMARY SHEET

Assets

Bank Accounts:

Bonds (Total U.S. Savings Bonds and others):

Stocks:

Real Estate - Residences:

Real Estate - Investments:

Non Business receivables:

Life Insurance on your life:

Life insurance on lives of others:

Business interests:

Death Benefits - Employee and Retirement plans:

Rights under estates and trusts including powers of appointment:

Miscellaneous assets:

ESTIMATED GROSS ESTATE

TOTAL:

The contents of this checklist are intended to provide helpful suggestions to a family member or other survivor who has assumed the duties of concluding the affairs of a loved one/decedent. The list is not intended to be exhaustive. It is not intended to provide legal or financial advice nor to be relied on in lieu of such services. If you have specific questions relating to an estate you are handling, you may find it helpful to consult with a probate attorney or financial professional.