

# Estate Administration Data Packet

## I. About the Decedent

A. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
County of Residence \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Date of Death \_\_\_\_\_  
SSN \_\_\_\_\_  
County of Death \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
If married, date of marriage: \_\_\_\_\_  
Name of Spouse: \_\_\_\_\_

## B. Executor(s)/Administrator(s):

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Do we have your permission to use this e-mail address to contact  
you in connection with this estate or trust? Yes / No  
Relationship \_\_\_\_\_  
SSN \_\_\_\_\_ Date of birth \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Do we have your permission to use this e-mail address to contact  
you in connection with this estate or trust? Yes / No  
Relationship \_\_\_\_\_  
SSN \_\_\_\_\_ Date of birth \_\_\_\_\_

C. Beneficiaries and Heirs at Law:

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Do we have your permission to use this e-mail address to contact you in connection with this estate or trust? Yes / No

Relationship \_\_\_\_\_

SSN \_\_\_\_\_ Date of birth \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Do we have your permission to use this e-mail address to contact you in connection with this estate or trust? Yes / No

Relationship \_\_\_\_\_

SSN \_\_\_\_\_ Date of birth \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Do we have your permission to use this e-mail address to contact you in connection with this estate or trust? Yes / No

Relationship \_\_\_\_\_

SSN \_\_\_\_\_ Date of birth \_\_\_\_\_

4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Do we have your permission to use this e-mail address to contact  
you in connection with this estate or trust? Yes / No  
Relationship \_\_\_\_\_  
SSN \_\_\_\_\_ Date of birth \_\_\_\_\_

5. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Do we have your permission to use this e-mail address to contact  
you in connection with this estate or trust? Yes / No  
Relationship \_\_\_\_\_  
SSN \_\_\_\_\_ Date of birth \_\_\_\_\_

6. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Do we have your permission to use this e-mail address to contact  
you in connection with this estate or trust? Yes / No  
Relationship \_\_\_\_\_  
SSN \_\_\_\_\_ Date of birth \_\_\_\_\_

D. Did decedent have a Will? Yes / No

If yes, provide the following information:

Will Date \_\_\_\_\_ Was Will witnessed? Yes / No

By whom? \_\_\_\_\_

Was there a Codicil? Yes / No

If yes, provide the following information:

Codicil Date \_\_\_\_\_ Was it witnessed? \_\_\_\_\_

By whom? \_\_\_\_\_

• Were there any beneficiaries of the Will which are not listed in Item B above? If so, please give all pertinent information about each such beneficiary.

E. Did decedent have a safe deposit box? Yes / No

If yes, provide the following information: Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Titled in sole or joint names? \_\_\_\_\_

Additional authorized signatories:

\_\_\_\_\_  
\_\_\_\_\_

Please provide copies of all inventories of the safe deposit box(es), whether formal or informal.

F. Did decedent have a CPA? If yes, please provide the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

II. Decedent's Property - Please provide detailed information regarding all assets owned by the decedent and the value at the date of death (including information regarding any debts).

A. Real Property. Please provide copies of all deeds, property tax notices and mortgages.

B. Stocks, Bonds & Marketable Securities - include number of shares. If held in brokerage account(s), please provide copies of account statements for the period

including the date of death. If held in certificate form, please provide copies of certificates. If held in book entry form, please provide copies of statements from holding entity.

C. Bank Accounts, Credit Union Accounts, Cash, Promissory Notes - include account numbers. Please provide copies of statements for all accounts, for the period including the date of death. For any promissory notes, please provide copies of the note(s) and amortization schedule(s), the balance due at the date of death and the amount of accrued interest.

D. Life Insurance - include name of company, policy number and beneficiary. Please provide copies of any Form 712 or other statement received regarding payment of death benefits.

E. Automobiles and Other Vehicles. Please provide year, make, model, fair market value, and name(s) of owner(s).

F. Annuities, Retirement Benefits, etc. Please provide copies of statements for all accounts, for the period including the date of death. In addition, please provide the name and address of beneficiary(ies) and terms of payment to the beneficiary(ies).

G. Personal Property. Please provide estimated value of decedent's household furnishings, clothing, jewelry and other personal property. (Note: This value is the amount anticipated if personal property were sold in an estate sale, not its replacement value.)

H. Other Assets. Please provide details regarding any assets owned by the decedent which are not included above.

I. Debts or Mortgages. Please provide information regarding any debts or mortgages owed by the decedent, including the balanced owed at the date of death.

III. Information for U.S. Estate Tax and Tennessee Inheritance Tax Returns. Please provide the following information regarding the decedent:

1. Country of Birth: \_\_\_\_\_

2. Occupation: \_\_\_\_\_

Retired? Yes / No

3. Marital Status: Married      Divorced      Single Widowed

- a. Name of Spouse: \_\_\_\_\_
  - b. Birthdate of Spouse: \_\_\_\_\_
  - c. If divorced, date of divorce: \_\_\_\_\_
  - d. If spouse deceased, provide date of death and social security number:  
\_\_\_\_\_
4. Did anyone other than the decedent own life insurance on decedent's life? If yes, please provide the following information for each such policy:
- a. Name of owner: \_\_\_\_\_
  - b. Face amount: \_\_\_\_\_
  - c. Name of insurance company: \_\_\_\_\_
  - d. Circumstances for purchase: \_\_\_\_\_
5. Did the decedent own life insurance on the life of any other person? If yes, provide details regarding all such policies.
6. Did decedent own property or account(s) jointly with any other person, including his or her spouse? If yes, which property/account(s) and who were joint owners?
7. Did decedent own any interest in a partnership or unincorporated business? If yes, provide the following information
- a. Name of business: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. Phone number: \_\_\_\_\_
  - d. EIN: \_\_\_\_\_
  - e. Names and addresses of other owners.
8. Did the decedent own any articles or collections (jewelry, artwork, antiques, coins, etc.)? If yes, provide details.
9. Did the decedent's estate, spouse or other person receive or become entitled to receive any bonus or award as a result of the decedent's death? Yes / No
10. Did decedent transfer any property by gift within three years prior to death? Yes / No
11. Did the decedent transfer any property subject to a condition that the recipient had to survive the decedent in order to possess or enjoy the property? Yes / No
12. Did the decedent transfer property and retain the right to control possession or enjoyment? Yes / No
13. Did the decedent transfer any property and retain the right to revoke the transfer? Yes / No
14. Did the decedent create any trust during decedent's lifetime? If yes, please provide a copy of the trust(s).

15. Was the decedent the beneficiary of a trust created by someone other than the decedent? If so, please provide a copy of the trust(s) and details regarding the value of all assets of such trust(s).

16. Has the decedent filed U.S. or Tennessee Gift Tax Returns? If yes, provide copies.

17. Did the decedent possess a general power of appointment? Yes / No

18. Did the decedent ever execute or release a general power of appointment? Yes / No

If the answer to either question 17 or 18 is yes, please obtain the following:

a. Copy of the document creating the power

b. Information regarding the value of the property subject to the power.

19. If the decedent died while employed, was any person entitled to payment from decedent's employer by reason of surviving the decedent? If yes, provide the following:

a. Amount receivable by the beneficiary

b. Amount contributed to the fund by decedent to provide for the payment.

20. Will appraisals be obtained on real estate, jewelry or other items? Yes / No

21. Did the decedent have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? If so, provide details and copies of the account statements for each such account.

22. Did the decedent ever sign as a guarantor on a loan for any person or entity? If yes, please provide copies of all such guaranty documents, including the original loan paperwork and any release documents.

Please provide copies of the following:

- Copy of death certificate (If estate will be probated, provide one original death certificate)
- Income tax returns filed by the decedent for the 3 years prior to death
- Income tax return for the year of decedent's death
- All gift tax returns filed by the decedent (state and federal)
- Copy of any appraisals
- Copy of any pre-marital agreements
- Copy of any divorce decrees and associated marital dissolution agreements