

DECEDENT'S ESTATE ORGANIZER

DATE: _____

Meyers, Rodbell & Rosenbaum, P.A.
9801 Washingtonian Boulevard, Suite 750
Gaithersburg, Maryland 20878
301-738-7061

Your first meeting is scheduled for _____.

The information in this organizer is critical for the settling the decedent's estate in accordance with decedent's wishes and applicable law. All information you give us will be held in strict confidence. If possible, please bring to our office for your appointment:

This Organizer Is to Be Completed By You. Please gather the following:

Any Bank or Other Account Statements

Lists of Stocks, Bonds

Location of Safe Deposit Box

Last Tax Return

Certified Death Certificates If Issued

Last Will and Testament

Any Trust or other Agreements

Copies of Insurance Policies, Annuities, Retirement Plans

Copies of Real Estate Documents including Deeds

Copies of Divorce Decrees

DECEDENT'S INFORMATION

Decedent's Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____
(Other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____

Date of Death: _____ Place of Death _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address

Married: Date of Marriage _____ Previously Divorced Widowed Never Married

Citizen of USA Other: _____ Date of Divorce: _____

Spouse's Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____
(Other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address

Citizen of USA Other: _____

Have you located a Last Will and Testament? Yes [] No [] Date of Will _____

Location of the Original Will _____

Have you located a Trust? Yes [] No [] Date of Trust: _____

Location of the Original Trust _____

DECEDENT’S CHILDREN AND/OR BENEFICIARIES

Use full legal name. In last column, use “JT” if both spouses are the parents, “H” if husband is the parent, “W” if wife is the parent.

Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____

Married: _____ **Number of Children:** _____

Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____

Married: _____ **Number of Children:** _____

Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____

Married: _____ **Number of Children:** _____

Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____

Married: _____ **Number of Children:** _____

Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____

Married: _____ **Number of Children:** _____

Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) SSN: _____

Married: _____ Number of Children: _____

Name _____ Birth date _____ Parent or Relationship _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) SSN: _____

Married: _____ Number of Children: _____

Name _____ Birth date _____ Parent or Relationship _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) SSN: _____

Married: _____ Number of Children: _____

Name _____ Birth date _____ Parent or Relationship _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) SSN: _____

Married: _____ Number of Children: _____

DECEDENT'S ADVISORS

| Name | Telephone |
|----------------------------|-----------|
| Personal Attorney _____ | _____ |
| Accountant _____ | _____ |
| Financial Advisor _____ | _____ |
| Life Insurance Agent _____ | _____ |

IMPORTANT QUESTIONS

| (Please check "Yes" "No" or "Uncertain" for your answer) | Yes | No | ? |
|---|-----|----|---|
| Was decedent (or spouse) receiving social security, disability, or other governmental benefits? <i>Describe</i> _____ | | | |
| Was decedent (or spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i> | | | |
| If decedent was married did the decedent and spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i> | | | |
| Has decedent been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i> | | | |
| Did decedent ever file federal or state gift tax returns? <i>Please furnish copies of these returns</i> | | | |
| Did decedent complete trust, or estate planning? <i>Please furnish copies of these documents</i> | | | |
| If married, did decedent ever live in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i> | | | |
| Is decedent named a beneficiary of anyone else's trust? <i>If so, please explain below.</i> | | | |
| Does decedent's spouse or any of decedent's children have special educational, medical, or physical needs? | | | |
| Do any of decedent's children receive governmental support or benefits? | | | |
| Did decedent provide primary or other major financial support to adult children or others? | | | |
| Was decedent subject to guardianship or conservatorship prior death? | | | |
| Was decedent in control of his or her financial and personal affairs prior to death? If the decedent was not in control of his or her financial or personal affairs prior to death, who was in control? | | | |

| | | | |
|---|--|--|--|
| Was decedent the party to any litigation at the time of death? | | | |
| Were decedent's relationships with his or her family good and harmonious prior to death? | | | |
| Are you aware of any person who might assert that the decedent was, prior to his or her death, subjected to undue influence in the exercise of financial or personal matters? | | | |

ADDITIONAL RELEVANT INFORMATION

PROPERTY INFORMATION

**INSTRUCTIONS FOR COMPLETING
THE DECEDENT'S PROPERTY INFORMATION CHECKLIST**

General Headings

This *Property Information* checklist is designed to help you list all the property decedent owned and what it is worth. If decedent did not own property under a particular heading, just leave that section blank. Under certain headings decedent may have owned more property than can be listed on this checklist. If so, use **extra sheets** of paper to list decedent's additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

"Owner" of Property

How decedent owned this property is **extremely important** for purposes of properly settling the decedent's estate. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

| Owner of Property | Abbreviation |
|--|---------------------|
| If in Decedent's name alone, with no other person | D |
| If in Spouse's Wife's name alone, with no other person | S |
| Joint with spouse | JS |
| Joint with someone other than spouse | JO |
| Decedent's Trust | TR |
| If you are not sure how the property is owned | ? |

DECEDENT'S REAL PROPERTY

TYPE: Any interest in real estate including decedent's family residence, vacation home, time-share, vacant land, etc.

| General Description and/or Address (Including State) | Owner | Market Value | Loan Balance |
|--|-------|--------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| <i>Total</i> | | _____ | _____ |

FURNITURE AND PERSONAL EFFECTS

TYPE: Are you aware that the decedent owned any unique or valuable collections? List separately only **major** personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

| Type or Description | Owner | Market Value |
|---|-------|--------------|
| Miscellaneous Furniture and Household Effects (Total) | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| <i>Total</i> | | _____ |

AUTOMOBILES, BOATS AND RVS

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

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

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*). Do not include IRAs or 401(k)s here

| Name of Institution and account number | Type | Owner | Amount |
|--|-------|-------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| <i>Total</i> | | | _____ |

Note: If Account is in decedent's name (or decedent's spouse's name) for the benefit of another, please specify and give other's name.

DECEDENT'S STOCKS & BONDS

TYPE: List any and all stocks and bonds decedent's own. If held in a brokerage account, lump them together under each account.
(Indicate type below)

| Stocks, Bonds or Investment Accounts | Type | Acct. Number | Owner | Amount |
|--------------------------------------|-------|--------------|--------------|--------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| | | | <i>Total</i> | _____ |

DECEDENT'S LIFE INSURANCE POLICIES & ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

| | |
|--------------|-------|
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| <i>Total</i> | _____ |

DECEDENT'S RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

| | |
|--------------|-------|
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| <i>Total</i> | _____ |

DECEDENT'S BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, decedent's ownership in the interests, and the estimated value of the interests.

Total _____

MONEY OWED TO DECEDENT

TYPE: Mortgages or promissory notes payable to decedent, or other moneys owed to decedent.

| Name of Debtor | Date of Note | Maturity Date | Owed to | Current Balance |
|----------------|--------------|---------------|--------------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| | | | <i>Total</i> | _____ |

DECEDENT'S ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that decedent expected to receive at some time in the future; or moneys that decedent was anticipated receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

DECEDENT'S OTHER ASSETS

TYPE: Other property is any property that decedent had that does not fit into any listed category.

| Type | Owner | Value |
|-------|-------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| | | <i>Total</i> |

SUMMARY OF VALUES

| ASSET | Amount* | | Total Value |
|--------------------------------|-----------|--------|-------------|
| | DECEDENTS | SPOUSE | |
| Real Property | _____ | _____ | _____ |
| Furniture and Personal Effects | _____ | _____ | _____ |
| Automobiles, Boats and RV's | _____ | _____ | _____ |
| Bank and Savings Accounts | _____ | _____ | _____ |
| Stocks and Bonds | _____ | _____ | _____ |
| Life Insurance and Annuities | _____ | _____ | _____ |
| Retirement Plans | _____ | _____ | _____ |
| Business Interests | _____ | _____ | _____ |
| Money owed to decedent | _____ | _____ | _____ |
| Anticipated Inheritance, Etc. | _____ | _____ | _____ |
| Other Assets | _____ | _____ | _____ |
| Total Assets: | _____ | _____ | _____ |

**For jointly owned property, enter 1/2 in DECEDENT'S column and 1/2 in SPOUSE'S column, unless actual ownership is otherwise.*

DECEDENT'S FIDUCIARY INFORMATION

Fiduciaries are individuals or institutions who act on the decedent's behalf or on behalf of decedent's loved ones.

GUARDIAN FOR MINOR CHILDREN: If decedent has any children under the age of 18 or disabled, determine who is named as guardian of the person and conservator of the property of each minor child.

| Name and Address | Relationship | Telephone No. |
|------------------|--------------|---------------|
| | | |
| | | |
| | | |

PERSONAL REPRESENTATIVE:

| Name and Address | Relationship | Telephone No. |
|------------------|--------------|---------------|
| | | |
| | | |
| | | |

SUCCESSOR TRUSTEES:

| Name and Address | Relationship | Telephone No. |
|------------------|--------------|---------------|
| | | |
| | | |
| | | |

DECEDENT'S WISHES AT DEATH: Are you aware of any specific wishes the decedent would like to make known concerning organ donation, disposition of decedent's remains, or any other matters? _____
 If so, what are those wishes?

DECEDENT'S PERSONAL INSTRUCTIONS: Are you aware of any other personal instructions the decedent made?
 If so, what are those instructions?
