

ESTATE INFORMATION SHEET

GENERAL INFORMATION:

DECEDENT'S NAME _____ S.S.N: _____

D.O.B.: _____ DATE OF DEATH: _____

ADDRESS: _____ HOW LONG? _____

CAUSE OF DEATH: _____

DECEDENT'S OCCUPATION: _____ PLACE OF BIRTH: _____

COUNTY OF ADMINISTRATION: _____

TESTATE INTESTATE LOCATION OF WILL: _____

APPRAISER: _____

MARITAL STATUS AT TIME OF DEATH:

MARRIED - DATE OF MARRIAGE: _____

WIDOWED - DECEASED SPOUSE: _____

SEPARATED - NAME OF SPOUSE: _____

DIVORCED - DATE OF DIVORCE: _____

SINGLE

RELATIVES:

1. Full Name: _____ D.O.B.: _____

Address: _____ SSN: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Relationship: _____

2. Full Name: _____ D.O.B.: _____

Address: _____ SSN: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Relationship: _____

3. Full Name: _____ D.O.B.: _____

Address: _____ SSN: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Relationship: _____

4. Full Name: _____ D.O.B.: _____

Address: _____ SSN: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Relationship: _____

5. Full Name: _____ D.O.B.: _____

Address: _____ SSN: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Relationship: _____

6. Full Name: _____ D.O.B.: _____

Address: _____ SSN: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Relationship: _____

7. Full Name: _____ D.O.B.: _____

Address: _____ SSN: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Relationship: _____

ASSETS:

PERSONAL PROPERTY:	HOW OWNERSHIP HELD	DESCRIPTION
---------------------------	---------------------------	--------------------

HOUSEHOLD GOODS: _____

REAL ESTATE:

DESCRIPTION:

COUNTY:

OWNERSHIP:

EST. VALUE:

TAX REQUIREMENTS: (ANTICIPATED RETURNS)---(FOR OFFICE USE ONLY)

	YES/NO	DUE DATE:
1040 FINAL	_____	_____
STATE INCOME FINAL	_____	_____
CITY INCOME FINAL	_____	_____
PERSONAL PROPERTY TAX	_____	_____
OHIO ESTATE TAX	_____	_____
FEDERAL ESTATE TAX	_____	_____
FIDUCIARY RETURN ANTICIPATED	_____	_____

PLANNING:---(FOR OFFICE USE ONLY)

YEARS ALLOWANCE: _____

EXEMPT PROPERTY: _____

AUXILLARY ADM. REQUIRED: _____

TAX FILINGS ANTICIPATED IN OTHER STATES (NAME OF STATE): _____

SPECIFIC REQUESTS: _____

IS CASH PROBLEM ANTICIPATED? _____

LIST OF DEBTS KNOWN:

CREDITOR:

EST. AMOUNT:
