1. Estate Administration Checklist
2. Deceased’s Personal Information:

Full Legal Name of the Deceased:

Date of Birth:

Date of Death:

Social Security Number:

Residence Address:

Employment History:

File No. of the Estate, If Opened:

County of Residence at Time of Death:

Place of Death, If Different from County of Residence:

Did Deceased Have a Will or Trust:

Did Deceased Have Any Codicils, Amendments, or Restatements:

Funeral Home that Handled Arrangements:

**Executor/Personal Representative Personal Information:**

|  |  |
| --- | --- |
| Name: | |
| Address: | |
| Cell Phone: | Work Phone: |
| Home Phone: | Email: |
| SSN: |  |

**Family Information (Surviving Spouse, Children, & Dependents):**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth or Age | Relationship | Mailing Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Any Beneficiaries / Heirs Not Listed Under Family Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth or Age | Relationship | Mailing Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**List of Known Creditors:**

|  |  |
| --- | --- |
| Creditor | Est. Value |
|  |  |
|  |  |
|  |  |

**Deceased’s Assets:**

**Automobiles, Boats, RVs, etc.:**

|  |  |
| --- | --- |
| Type (Year, Make, Model) | Est. Market Value |
|  |  |
|  |  |
|  |  |

**Bank and Savings Accounts (Checking, Savings, Certificate of Deposit, Money Market, etc.):**

|  |  |  |
| --- | --- | --- |
| Financial Institution | Type of Account | Est. Market Value |
|  |  |  |
|  |  |  |
|  |  |  |

**Investment Accounts, Bonds, Stock, and Stock Options:**

|  |  |  |
| --- | --- | --- |
| Financial Institution | Type of Account | Est. Market Value |
|  |  |  |
|  |  |  |
|  |  |  |

**Life Insurance Policies and Annuities:**

|  |  |  |  |
| --- | --- | --- | --- |
| Financial Institution | Type | Beneficiary(ies) | Est. Market Value |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Retirement Plans:**

|  |  |  |  |
| --- | --- | --- | --- |
| Financial Institution | Type | Beneficiary(ies) | Est. Market Value |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Business Interests:**

|  |  |  |
| --- | --- | --- |
| Business Name | Type | Est. Market Value |
|  |  |  |

**Safe Deposit Box:**

|  |  |
| --- | --- |
| Financial Institution | Any Other Signors on the Box |
|  |  |

Was the Deceased the recipient of:

* Any VA Benefits:
* Any Social Security Benefits:
* Any Governmental Benefits:
* Any Pension Benefits:

Real Property in North Carolina:

|  |  |
| --- | --- |
| Address | Est. Market Value |
|  |  |
|  |  |

Real Property in Other States:

|  |  |
| --- | --- |
| Address | Est. Market Value |
|  |  |
|  |  |

Real Property in Other Countries:

|  |  |
| --- | --- |
| Address | Est. Market Value |
|  |  |

Did Deceased have a mortgage or line of credit?

**Additional Information:**

Are there any immediate financial needs of the surviving spouse or children?

Are there any immediate medical needs of the surviving spouse or children?

Are there any pending lawsuits that involve the Deceased?

Is there any additional information you want us to know?

\*\* Please provide a copy of the Death Certificate \*\*

\*\* Please provide a copy of the Will, Codicil, Trust, Amendment, and/or Restatement, if any \*\*

\*\* Please provide a copy of the Current Titles of Automobiles, Boats, RVs, etc., if any \*\*

\*\* Please provide a copy of recent tax returns if available \*\*