

For Staff Use Only:  
Missing Info or Docs  
 Yes  No

# PROBATE/ESTATE ADMINISTRATION WORKSHEET

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THIS COMPLETED WORKSHEET WILL ASSIST US IN COMPLETING YOUR ESTATE ADMINISTRATION  
PAPERWORK. ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PLEASE SAVE AND EMAIL THE COMPLETED WORKSHEET TO [INFO@3RLAW.ORG](mailto:INFO@3RLAW.ORG) OR PRINT IT AND BRING IT  
WITH YOU TO YOUR CONSULT ALONG WITH A CERTIFIED DEATH CERTIFICATE AND THE ORIGINAL  
WILL/TRUST (IF THERE IS ONE).

Give 3Rlaw permission to send text notifications:

No  Yes, text # \_\_\_\_\_

# CLIENT INFORMATION

Person named to administer the estate or person willing to do so.

Client Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_  
(First Middle Last)  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Phone(H): \_\_\_\_\_ Phone (C): \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  Preferred method of communication: \_\_\_\_\_

## DECEDENT'S (DECEASED INDIVIDUAL'S) INFORMATION

Decedent's Name: \_\_\_\_\_ Monthly income during last year: \$ \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_  
(First Middle Last)  
Last Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Death Date (Please bring certified copy of death certificate): \_\_\_\_\_  
Did they have a will or trust?  Yes (Please bring the original will or copy of trust to your consult appointment)  They had NO will or trust  
Did the Decedent have a spouse who is also deceased? \_\_\_\_\_ If so please fill out the section below:  
Decedent's Deceased Spouse: \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_  
(First Middle Last)

Is the deceased spouse listed in the will, still listed on any property or accounts, or did they have a community property agreement? If so please bring a certified copy of their death certificate and list what their name is on:

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

## INDIVIDUALS TO INHERIT

Please list spouse, any descendants (children or grandchildren), and individuals named in the will or trust. Also, list any individuals that would contest.

1. Name: \_\_\_\_\_ Would they contest the estate administration?  Yes  No  
(First Middle Last)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Phone(H): \_\_\_\_\_ Phone (C): \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_ Share of Inheritance (ex. 50%, 1/3, etc.): \_\_\_\_\_  
Is this individual named in the will or trust?  Yes  No, but they are a descendent

2. Name: \_\_\_\_\_ Would they contest the estate administration?  Yes  No  
(First Middle Last)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Phone(H): \_\_\_\_\_ Phone (C): \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_ Share of Inheritance (ex. 50%, 1/3, etc.): \_\_\_\_\_  
Is this individual named in the will or trust?  Yes  No, but they are a descendent

3. Name: \_\_\_\_\_ Would they contest the estate administration?  Yes  No  
(First Middle Last)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone(H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_ Share of Inheritance (ex. 50%, 1/3, etc.): \_\_\_\_\_

Is this individual named in the will or trust?  Yes  No, but they are a descendent

4. Name: \_\_\_\_\_ Would they contest the estate administration?  Yes  No  
(First Middle Last)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone(H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_ Share of Inheritance (ex. 50%, 1/3, etc.): \_\_\_\_\_

Is this individual named in the will or trust?  Yes  No, but they are a descendent

5. Name: \_\_\_\_\_ Would they contest the estate administration?  Yes  No  
(First Middle Last)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone(H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_ Share of Inheritance (ex. 50%, 1/3, etc.): \_\_\_\_\_

Is this individual named in the will or trust?  Yes  No, but they are a descendent

6. Name: \_\_\_\_\_ Would they contest the estate administration?  Yes  No  
(First Middle Last)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone(H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_ Share of Inheritance (ex. 50%, 1/3, etc.): \_\_\_\_\_

Is this individual named in the will or trust?  Yes  No, but they are a descendent

7. Name: \_\_\_\_\_ Would they contest the estate administration?  Yes  No  
(First Middle Last)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone(H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_ Share of Inheritance (ex. 50%, 1/3, etc.): \_\_\_\_\_

Is this individual named in the will or trust?  Yes  No, but they are a descendent

## DECEDENT'S ASSET INFORMATION

### Safe Deposit Box

Is there a safe deposit box?  Yes  No

Location \_\_\_\_\_  
Street City State Zip

Person(s) other than the decedent with right to access

Name \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_

### Real Estate

Is there any real estate (including out of state property)?  Yes  No

Location \_\_\_\_\_ Title Holder \_\_\_\_\_  
Street City State Zip

Parcel Number (if there is no address): \_\_\_\_\_ Transfer on Death Deed Recorded?  Yes  No

Estimated Value: \$ \_\_\_\_\_ Mortgage Owed \$ \_\_\_\_\_ Mortgage Company \_\_\_\_\_

Decedent's residence  Vacation Home  Rental Property  Other: \_\_\_\_\_

Location \_\_\_\_\_ Title Holder \_\_\_\_\_  
Street City State Zip

Parcel Number (if there is no address): \_\_\_\_\_ Transfer on Death Deed Recorded?  Yes  No

Estimated Value: \$ \_\_\_\_\_ Mortgage Owed \$ \_\_\_\_\_ Mortgage Company \_\_\_\_\_

Decedent's residence  Vacation Home  Rental Property  Other: \_\_\_\_\_

Location \_\_\_\_\_ Title Holder \_\_\_\_\_  
Street City State Zip

Parcel Number (if there is no address): \_\_\_\_\_ Transfer on Death Deed Recorded?  Yes  No

Estimated Value: \$ \_\_\_\_\_ Mortgage Owed \$ \_\_\_\_\_ Mortgage Company \_\_\_\_\_

Decedent's residence  Vacation Home  Rental Property  Other: \_\_\_\_\_

### Stocks

Were there any stocks owned by the deceased?  Yes  No

Name of Company \_\_\_\_\_ Name Registered \_\_\_\_\_

Number of Shares \_\_\_\_\_ Value per share on Decedent's date of death \$ \_\_\_\_\_

Name of Company \_\_\_\_\_ Name Registered \_\_\_\_\_

Number of Shares \_\_\_\_\_ Value per share on Decedent's date of death \$ \_\_\_\_\_

### **Mutual Funds & Brokerage Accounts**

Institution \_\_\_\_\_ Value \$ \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_

Account Owner \_\_\_\_\_ Was there a beneficiary designated? \_\_\_\_\_ Who? \_\_\_\_\_

Institution \_\_\_\_\_ Value \$ \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_

Account Owner \_\_\_\_\_ Was there a beneficiary designated? \_\_\_\_\_ Who? \_\_\_\_\_

Institution \_\_\_\_\_ Value \$ \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_

Account Owner \_\_\_\_\_ Was there a beneficiary designated? \_\_\_\_\_ Who? \_\_\_\_\_

### **Cash in Banks, Credit Unions, & Other Financial Organizations**

Institution \_\_\_\_\_ Value \$ \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_

Account Owner \_\_\_\_\_ Was there a beneficiary designated? \_\_\_\_\_ Who? \_\_\_\_\_

Institution \_\_\_\_\_ Value \$ \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_

Account Owner \_\_\_\_\_ Was there a beneficiary designated? \_\_\_\_\_ Who? \_\_\_\_\_

Institution \_\_\_\_\_ Value \$ \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_

Account Owner \_\_\_\_\_ Was there a beneficiary designated? \_\_\_\_\_ Who? \_\_\_\_\_

### **Cash in Possession**

Cash in home \$ \_\_\_\_\_ Cash in safe deposit box \$ \_\_\_\_\_ Uncashed Checks \$ \_\_\_\_\_

### **Life Insurance**

Institution \_\_\_\_\_ Value \$ \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_

Account Owner \_\_\_\_\_ Was there a beneficiary designated? \_\_\_\_\_ Who? \_\_\_\_\_

Institution \_\_\_\_\_ Value \$ \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_

Account Owner \_\_\_\_\_ Was there a beneficiary designated? \_\_\_\_\_ Who? \_\_\_\_\_

**Vehicles (including cars, boats, trailers, tractors, etc.)**

Name(s) on Title \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_ Approximate Value \$ \_\_\_\_\_ Is there a loan? \_\_\_\_\_

If there is a loan, who owns it? \_\_\_\_\_ Last 4 digits of account \_\_\_\_\_ Loan amount \$ \_\_\_\_\_

Name(s) on Title \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_ Approximate Value \$ \_\_\_\_\_ Is there a loan? \_\_\_\_\_

If there is a loan, who owns it? \_\_\_\_\_ Last 4 digits of account \_\_\_\_\_ Loan amount \$ \_\_\_\_\_

Name(s) on Title \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_ Approximate Value \$ \_\_\_\_\_ Is there a loan? \_\_\_\_\_

If there is a loan, who owns it? \_\_\_\_\_ Last 4 digits of account \_\_\_\_\_ Loan amount \$ \_\_\_\_\_

Name(s) on Title \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_ Approximate Value \$ \_\_\_\_\_ Is there a loan? \_\_\_\_\_

If there is a loan, who owns it? \_\_\_\_\_ Last 4 digits of account \_\_\_\_\_ Loan amount \$ \_\_\_\_\_

Name(s) on Title \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_ Approximate Value \$ \_\_\_\_\_ Is there a loan? \_\_\_\_\_

If there is a loan, who owns it? \_\_\_\_\_ Last 4 digits of account \_\_\_\_\_ Loan amount \$ \_\_\_\_\_

**Other Valuable Items**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Assets: \$** \_\_\_\_\_

## DECEDENT'S DEBT INFORMATION

Please list any loans, credit card bills, or medical debts.

Institution \_\_\_\_\_ Debt Amount \$ \_\_\_\_\_

Last 4 digits of account number (if applicable) \_\_\_\_\_ Account Owner \_\_\_\_\_

Institution \_\_\_\_\_ Debt Amount \$ \_\_\_\_\_

Last 4 digits of account number (if applicable) \_\_\_\_\_ Account Owner \_\_\_\_\_

Institution \_\_\_\_\_ Debt Amount \$ \_\_\_\_\_

Last 4 digits of account number (if applicable) \_\_\_\_\_ Account Owner \_\_\_\_\_

Institution \_\_\_\_\_ Debt Amount \$ \_\_\_\_\_

Last 4 digits of account number (if applicable) \_\_\_\_\_ Account Owner \_\_\_\_\_

Institution \_\_\_\_\_ Debt Amount \$ \_\_\_\_\_

Last 4 digits of account number (if applicable) \_\_\_\_\_ Account Owner \_\_\_\_\_

Institution \_\_\_\_\_ Debt Amount \$ \_\_\_\_\_

Last 4 digits of account number (if applicable) \_\_\_\_\_ Account Owner \_\_\_\_\_

Institution \_\_\_\_\_ Debt Amount \$ \_\_\_\_\_

Last 4 digits of account number (if applicable) \_\_\_\_\_ Account Owner \_\_\_\_\_

**Total Debt Owed: \$** \_\_\_\_\_

## OTHER QUESTIONS/CONCERNS

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