

ESTATE ADMINISTRATION WORKSHEET

AMIN LAW OFFICES, LTD.

Integrated Estate Planning



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IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE
PRIOR TO YOUR APPOINTMENT VIA EMAIL, MAIL OR FAX.

General Information

Date: _____, 20__

Decedent's Name: _____

Date of Birth: _____, ____

Social Security No.: _____

Spouse's Name: _____

Date of Birth: _____, ____

Social Security No.: _____

Home Address: _____

Phone No.: _____

Decedent's Employer: _____

Decedent's Usual Occupation: _____

Executor's Address: _____

Phone No.: _____

Executor's Employer, if any: _____

Employer's Address: _____

Phone No.: _____

Legatees and Heirs

Names and Addresses of Legatees (who inherit under will) and Heirs (who inherit in absence of will)	Relationship to Decedent	Ages	Social Security Numbers
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

1. Are any of the above legatees or heirs minors, disabled, or in the military?

Yes _____ No _____; if "Yes," please so indicate next to their names.

2. Were any children adopted by decedent?

Yes _____ No _____; if "Yes," please so indicate next to their names.

3. Was the decedent previously married?

Yes _____ No _____; if "Yes," please indicate to whom the decedent was married and whether any children were born of a prior marriage: _____.

4. Did any child of the decedent predecease the decedent?

Yes _____ No _____; if "Yes," please indicate the date of birth and date of death of such child: _____, ____; _____, ____.

5. Was the decedent a creator, trustee, or beneficiary of any trust?

Yes _____ No _____; if "Yes," please furnish a copy of the trust and all amendments.

6. Did the decedent execute a premarital or postmarital agreement?

Yes _____ No _____; if "Yes," please furnish a copy.

7. Did the decedent have a safe deposit box?

Yes _____ No _____; if "Yes," please indicate the name of the bank: _____.

Legatees and Heirs (cont...)

8. Did the decedent have a live-in caregiver for at least a 3-year period?

Yes _____ No _____

9. Might Public Aid have a lien against the decedent for nursing home care?

Yes _____ No _____

10. List the name and address of the decedent's income tax return preparer (please provide copies of returns for the last three years): _____.

11. Please provide a copy of the decedent's death certificate.

12. Did the decedent lease any property to or from any other person or company?

Yes _____ No _____

13. Did the decedent reside in any of the following states while married: Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Oklahoma, Oregon, Texas, Washington, or Wisconsin?

Yes _____ No _____

14. Did the decedent file prior gift tax returns or make any gift that should have been reported?

Yes _____ No _____; if "Yes," please furnish a copy of each return.

15. Were the decedent and the decedent's spouse U.S. citizens?

Yes _____ No _____; if "No," then identify citizenship of each spouse: _____.

List of Assets

A. Cash (checking, savings, CDs, money market):

Name and Address of Institution	Value	Owner (Decedent, Spouse, Joint Tenant, or Tenant in Common)
1. _____	_____	_____
2. _____	_____	_____

B. Stock:

Name	Value	Owner
1. _____	_____	_____
2. _____	_____	_____

C. Bonds and Government Obligations:

Name	Value	Owner
1. _____	_____	_____
2. _____	_____	_____

D. Promissory Notes (include intra-family loans):

Name	Value	Owner
1. _____	_____	_____
2. _____	_____	_____

E. Closely-Held Stock:

Name	Value	Owner
1. _____	_____	_____
2. _____	_____	_____

List of Assets (cont...)

F. Partnership Interests:

1. Name: _____ Value: _____

General or Limited: _____ Percentage of Ownership: _____

2. Name: _____ Value: _____

General or Limited: _____ Percentage of Ownership: _____

G. Retirement Plans:

	Name of Institution and Account Number	Value
1. IRA:	_____	_____
2. Keogh or HR 10 Plan:	_____	_____
3. Pension:	_____	_____
4. 401(k) Retirement Plan:	_____	_____
5. Other Retirement Plan:	_____	_____

H. Debts of Decedent (include credit and debit cards):

	Name and Address of Creditor	Amount
1.	_____	_____
2.	_____	_____

I. Potential Creditors of Decedent (other than those listed above):

	Name	Type of Claim	Amount
1.	_____	_____	_____
2.	_____	_____	_____

[etc.]

List of Assets (cont...)

J. Automobiles:

	Make and Model	Year	Value	Owner
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

K. Other Property (include if of significant value):

1. _____
2. _____

L. Non-Farm Real Estate (provide copy of deed):

Personal Residence

Address	Value	Owner
_____	_____	_____

Other

Address	Value	Owner
_____	_____	_____

If income producing, net annual revenue: _____

Does casualty and liability insurance coverage remain in effect? Yes _____ No _____

Acknowledgement

The information I have provided herein is accurate to the best of my knowledge. AMIN LAW OFFICES, LTD. may rely on the information herein for the legal services provided.

Signature