

ROARK & MANSUR LAW, PLLC
(978) 256-4167
ESTATE ADMINISTRATION FACT SHEET
_____, 2024

PERSONAL DATA:

Decedent: _____ / _____
(Last Name, First, Initial) (Date of Birth) (Date of Death)

Social Security # xxx-xx-_____ Citizenship: _____

Prior Marriage: _____

Home Address _____

City/Town Zip _____

County _____

Did decedent have existing estate planning documents?

If so, please provide the documents with you.

CHILDREN: (Note any special needs):

1. Name _____ Address _____ Date of Birth _____
Social Security # xxx-xx- _____ Health _____ Marital Status _____ Children _____
Phone # _____ E-Mail: _____ Dependent?
yes/no

2. Name _____ Address _____ Date of Birth _____
Social Security # xxx-xx- _____ Health _____ Marital Status _____ Children _____
Phone # _____ E-Mail: _____ Dependent?
yes/no

3. Name _____ Address _____ Date of Birth _____
Social Security # xxx-xx- _____ Health _____ Marital Status _____ Children _____
Phone # _____ E-Mail: _____ Dependent?
yes/no

4. Name _____ Address _____ Date of Birth _____
Social Security # xxx-xx- _____ Health _____ Marital Status _____ Children _____
Phone # _____ E-Mail: _____ Dependent?
yes/no

OTHER DEPENDENTS:

1. _____

2. _____

ASSETS:

REAL ESTATE: please provide copies of the deeds.

Location	Cost	Mkt. Value	Owner	Lender & Mtg. Balance
1. _____				
2. _____				
3. _____				

LIFE INSURANCE: please provide policies

Insured	Owner	Type	Company	Cash Value	Face Value
1. _____					
Beneficiary _____				Policy # _____	
2. _____					
Beneficiary _____				Policy # _____	
3. _____					
Beneficiary _____				Policy # _____	
4. _____					
Beneficiary _____				Policy # _____	

Employer Group Life Insurance: please provide employee handbook

Party No. 1: _____ Party No. 2: _____

ANNUITIES: please provide the annuity contracts

Company	Type	Value	Joint/Survivor	Beneficiary
Party No. 1 _____				
Party No. 2 _____				

STOCKS & BONDS: please provide stock certificates or most recent statement

Shares/face	Company	Cost	Current Value	Owner
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1. _____
2. _____
3. _____
4. _____

CASH DEPOSITS, CD'S AND MONEY MARKET ACCOUNTS: please provide most recent statement

Bank/Institution	Type of account	Owner
1. _____		
2. _____		
3. _____		

PENSION/PROFIT SHARING PLANS - 401K - 403B: please provide most recent statement and beneficiary designation

Vesting %	Employee Contribution	Investment Manager	Balance	Beneficiary
Party No. 1 _____				
Party No. 2 _____				

IRA/KEOGH ACCOUNTS: please provide most recent statement and beneficiary designation

Contributory/Rollover Administrator	Balance	Beneficiary
Party No. 1 _____		
Party No. 2 _____		

BUSINESS INTEREST: please provide most evidence of ownership

Company Name	% Ownership	Value	Buy/Sell Agreement?
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1. _____

2. _____

PERSONAL PROPERTY: of value in excess of \$100

Item	Value	Owner
1. _____		
2. _____		
3. _____		

WAS THE DECEDENT THE BENEFICIARY OF A TRUST? if so, provide a copy of the trust.

Description

DID THE DECEDENT HAVE ACCESS TO SAFE DEPOSIT BOX:

Location	Box#	Parties with access
_____	_____	_____

LIABILITIES:

	Lender	Outstanding Balance
1. Home Mortgage _____		
2. Other Real Estate _____		
3. Equity Line of Credit _____		
4. Personal Loans _____		
5. Insurance Policy Loans _____		
6. Other Liabilities _____		

LIST ALL GIFTS MADE:

Recipient	Date of Gift	Nature and Value	Was a Gift Tax Return Filed	Gift Made by Whom
1. _____				

2. _____

3. _____

PROFESSIONAL ADVISORS:

Name	Company	Address	Phone#
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Accountant: _____

Insurance Agent _____

Banking Relationship _____

Investment Advisor _____

Please provide two death certificates.