

ESTATE ADMINISTRATION NOTEBOOK

Copyright 2015

The Law Offices of Jeffrey G. Marsocci, PLLC

8406 Six Forks Road, Suite 102

Raleigh, North Carolina 27615

Fax: (919) 844-7995

Email: nclawyer@earthlink.net

DECEDENT INFORMATION SHEET

Date: _____
Decedent - First Name/MI/Last Name : _____

US Citizen: Yes ___ No___ If No, please list status: _____

Married: Yes ___ No___ Gender: Male___ Female___

Name of Spouse: _____ Spouse Deceased?: Yes ___ No___

Social Security No. : _____

Birth Date: ____/____/____ Birthplace: _____

Date of Death: ____/____/____ Location of Death: _____

Residence

Street Address: _____

City/State/Zip: _____ County: _____

Home Phone: _____ Work Phone: _____

Father's name: _____

Birthplace (Include City and State): _____

Mother's name (Use Maiden Name): _____

Birthplace (Include City and State): _____

Executor/Administrator

First/MI/Last Name: _____

US Citizen: Yes ___ No___ If No, please list status: _____

Social Security No. : _____

Birth Date: ____/____/____

Executor/Administrator Residence

Street Address: _____

City/State/Zip: _____ County: _____

Home Phone: _____ Work Phone: _____

Email: _____

CHILDREN:

Please list all children of the decedent. Use an additional sheet if necessary.

Child One

Name: _____

Address: _____

Phone: _____

Birthdate: _____

Child Two

Name: _____

Address: _____

Phone: _____

Birthdate: _____

Child Three

Name: _____

Address: _____

Phone: _____

Birthdate: _____

Child Four

Name: _____

Address: _____

Phone: _____

Birthdate: _____

Child Five

Name: _____

Address: _____

Phone: _____

Birthdate: _____

Child Six

Name: _____

Address: _____

Phone: _____

Birthdate: _____

Are any of the above children deceased? If so please list below along with any descendants that child may have. _____

OTHER BENEFICIARIES IN THE WILL:

Please list any other beneficiaries listed in the Last Will and Testament of the decedent. Use an additional sheet if necessary.

Other Beneficiary One

Name: _____

Address: _____

Phone: _____

Birthdate: _____

Other Beneficiary Two

Name: _____

Address: _____

Phone: _____

Birthdate: _____

Other Beneficiary Three

Name: _____

Address: _____

Phone: _____

Birthdate: _____

Other Beneficiary Four

Name: _____

Address: _____

Phone: _____

Birthdate: _____

Other Beneficiary Five

Name: _____

Address: _____

Phone: _____

Birthdate: _____

Other Beneficiary Six

Name: _____

Address: _____

Phone: _____

Birthdate: _____

Other Beneficiary Seven

Name: _____

Address: _____

Phone: _____

Birthdate: _____

Other Beneficiary Eight

Name: _____

Address: _____

Phone: _____

Birthdate: _____

PETS

Names, Types, and Locations of Pets

Name	Type of Pet	Location
_____	_____	_____

Name	Type of Pet	Location
_____	_____	_____

Name	Type of Pet	Location
_____	_____	_____

Name	Type of Pet	Location
_____	_____	_____

Name	Type of Pet	Location
_____	_____	_____

Name	Type of Pet	Location
_____	_____	_____

SPECIFIC PROPERTY TO SECURE

Real Estate (use additional pages if necessary)

Property One

Type House Condominium Townhouse Apartment Mobile Home

Other: _____

Street Address: _____

City/State/Zip: _____ County: _____

How the property is secured: _____

Property Two

Type House Condominium Townhouse Apartment Mobile Home

Other: _____

Street Address: _____

City/State/Zip: _____ County: _____

How the property is secured: _____

Property Three

Type House Condominium Townhouse Apartment Mobile Home

Other: _____

Street Address: _____

City/State/Zip: _____ County: _____

How the property is secured: _____

Property Four

Type House Condominium Townhouse Apartment Mobile Home

Other: _____

Street Address: _____

City/State/Zip: _____ County: _____

How the property is secured: _____

Property Five

Type House Condominium Townhouse Apartment Mobile Home

Other: _____

Street Address: _____

City/State/Zip: _____ County: _____

How the property is secured: _____

Property Six

Type House Condominium Townhouse Apartment Mobile Home

Other: _____

Street Address: _____

City/State/Zip: _____ County: _____

How the property is secured: _____

Vehicles

Vehicle One

Type Automobile Farm/Construction Boat Trailer

Other: _____

Make & Model: _____

VIN: _____

Mileage: _____

Location

Street Address: _____

City/State/Zip: _____ County: _____

How the property is secured: _____

Vehicle Two

Type Automobile Farm/Construction Boat Trailer

Other: _____

Make & Model: _____

VIN: _____

Mileage: _____

Location

Street Address: _____

City/State/Zip: _____ County: _____

How the property is secured: _____

Vehicle Three

Type Automobile Farm/Construction Boat Trailer

Other: _____

Make & Model: _____

VIN: _____

Mileage: _____

Location
Street Address: _____

City/State/Zip: _____ County: _____

How the property is secured: _____

Vehicle Four

Type Automobile Farm/Construction Boat Trailer

Other: _____

Make & Model: _____

VIN: _____

Mileage: _____

Location
Street Address: _____

City/State/Zip: _____ County: _____

How the property is secured: _____

Vehicle Five

Type Automobile Farm/Construction Boat Trailer

Other: _____

Make & Model: _____

VIN: _____

Mileage: _____

Location
Street Address: _____

City/State/Zip: _____ County: _____

How the property is secured: _____

Vehicle Six

Type Automobile Farm/Construction Boat Trailer

Other: _____

Make & Model: _____

VIN: _____

Mileage: _____

Location
Street Address: _____

City/State/Zip: _____ County: _____

How the property is secured: _____

Other Secured Property

Type Automobile Farm/Construction Boat Trailer

Other: _____

Make & Model: _____

VIN: _____

Mileage: _____

Location
Street Address: _____

City/State/Zip: _____ County: _____

How the property is secured: _____

Other Secured Property

Type Automobile Farm/Construction Boat Trailer

Other: _____

Make & Model: _____

VIN: _____

Mileage: _____

Location
Street Address: _____

City/State/Zip: _____ County: _____

How the property is secured: _____

Other Secured Property

Type Automobile Farm/Construction Boat Trailer

Other: _____

Make & Model: _____

VIN: _____

Mileage: _____

Location
Street Address: _____

City/State/Zip: _____ County: _____

How the property is secured: _____

Other Secured Property

Type Automobile Farm/Construction Boat Trailer

Other: _____

Make & Model: _____

VIN: _____

Mileage: _____

Location
Street Address: _____

City/State/Zip: _____ County: _____

How the property is secured: _____

FINANCIAL/TAX INFORMATION

Decedent's Financial Advisor:

Name: _____

Phone Number: _____

Address: _____

E-mail: _____

Decedent's Accountant/Tax Advisor:

Name: _____

Phone Number: _____

Address: _____

E-mail: _____

Decedent's Life Insurance Advisor:

Name: _____

Phone Number: _____

Address: _____

E-mail: _____

CASH & SAVINGS

(Includes Checking Accounts, Savings Accounts, CDs, Treasury Bills, and Money Market Accounts. For example, BB&T Checking on first line, owned by decedent 50% and spouse 50% on second line, and an approximate amount of \$5,000 on the third line. If the asset is owned by a revocable living trust, then put "Trust" in the second line.)

<u>Institution/Account Type</u>	<u>Owned By/Percentage</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL VALUE		_____

REAL ESTATE

(Includes all land, partial interests in land, timeshares, and other property with a deed, but specifically excludes land owned by a corporation or limited liability company.)

<u>Property/Location/Type</u>	<u>Owned By/Percentage</u>	<u>FMV/Equity</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL VALUE		_____

FIXED & OTHER ASSETS

(Includes notes receivable, specific valuable artwork, automobiles, deeds of trust granted by clients, and other assets not listed elsewhere on this form. For example, 2013 BMW on first line, owned by decedent 50% and spouse 50% on second line, and an approximate amount of \$60,000 on the third line. If the asset is owned by a revocable living trust, then put "Trust" in the second line. Please specifically include Clothing, Jewelry, Home Furnishings, Farm Equipment/Tools, and Automobiles.)

<u>Account or Asset Type</u>	<u>Owned By</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL VALUE:		_____

RETIREMENT PLANS

(Includes IRAs, Keoughs, SEP IRAS, 401ks, Profit Sharing Plans, TSAs, ESOPs, Deferred Compensation, etc.).

<u>Institution/Account or Asset Type</u>	<u>Owned By/Right of Survivorship</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL VALUE:		_____

LIFE INSURANCE

<u>Institution/Insurance Type</u>	<u>Owned By/Right of Survivorship</u>	<u>Face Amount</u>	<u>Cash Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SAFE DEPOSIT BOXES

<u>Financial Institution</u>	<u>Owned By</u>	<u>Key Located?</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

