

INFORMATION FOR THE ESTATE OF

Please answer every question to the best of your ability.

The name of the person completing this form is _____.

PERSONAL

1. Full name of Decedent _____
 2. Date of death _____
 3. Social Security No. _____
 4. Address at time of death _____
 5. Date and place of birth _____
 6. Business or occupation
(if retired, state former business
or occupation) _____
 7. Name, address, telephone and
fax number of Decedent's
accountant: _____

- Tel: _____
- Fax: _____

8. Was Decedent a Veteran? Yes ___ No ___
If yes, when? _____ ***Please provide Form DD214.***

MARITAL AND FAMILY STATUS

9. Complete the below form using the following instructions:

- A. Spouse and children, whether adopted or not. Also list all deceased children and, if the child predeceased the Decedent and has surviving children, grandchildren, etc., list all of those surviving descendants;
- B. If there are no children or grandchildren, list the Decedent's parents or, if none, list the Decedent's siblings;
- C. Please note in the last column whether the person listed is an incapacitated or disabled person or a minor and provide the name and address of the guardian or conservator of such person, if any, and identify the Court and docket number.

	Name, Address, Phone Number and Social Security Number	Relationship to Decedent (check all that apply)	Indicate if this person is:
S P O U S E		Spouse, if living at the time of Decedent's death. <input type="checkbox"/> Devisee under the Will	<input type="checkbox"/> Incompetent (if yes, the name and address of the guardian or conservator, is listed at # _____) <input type="checkbox"/> Deceased (list date of death) _____ Currently in Military Service: Yes ___ No ___
1		<input type="checkbox"/> Parent <input type="checkbox"/> Child of: <input type="checkbox"/> Decedent & Decedent's spouse <input type="checkbox"/> Decedent Only <input type="checkbox"/> Descendant of predeceased child <input type="checkbox"/> Other heir (List relationship): _____ <input type="checkbox"/> Devisee under the Will <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator	<input type="checkbox"/> A Minor (list age): _____ <input type="checkbox"/> Incompetent (if yes, guardian or conservator is listed at # _____) <input type="checkbox"/> Deceased (list date of death): _____ Descendants? <input type="checkbox"/> yes <input type="checkbox"/> No If yes, descendants are listed at # _____ Currently in Military Service: Yes ___ No ___

	Name, Address, Phone Number and Social Security Number	Relationship to Decedent (check all that apply)	Indicate if this person is:
2		<input type="checkbox"/> Parent <input type="checkbox"/> Child of: <input type="checkbox"/> Decedent & Decedent's spouse <input type="checkbox"/> Decedent Only <input type="checkbox"/> Descendant of predeceased child <input type="checkbox"/> Other heir (List relationship): _____ <input type="checkbox"/> Devisee under the Will <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator	<input type="checkbox"/> A Minor (list age): _____ <input type="checkbox"/> Incompetent (if yes, guardian or conservator is listed at # _____) <input type="checkbox"/> Deceased (list date of death): _____ Descendants? <input type="checkbox"/> yes <input type="checkbox"/> No If yes, descendants are listed at # _____ Currently in Military Service: Yes ___ No ___
3		<input type="checkbox"/> Parent <input type="checkbox"/> Child of: <input type="checkbox"/> Decedent & Decedent's spouse <input type="checkbox"/> Decedent Only <input type="checkbox"/> Descendant of predeceased child <input type="checkbox"/> Other heir (List relationship): _____ <input type="checkbox"/> Devisee under the Will <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator	<input type="checkbox"/> A Minor (list age): _____ <input type="checkbox"/> Incompetent (if yes, guardian or conservator is listed at # _____) <input type="checkbox"/> Deceased (list date of death): _____ Descendants? <input type="checkbox"/> yes <input type="checkbox"/> No If yes, descendants are listed at # _____ Currently in Military Service: Yes ___ No ___
4		<input type="checkbox"/> Parent <input type="checkbox"/> Child of: <input type="checkbox"/> Decedent & Decedent's spouse <input type="checkbox"/> Decedent Only <input type="checkbox"/> Descendant of predeceased child <input type="checkbox"/> Other heir (List relationship): _____ <input type="checkbox"/> Devisee under the Will <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator	<input type="checkbox"/> A Minor (list age): _____ <input type="checkbox"/> Incompetent (if yes, guardian or conservator is listed at # _____) <input type="checkbox"/> Deceased (list date of death): _____ Descendants? <input type="checkbox"/> yes <input type="checkbox"/> No If yes, descendants are listed at # _____ Currently in Military Service: Yes ___ No ___
5		<input type="checkbox"/> Parent <input type="checkbox"/> Child of: <input type="checkbox"/> Decedent & Decedent's spouse <input type="checkbox"/> Decedent Only <input type="checkbox"/> Descendant of predeceased child <input type="checkbox"/> Other heir (List relationship): _____ <input type="checkbox"/> Devisee under the Will <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator	<input type="checkbox"/> A Minor (list age): _____ <input type="checkbox"/> Incompetent (if yes, guardian or conservator is listed at # _____) <input type="checkbox"/> Deceased (list date of death): _____ Descendants? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, descendants are listed at # _____ Currently in Military Service: Yes ___ No ___

	Name, Address, Phone Number and Social Security Number	Relationship to Decedent (check all that apply)	Indicate if this person is:
6		<input type="checkbox"/> Parent <input type="checkbox"/> Child of: <input type="checkbox"/> Decedent & Decedent's spouse <input type="checkbox"/> Decedent Only <input type="checkbox"/> Descendant of predeceased child <input type="checkbox"/> Other heir (List relationship): _____ <input type="checkbox"/> Devisee under the Will <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator	<input type="checkbox"/> A Minor (list age): _____ <input type="checkbox"/> Incompetent (if yes, guardian or conservator is listed at # _____) <input type="checkbox"/> Deceased (list date of death): _____ Descendants? <input type="checkbox"/> yes <input type="checkbox"/> No If yes, descendants are listed at # _____ Currently in Military Service: Yes ___ No ___
7		<input type="checkbox"/> Parent <input type="checkbox"/> Child of: <input type="checkbox"/> Decedent & Decedent's spouse <input type="checkbox"/> Decedent Only <input type="checkbox"/> Descendant of predeceased child <input type="checkbox"/> Other heir (List relationship): _____ <input type="checkbox"/> Devisee under the Will <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator	<input type="checkbox"/> A Minor (list age): _____ <input type="checkbox"/> Incompetent (if yes, guardian or conservator is listed at # _____) <input type="checkbox"/> Deceased (list date of death): _____ Descendants? <input type="checkbox"/> yes <input type="checkbox"/> No If yes, descendants are listed at # _____ Currently in Military Service: Yes ___ No ___
8		<input type="checkbox"/> Parent <input type="checkbox"/> Child of: <input type="checkbox"/> Decedent & Decedent's spouse <input type="checkbox"/> Decedent Only <input type="checkbox"/> Descendant of predeceased child <input type="checkbox"/> Other heir (List relationship): _____ <input type="checkbox"/> Devisee under the Will <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator	<input type="checkbox"/> A Minor (list age): _____ <input type="checkbox"/> Incompetent (if yes, guardian or conservator is listed at # _____) <input type="checkbox"/> Deceased (list date of death): _____ Descendants? <input type="checkbox"/> yes <input type="checkbox"/> No If yes, descendants are listed at # _____ Currently in Military Service: Yes ___ No ___

REAL ESTATE

10. Did the Decedent own any real estate either individually or in joint names with another? Yes ___ No ___

If yes, state location of real estate and **provide a copy of the deed(s)**. Provide name of surviving joint owner. If jointly held with a person other than the Decedent's spouse, did the survivor furnish any of the consideration for the acquisition of, or improvements/additions to, such real estate? If yes, provide details:

11. Has such real estate been appraised by a professional appraiser since Decedent's death? Yes ___ No ___

If yes, state name of appraiser and please **supply a copy of the appraisal**. If an appraisal has not been completed, please provide a copy of the most recent tax bill.

12. Are there any mortgages on the real estate? Yes ___ No ___

If yes, state the name of the bank(s) or individual(s) holding the mortgage and the principal balance. Please also **provide a copy of the most recent mortgage statement**.

13. Do any of these properties have private septic systems? Yes ___ No ___

If so, which ones?

BANK ACCOUNTS

14. Please provide the following information for all savings or checking accounts in which Decedent had an interest on date of death:

Bank Name	Account Type	Account #	Joint Owner	Date of Death Balance

Provide statements or passbooks showing the balances on the date of death.

STOCKS, BONDS AND OTHER INVESTMENTS

15. Did the Decedent own any stocks, bonds, mutual funds, money market funds, stock options, etc.? Yes __ No __ If so, please **complete below or attach a list** which gives a full description of each security (including face value and maturity date of bonds, type of stocks, such as common or preferred, etc., number of shares of each stock, etc.). If any of these assets are registered in joint name with another, please supply the name of the joint owner, and state the contribution, if any, to the price of the property made by the joint owner.

Description	Name	Value at Date of Death

Provide any documents showing the balances as of the date of death.

RETIREMENT BENEFITS

16. Please provide the following information for all retirement accounts (IRA, Roth, 401(k), 403(b)) which Decedent owned on date of death:

Retirement Accounts	Account #	Beneficiary	Date of Death Balance

Please provide statements showing date of death values.

OUTSTANDING CHECKS

17. At the time of death, were there any outstanding checks in Decedent's checking account? Yes__ No __
 If yes, please state to whom the check was payable, the date, and the amount.

To Whom	Date	Amount	Description

FUNDS NOT YET DEPOSITED

18. Are there any checks payable to Decedent which were not deposited at the time of his/her death? Yes __ No __
 Did the decedent have any uncashed Traveler's cheques? Yes ___ No ___
 If yes, please provide list:

Paid By	Date	Amount	Description

MORTGAGES AND PROMISSORY NOTES HELD BY DECEDENT

19. Did Decedent hold any mortgages at the time of his/her death? Yes ___ No ___
 Did he/she hold any promissory notes? If yes, please supply details.

CASH ON HAND

20. Did Decedent have any cash on hand at the time of his/her death? Yes___ No___
 If yes, please give amount. _____

INSURANCE

21. Was there any insurance on Decedent's life? Yes__ No __
 Has the insurer been notified of Decedent's death? Yes__ No __
 If so, has the beneficiary received a Form 712 from the insurer? Yes__ No __
 Please provide Form 712 if you have received it. Please list policies.

Company	Policy #	Face Amount	Beneficiary	Owner

22. Did Decedent own any insurance on the life of **anyone else** ? Yes___ No ___
 If yes, please describe.

Face Amount of Policy	Name of Company	Policy No.	Insured

JOINTLY OWNED ASSETS

23. Did the Decedent, at the time of death, own any assets jointly with the surviving spouse which have not already been listed? Yes___ No ___
If so, please describe all such property.

24. Did the Decedent, at the time of death, own any other assets jointly with any person other than the surviving spouse which has not already been listed?
Yes__ No __
Please describe all such jointly owned assets and provide name(s) and address(es) of (each) surviving co-owner(s). If Decedent was not the sole contributor to any such joint asset, please list source of contribution and amounts (or percentages, if amount not known).

PERSONAL POSSESSIONS

25. Estimated value of **jointly** owned household furniture, furnishings, and miscellaneous personal effects. _____

26. Estimated value of Decedent's household furniture, furnishings and miscellaneous personal effects which she/he owned **individually** , including jewelry, artwork, coin collections, furs, antiques, etc. Please note that if the estimated value of any one item exceeds \$3,000 or the total of artistic or collectible items exceeds \$10,000, a professional appraisal of such property should be obtained by the Personal Representative.

MISCELLANEOUS PROPERTY

27. Did the Decedent have any interest in any partnership, unincorporated business or any written agreement at the time of death? Yes ___ No ___
If so, please describe.

28. Has the Decedent's estate, spouse or any other person received (or will receive) any payment as a result of the Decedent's employment or death which has not been listed above? Yes ___ No ___
If so, please describe.

29. Did Decedent own any titled vehicles (automobile, mobile home, boat)? Yes__ No __
If yes, please state year, make and model or provide copies of titles.

30. Did Decedent own any animals, such as horses, livestock or pets at the time of his/her death? Yes__ No __
If yes, please provide details.

SAFE DEPOSIT BOX

31. At the time of his/her death did Decedent have a safe deposit box? Yes__ No __
If yes, please state whether the box was held in his/her name or in joint names with another. If owned jointly, please state joint depositor's name and relationship to Decedent.

32. Please state the name and address of the bank in which the safe deposit box is located.

33. Please give a brief description of the property stored in the safe deposit box.

TRUSTS

34. Were there any trusts created by Decedent during his/her lifetime? Yes__ No __
Did Decedent transfer property to a trust during his/her lifetime? Yes__ No __
Was the Decedent a trustee or a beneficiary of any trust which was created by another at the time of his/her death? Yes__ No __
If yes, please describe and provide copies of all trusts.

GIFTS

35. Did Decedent ever file any gift tax returns? Yes__ No __
If yes, please provide copies.

36. Did Decedent make any gifts not reported on a gift tax return, of cash, real estate, or any other kind of property, to any one person other than a spouse in any one calendar year:

Worth \$15,000 or more between 2018 and now? Yes__ No __

Worth \$14,000 or more between 2013 and 2017? Yes__ No __

Worth \$13,000 or more between 2009 and 2012? Yes__ No __

Worth \$10,000 or more between 1981 and 2008? Yes__ No __

Worth \$3,000 or more between 1977 and 1981? Yes__ No __

Any earlier gifts? Yes__ No __

If yes to any of above, please provide details.

POWERS OF APPOINTMENT

37. Did Decedent have any powers of appointment over any trusts created by another at the time of his/her death? Yes__ No __ If yes, please provide details.

ANNUITIES

38. Was Decedent receiving any payments from an annuity, including a pension, immediately before death? Yes__ No __ If yes, please give details.

39. Did Decedent have any interest in an annuity from which the Decedent was not receiving payments? Yes__ No __ If yes, please provide copies of annuity contracts.

EMPLOYMENT

40. Was the Decedent employed on the date of death? Yes__ No __
If yes, please state name and address of employer.

FUNERAL EXPENSES

41. Please list funeral expenses. (Persons who paid these expenses are entitled to reimbursement from the estate.)

To Whom Paid	Description of Services	Amount	Paid By	Approx. Date Paid

DEBTS OF DECEDENT, MORTGAGE AND LIENS

42. Did the Decedent ever receive MassHealth benefits during his/her lifetime?

Yes__ No __

If yes, please provide date benefits first began. _____

43. List any of Decedent's outstanding bills for goods or services provided prior to death (utility bills, loans, medical bills, legal fees, charge accounts, etc.) which were paid after his/her death or are outstanding. (Reimbursement is due to the payor from the estate.)

Payee	Description	Amount	Paid By	Date Paid

OTHER

44. Did Decedent inherit any property of any kind within 10 years of his/her death?

Yes__ No __

If so, please state:

Name of Estate	Name and Address of lawyer handling Estate	Approx. amount of Inheritance

45. Have final federal and Massachusetts income tax returns been prepared for the Decedent? Yes__ No __

Who prepared the Decedent's tax returns in the past? (We will need copies of the returns for the three years prior to death.)

Date/Time: _____ ESS/LST