

# Jarrett & Luitjens

ESTATE & ELDER LAW

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[VermontEstatePlanning.com](http://VermontEstatePlanning.com)

## PROBATE ESTATE INFORMATION

Name of proposed Fiduciary: (Executor/Administrator)	
Relation to deceased:	
Address:	
Telephone number:	
Email address:	
SSN:	<i>Please provide via telephone or in person</i>

### I. General Information

Name of deceased: \_\_\_\_\_

Home address: \_\_\_\_\_

Date of death: \_\_\_\_\_ Date of birth: \_\_\_\_\_

SS#: \_\_\_\_\_ Veteran status: \_\_\_\_\_

Marital Status of Decedent:

Single

Married Surviving Spouse Name: \_\_\_\_\_

Widowed Deceased Spouse Name: \_\_\_\_\_

Divorced Ex-Spouse Name: \_\_\_\_\_

Did Decedent have a Will? Yes  No

Date of Will: \_\_\_\_\_

Any Codicils? Yes  No

Location of Original: \_\_\_\_\_

Location of Codicils: \_\_\_\_\_

**II. Heirs at Law and/or Next of Kin**

(list children, if any; otherwise, list parents, if living; if neither living, then siblings)

Name		Relationship	
Physical Address		Mailing Address (if different)	
Email address		Telephone	

Name		Relationship	
Physical Address		Mailing Address (if different)	
Email address		Telephone	

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**III. Probate Assets as of Date of Death**

(assets/accounts owned by decedent individually, as “tenants in common,” or without a surviving beneficiary)

**REAL ESTATE – INDIVIDUALLY TITLED OR AS “TENANTS IN COMMON”**

Owner(s)	
Property Address	
Value	
Outstanding mortgage	

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Property Address	
Value	
Outstanding mortgage	

**BANK ACCOUNTS – INDIVIDUALLY ACCOUNTS / NO BENEFICIARY**

Bank Name		Account Number	
Type of Account		Balance	

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Bank Name		Account Number	
Type of Account		Balance	

**INVESTMENTS** (non-qualified) – INDIVIDUAL ACCOUNTS / NO BENEFICIARY

Description (Stocks/Bonds/Brokerage Accounts)	Value / Account Balance

**LIFE INSURANCE/ANNUITIES**(non-qualified) – NO SURVIVING BENEFICIARIES OR NAMES ESTATE

Company & Policy Number	Policy Proceeds / Account Balance

**IRAs/401(K)s/OTHER RETIREMENT** – NO SURVIVING BENEFICIARIES OR NAMES ESTATE

Financial Institution & Account Number	Account Balance

**VEHICLES** – INDIVIDUALLY TITLED

Description (Year/Make/Model & VIN)	Value

**OTHER ASSETS**

Description	Value

**SAFE DEPOSIT BOX?**                      Yes                       No

Name and location of Depository	
Contents	

**KNOWN EXPENSES/CREDITORS** (funeral expenses, medical, credit cards, other debts)

Description	Expense Amount

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**DOCUMENTS TO PROVIDE**

<input type="checkbox"/>	Original Will/Codicil
<input type="checkbox"/>	Original Death Certificate
<input type="checkbox"/>	Copy of Death Certificate of deceased heirs:
<input type="checkbox"/>	Copies of real estate deeds AND property tax bills
<input type="checkbox"/>	Copies of all financial statements (date closest to date of death)
<input type="checkbox"/>	Statement of proceeds for life insurance
<input type="checkbox"/>	Copies of automobile registrations
<input type="checkbox"/>	Copy of paid funeral bill
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other: