



**CONFIDENTIAL AND PROTECTED**  
**ALL INFORMATION CONTAINED IN THIS DOCUMENT**  
**IS SUBJECT TO ATTORNEY-CLIENT PRIVILEGE.**

## **TRUST / PROBATE ADMINISTRATION WORKSHEET**

---

**IT IS YOUR RESPONSIBILITY TO PROVIDE THE INFORMATION NEEDED.**

Please provide the information requested as thoroughly as possible. It is imperative that you provide accurate and complete information. In drafting your documents and/or preparing pleadings, the attorney will use the information you supply us with on this form. Remember, administration of the Trust or Probate Estate will be based on the information you provide us in writing on this form.

- Answer each section as completely as possible.
- Print legibly.
- Check all appropriate boxes, including N/A, Yes, and/or No boxes.
- Feel free to contact our office or consult with your financial advisor for assistance.

### **INSTRUCTIONS**

---

**General:** These instructions are designed to help you list all the property that the estate owns, how it is titled, its present value.

**You & Your Beneficiaries:** Provide us with information about you, your children and anyone else included in the succession / probate. If there are children from a previous marriage, it is important that we have the full names of the parents of such child(ren). If there are special circumstance concerning the assets or beneficiaries, these should be noted on this form.

**Assets:** Immediately after the heading for each group of assets is a brief explanation of what property you should list under that heading.

**Owner:** How assets are owned is extremely important for purposes of preparing for the administration process. For each property category, there is a column titled "Owner." When filling in this section, please specify if the property is the Decedent's Separate Property (SP), community property with the Decedent (CP), joint property with someone other than the surviving spouse (JO), owned by a trust (TP), owned by a business entity,

such as a limited liability company or corporation (BP), or unknown (?).  
Additionally, below the ownership designation column, please list **exactly**  
**how the names appear on the account or policy** that you own.

**GENERAL INFORMATION**

---

**Client Full Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
(First) (Middle) (Maiden) (Last) (Suffix)

**Address:** \_\_\_\_\_ **Parish/County:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Home #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Other #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Please provide a copy of your driver's license.**

---

**Full Name of Deceased:** \_\_\_\_\_  
(First) (Middle) (Maiden) (Last) (Suffix)

**Last Home Address:** \_\_\_\_\_ **Parish/County:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Date of Death:** \_\_\_\_\_ **Place of Death:** \_\_\_\_\_  
(City) (State) (Parish/County)

**SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Please list any prior spouse's full names: \_\_\_\_\_ Reason for end of marriage:  
\_\_\_\_\_ Death  Divorce   
\_\_\_\_\_ Death  Divorce

Is there a Will?  Yes  No If yes, where is it located? \_\_\_\_\_

---

**Full Name of Surviving Spouse:** \_\_\_\_\_  
(First) (Middle) (Maiden) (Last) (Suffix)

**Address:** \_\_\_\_\_ **Parish/County:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**SSN:** \_\_\_\_\_

**CHILDREN/NEXT OF KIN:**

**Full Name:** \_\_\_\_\_ Male  Female   
(First) (Middle) (Maiden) (Last) (Suffix)

Address: \_\_\_\_\_ Parish/County: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_ SSN: XXX-XX- \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Special Needs/Considerations/Comments: \_\_\_\_\_ Deceased  Disabled

Relationship to Deceased: \_\_\_\_\_

Full Name of Other Parent (if a child of the Deceased): \_\_\_\_\_

---

**Full Name:** \_\_\_\_\_ Male  Female   
(First) (Middle) (Maiden) (Last) (Suffix)

Address: \_\_\_\_\_ Parish/County: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_ SSN: XXX-XX- \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Special Needs/Considerations/Comments: \_\_\_\_\_ Deceased  Disabled

Relationship to Deceased: \_\_\_\_\_

Full Name of Other Parent (if a child of the Deceased): \_\_\_\_\_

---

**CHILDREN/NEXT OF KIN (CONTINUED):**

**Full Name:** \_\_\_\_\_ Male  Female   
(First) (Middle) (Maiden) (Last) (Suffix)  
Address: \_\_\_\_\_ Parish/County: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
Telephone: \_\_\_\_\_ SSN: XXX-XX- \_\_\_\_\_ DOB: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Special Needs/Considerations/Comments: \_\_\_\_\_ Deceased  Disabled   
Relationship to Deceased: \_\_\_\_\_

Full Name of Other Parent (if a child of the Deceased: \_\_\_\_\_

---

**Full Name:** \_\_\_\_\_ Male  Female   
(First) (Middle) (Maiden) (Last) (Suffix)  
Address: \_\_\_\_\_ Parish/County: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
Telephone: \_\_\_\_\_ SSN: XXX-XX- \_\_\_\_\_ DOB: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Special Needs/Considerations/Comments: \_\_\_\_\_ Deceased  Disabled   
Relationship to Deceased: \_\_\_\_\_

Full Name of Other Parent (if a child of the Deceased: \_\_\_\_\_

---

**Full Name:** \_\_\_\_\_ Male  Female   
(First) (Middle) (Maiden) (Last) (Suffix)  
Address: \_\_\_\_\_ Parish/County: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
Telephone: \_\_\_\_\_ SSN: XXX-XX- \_\_\_\_\_ DOB: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Special Needs/Considerations/Comments: \_\_\_\_\_ Deceased  Disabled   
Relationship to Deceased: \_\_\_\_\_

Full Name of Other Parent (if a child of the Deceased: \_\_\_\_\_

**CASH ACCOUNTS**

N/A

Type: Checking Accounts (“CA”); Savings Accounts (“SA”); Certificates of Deposit (“CD”); Money Market Accounts (“MM”); Cash Management Accounts (“CM”); and Safe Deposit Box(es) (“Box”)

*If you have no Cash Accounts, please mark this section as non-applicable.*

For each Cash Account, please provide the following information:

Bank/Credit Union: \_\_\_\_\_ Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Name(s) as they appear on account: \_\_\_\_\_

Other Individual(s) named on the account if any: \_\_\_\_\_ Balance: \_\_\_\_\_

Bank/Credit Union: \_\_\_\_\_ Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Name(s) as they appear on account: \_\_\_\_\_

Other Individual(s) named on the account if any: \_\_\_\_\_ Balance: \_\_\_\_\_

Bank/Credit Union: \_\_\_\_\_ Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Name(s) as they appear on account: \_\_\_\_\_

Other Individual(s) named on the account if any: \_\_\_\_\_ Balance: \_\_\_\_\_

Bank/Credit Union: \_\_\_\_\_ Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Name(s) as they appear on account: \_\_\_\_\_

Other Individual(s) named on the account if any: \_\_\_\_\_ Balance: \_\_\_\_\_

Bank/Credit Union: \_\_\_\_\_ Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Name(s) as they appear on account: \_\_\_\_\_

Other Individual(s) named on the account if any: \_\_\_\_\_ Balance: \_\_\_\_\_

Bank/Credit Union: \_\_\_\_\_ Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Name(s) as they appear on account: \_\_\_\_\_

Other Individual(s) named on the account if any: \_\_\_\_\_ Balance: \_\_\_\_\_

**BROKER-HELD INVESTMENT ACCOUNT**

N/A

**(Not IRA/Retirement Accounts)**

Type: Investment Accounts (“I”); and Money Fund Accounts (“MF”)

*If you have no Broker-Held Investment Accounts, please mark this section as non-applicable.*

For each Broker-Held Investment Account, please provide the following Information:

Brokerage Firm: \_\_\_\_\_ Name of Broker: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Name(s) as they appear on account: \_\_\_\_\_ Balance: \_\_\_\_\_

Brokerage Firm: \_\_\_\_\_ Name of Broker: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Name(s) as they appear on account: \_\_\_\_\_ Balance: \_\_\_\_\_

Brokerage Firm: \_\_\_\_\_ Name of Broker: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Name(s) as they appear on account: \_\_\_\_\_ Balance: \_\_\_\_\_

**RETIREMENT PLANS**

N/A

Type: Profit Sharing (“PS”); H.R. 10; IRA; SEP; 401(k), Roth IRA, 403(b)

*If you have no Retirement Plan(s), please mark this section as non-applicable.*

For each Retirement Plan, Please Provide the following information:

Company Name: \_\_\_\_\_ Plan Type: \_\_\_\_\_

Account #: \_\_\_\_\_ Plan Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Name(s) as they appear on account: \_\_\_\_\_ Balance: \_\_\_\_\_

Company Name: \_\_\_\_\_ Plan Type: \_\_\_\_\_

Account #: \_\_\_\_\_ Plan Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Name(s) as they appear on account: \_\_\_\_\_ Balance: \_\_\_\_\_

Company Name: \_\_\_\_\_ Plan Type: \_\_\_\_\_

Account #: \_\_\_\_\_ Plan Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Name(s) as they appear on account: \_\_\_\_\_ Balance: \_\_\_\_\_

Company Name: \_\_\_\_\_ Plan Type: \_\_\_\_\_  
Account #: \_\_\_\_\_ Plan Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Name(s) as they appear on account: \_\_\_\_\_ Balance: \_\_\_\_\_

---

**STOCKS/COMPUTERSHARE**

N/A

Type: Stock in publicly-owned corporations that you hold (not stocks in private or family owned businesses)

*If you have no Stocks/Computershare, please mark this section as non-applicable.*

For each Stock/Computershare, please provide the following information:

Stock/Computershare Name: \_\_\_\_\_ Owner: \_\_\_\_\_  
Certificate Number: \_\_\_\_\_ Cusip Number: \_\_\_\_\_  
Name(s) as they appear on account: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

---

Stock/Computershare Name: \_\_\_\_\_ Owner: \_\_\_\_\_  
Certificate Number: \_\_\_\_\_ Cusip Number: \_\_\_\_\_  
Name(s) as they appear on account: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

---

Stock/Computershare Name: \_\_\_\_\_ Owner: \_\_\_\_\_  
Certificate Number: \_\_\_\_\_ Cusip Number: \_\_\_\_\_  
Name(s) as they appear on account: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

---

**BONDS**

N/A

Type: U.S. Savings Bonds, Treasury Bonds, corporate bonds, municipal bonds, etc.

*If you have no Bonds, please mark this section as non-applicable.*

For each Bond, please provide the following information:

Bond Type: \_\_\_\_\_ Bond Number: \_\_\_\_\_  
Name(s) as they appear on bond: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_  
Owner: \_\_\_\_\_ Co-Owner: \_\_\_\_\_

---

Bond Type: \_\_\_\_\_ Bond Number: \_\_\_\_\_  
Name(s) as they appear on bond: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_  
Owner: \_\_\_\_\_ Co-Owner: \_\_\_\_\_

---

Bond Type: \_\_\_\_\_ Bond Number: \_\_\_\_\_  
Name(s) as they appear on bond: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_  
Owner: \_\_\_\_\_ Co-Owner: \_\_\_\_\_

---

**IF YOU OWN U.S. SAVINGS BONDS AND HAVE A DETAILED LIST,  
PLEASE ATTACH OR BRING IT WITH YOU TO YOUR INITIAL MEETING.**

**LIFE INSURANCE**

N/A

Please list the Policy Type: Term, Whole Life, Split Dollar, Group Term Life, Universal Life  
*If you have no Life Insurance, please mark this section as non-applicable.*

For each Life Insurance policy, please provide the following information:

Company Name: \_\_\_\_\_ Policy Type: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Insured: \_\_\_\_\_ Cash Value: Y/N?  
Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Name(s) as they appear on the policy: \_\_\_\_\_  
Death Benefit: \_\_\_\_\_ Cash Surrender Value: \_\_\_\_\_

---

Company Name: \_\_\_\_\_ Policy Type: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Insured: \_\_\_\_\_ Cash Value: Y/N?  
Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Name(s) as they appear on the policy: \_\_\_\_\_  
Death Benefit: \_\_\_\_\_ Cash Surrender Value: \_\_\_\_\_

---

Company Name: \_\_\_\_\_ Policy Type: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Insured: \_\_\_\_\_ Cash Value: Y/N?  
Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Name(s) as they appear on the policy: \_\_\_\_\_  
Death Benefit: \_\_\_\_\_ Cash Surrender Value: \_\_\_\_\_



---

Company Name: \_\_\_\_\_ Policy Type: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Insured: \_\_\_\_\_ Cash Value: Y/N?  
Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Name(s) as they appear on the policy: \_\_\_\_\_  
Death Benefit: \_\_\_\_\_ Cash Surrender Value: \_\_\_\_\_

---

**ANNUITIES**

N/A

*If you have no Annuities, please mark this section as non-applicable.*

For each Annuity, please provide the following information:

Company Name: \_\_\_\_\_ Is it Qualified  or Non-Qualified ?  
Policy Number: \_\_\_\_\_ Policy Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Name(s) as they appear on the policy: \_\_\_\_\_  
Death Benefit: \_\_\_\_\_ Cash Surrender Value: \_\_\_\_\_

---

Company Name: \_\_\_\_\_ Is it Qualified  or Non-Qualified ?  
Policy Number: \_\_\_\_\_ Policy Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Name(s) as they appear on the policy: \_\_\_\_\_  
Death Benefit: \_\_\_\_\_ Cash Surrender Value: \_\_\_\_\_

---

Company Name: \_\_\_\_\_ Is it Qualified  or Non-Qualified ?  
Policy Number: \_\_\_\_\_ Policy Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Name(s) as they appear on the policy: \_\_\_\_\_  
Death Benefit: \_\_\_\_\_ Cash Surrender Value: \_\_\_\_\_

---

**REAL ESTATE**

N/A

Type: Land; Buildings; Homes. This section does not include any Real Estate you have either a deeded or land contract interest (land or buildings) that you own in partnership with someone else; property interests held in partnership with another should be listed in the "Partnership Interest" section.

*If you have no Real Estate, please mark this section as non-applicable.*

**For each property, please provide the following information as well as the property deed. This can be a cash sale, act of donation, judgment of possession, etc.:**

Property Street Address: \_\_\_\_\_

Property Mailing Address: \_\_\_\_\_

Parish/County Property is located: \_\_\_\_\_ Owner(s) if Property: \_\_\_\_\_

Percent of Property Owned: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

Insurance Agency: \_\_\_\_\_ Insurance Agent: \_\_\_\_\_

Primary Residence  Second Home  Camp  Rental Property  Business Property  Land

---

Property Street Address: \_\_\_\_\_

Property Mailing Address: \_\_\_\_\_

Parish/County Property is located: \_\_\_\_\_ Owner(s) if Property: \_\_\_\_\_

Percent of Property Owned: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

Insurance Agency: \_\_\_\_\_ Insurance Agent: \_\_\_\_\_

Primary Residence  Second Home  Camp  Rental Property  Business Property  Land

---

Property Street Address: \_\_\_\_\_

Property Mailing Address: \_\_\_\_\_

Parish/County Property is located: \_\_\_\_\_ Owner(s) if Property: \_\_\_\_\_

Percent of Property Owned: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

Insurance Agency: \_\_\_\_\_ Insurance Agent: \_\_\_\_\_

Primary Residence  Second Home  Camp  Rental Property  Business Property  Land

---

**FARM AND RANCH INTERESTS**

N/A

Type: Livestock; Machinery; Farm Equipment; Tractors; Leases; etc.

*If you have no Farm and Ranch Interest, please mark this section as non-applicable.*

For each Farm and Ranch Interest, please provide the following information:

Type: \_\_\_\_\_ Owner: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Physical Description: \_\_\_\_\_

Location of Item(s): \_\_\_\_\_

Type: \_\_\_\_\_ Owner: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Physical Description: \_\_\_\_\_

Location of Item(s): \_\_\_\_\_

**CORPORATE BUSINESS INTEREST**

N/A

Type: Privately-owned stock (non-publicly traded).

*If you have no Corporate Business Interest, please mark this section as non-applicable.*

For each Corporate Business Interest, please provide the following information:

Name of Company: \_\_\_\_\_ Owner: \_\_\_\_\_

Company Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Number of Shares: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_ Value: \_\_\_\_\_

Is there a Buy/Sell Agreement?  Yes  No      Is this an "S" Corporation?  Yes  No

Is this a Medical, Legal, or other Professional Corporation?  Yes  No

**PARTNERSHIP AND/OR LLC INTERESTS**

N/A

Type: General and Limited Partnerships. Please show the percentage interest you have as a partner.

*If you have no Corporate Business Interest, please mark this section as non-applicable.*

For each Partnership and/or LLC Interest, please provide the following information:

Name of Partnership: \_\_\_\_\_ Owners: \_\_\_\_\_

Partnership Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Entity Type:  General Partnership  Limited Partnership  Limited Liability Company

If the entity is a Partnership, is this a Professional Partnership?  Yes  No

Who holds Partnership Papers? \_\_\_\_\_ Value: \_\_\_\_\_

**SOLE PROPRIETORSHIPS**

N/A

Type: All assets used by you in a sole proprietorship type of business ownership.

*If you have no Real Estate, please mark this section as non-applicable.*

For each Sole Proprietorship, please provide the following information:

Name of Business: \_\_\_\_\_ Owner: \_\_\_\_\_

Business Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Description: \_\_\_\_\_ Value: \_\_\_\_\_

Is this a Professional Business?  Yes  No      Does the business own property?  Yes  No

**VEHICLES**

N/A

Type: Automobiles; Travel Trailers; Motorhomes; Utility Trailers; Watercraft; etc.

*If you have no Vehicles, mark this section as non-applicable.*

For each Vehicle, please provide the following information:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Owner: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ VIN/Serial Number: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Owner: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ VIN/Serial Number: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Owner: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ VIN/Serial Number: \_\_\_\_\_

**MORTGAGES, NOTES, AND OTHER RECEIVABLES**

N/A

Type: Mortgages or Promissory Notes payable to you; monies owed to you.

*If you have no Mortgages, Notes, or Other Receivables due to you, please mark this section as non-applicable.*

For all Mortgages, Notes, and Other Receivables due to you, please provide the following information:

Name of Debtor: \_\_\_\_\_ Is this a  Business Debt or a  Personal Debt?

Debtor Address: \_\_\_\_\_ Debtor Telephone: \_\_\_\_\_

To whom is the debt owed: \_\_\_\_\_

Date Debt Incurred: \_\_\_\_\_ Date Payable or Payment Schedule: \_\_\_\_\_

Original Amount: \$ \_\_\_\_\_ Current Amount: \$ \_\_\_\_\_ Promissory Note:  Yes  No

**ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT**

N/A

Type: Gift or inheritance you expect to receive in the future; monies you anticipate receiving through a judgment or settlement of a lawsuit.

*If you have no Anticipated Inheritance, Gift, or Lawsuit Judgment, please mark this section as non-applicable.*

For all Anticipated Inheritance, Gifts, or Lawsuit Judgment, please provide the following information:

Type: \_\_\_\_\_ From whom? \_\_\_\_\_

Detailed Description: \_\_\_\_\_

Anticipated Value: \$ \_\_\_\_\_ Is this a  Fair Market Value or an  Appraisal Quote?

Attorney (and Firm): \_\_\_\_\_ Attorney Telephone: \_\_\_\_\_

Attorney Address: \_\_\_\_\_

**1. Estate Debts:**

Funeral Costs	\$_____
Flowers	\$_____
Headstone	\$_____
Minister Fee	\$_____
Probate Costs	\$_____
Probate Attorney Fees	\$_____
Medical Expenses	\$_____
Utility Bills	\$_____
Credit Cards	\$_____
Miscellaneous	
	\$_____
	\$_____
	\$_____

**CREDITOR INFORMATION**

Creditor	Address	Debt Amount	Community/Separate

\*\*Include copy of last statement immediately after date of death. To expedite the probate process, please provide this information to our office within 60 days from the date the Will is admitting to probate. If you need more room, please attach additional sheets.

**2. List of Claims:**

A. List of claims Owed to Decedent (i.e. IRS Refunds, Deposit Refunds, Medical Overpayments, etc.)

---



---



---



---



---

B. The following claims have been filed against the estate:

---



---



---



---



---

C. \_\_\_\_\_ Check if applicable. There are no claims due or owing to the Estate other than those shown on the foregoing Administration Worksheet, except for unpaid claims due the estate from medical insurance policies, which should be close to the amount of medical bills.

Please sign below and return the completed form to our office with as much documentation as you have.

I understand that it is my responsibility to disclose correct and complete information about all of my assets owned by the Decedent or held in Trust, and that omission of any assets could impede proper Succession or Trust Administration. I hereby attest that the information I have supplied is complete and accurate to the best of my knowledge. I realize that any changes that might affect proper administration of the Succession or Trust must be reported as soon possible.

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

Print Name: \_\_\_\_\_

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Please ensure that you have not left any questions blank.**

**Return the completed Trust / Probate Administration Worksheet  
to Theus Law Offices for our review.**

**Thank you.**