THEUS Law Offices

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: __________

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: __________

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: __________

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: _________

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:______________________________

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:_______________________

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 <u>property deed.</u> 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

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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

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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

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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, mare 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:_____

DEBTS AND CREDITOR INFORMATION ☐N/A

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 Probate / Trust Administration Worksheet to Theus Law Offices for our review.

Thank you.