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CLIENT INFORMATION ORGANIZER
ESTATE ADMINISTRATION

ESTATE PLANNING and ADMINISTRATION

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STEP**1****SIMPLE BACKGROUND INFORMATION**

The information you provide in this section provides us with important objective information about the decedent, age, marital status, domicile, and testacy or intestacy status. This section will ensure names are spelled correctly in all documents.

Decedent's Information

Full Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____
(Other names used to title property and accounts)

Date of death _____ Birth date _____ SS# _____ US Citizen? _____

Address at time of death _____ City _____ State _____ Zip _____

County of Residence _____ State of Residence _____

Dates decedent lived at last address _____

Occupation at time of death _____ Last Employer _____

Decedent's Marital Status

At time of death decedent was: Never Married Married Widowed
 Divorced Filed for divorce before death, but was not finalized

Name of Spouse _____ Date of Marriage _____ Existing Pre- or Postnuptial Agreement? _____

If pre-deceased, date of spouse's death _____ If less than 6 days after decedent, time of death _____

Did the decedent ever live in the community property states, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin while married? Yes No

If yes, please indicate which state(s) _____

Dates that decedent was domiciled in above mentioned state(s) _____

Is there anyone who might claim they had a common law marriage with decedent? Yes No

If yes, please describe _____

Has any disinherited spouse signed a waiver or consent to be disinherited? Yes No

SIMPLE BACKGROUND INFORMATION

The information you provide in this section provides us with important objective information about the decedent, age, marital status, domicile, and testacy or intestacy status. This section will ensure names are spelled correctly in all documents.

ESTATE PLAN

- 1) Has a probate been filed in any other state concerning the decedent? Yes No

If yes, please indicate which state(s) _____

Probate court case number(s) _____

- 2) Did the decedent have an existing Will? Yes No

If yes, please provide a copy and answer questions A-F. If no, please go to question (3).

A) Name and Address of Personal Representative nominated in Will _____

- B) Do you have possession of the original Will (not a copy)? Yes No

If no, location of original will _____

- C) Are there any questions or issues regarding the validity of the Will? Yes No

If yes, please describe _____

- D) Are there any prior wills that have not been revoked or destroyed? Yes No

- E) Did decedent leave a tangible personal property list? Yes No

- F) Are there any disinherited family members? Yes No

If yes, please list persons and relation to decedent _____

- G) Are there any trusts that will be set up under the will? Yes No

- 3) Did the decedent have any children? Yes No

- 4) Are the decedent's parents alive? Yes No

- 5) Are the decedent's grandparents alive? Yes No

- 6) Date last income tax return was filed? _____

Please provide copies of the last 3 state and federal income tax returns.

HEIRS AND DEVISEES

Identify any individuals, organizations or charities who are named as beneficiaries under the Will. If there was no Will, please identify the next of Kin (i.e. spouse and children). If decedent was unmarried, please identify any living parents or grandparents if parents are deceased. If both parents and grandparents are deceased please list brothers and sisters. Please use full legal names. For all children, please indicate if the child is a natural, adopted (including step-parent adoptions) or step child. (Insert additional sheets, if necessary)

| Name/Address/Telephone Number | Birth date | Relationship to Decedent |
|-------------------------------|------------|--------------------------|
| 1 _____ _____ | _____ | _____ |
| 2 _____ _____ | _____ | _____ |
| 3 _____ _____ | _____ | _____ |
| 4 _____ _____ | _____ | _____ |
| 5 _____ _____ | _____ | _____ |
| 6 _____ _____ | _____ | _____ |
| 7 _____ _____ | _____ | _____ |
| 8 _____ _____ | _____ | _____ |

Please use the back of this page for additional children, grandchildren or other beneficiaries.

SPECIFIC BENEFICIARY CONCERNS

Do any of the above individuals have special educational, medical or physical needs, or receive governmental benefits?

Yes No

If yes, please identify the beneficiary and what needs or government benefits need to be considered _____

Would any of the beneficiaries be unable to effectively manage their inheritance due to minority or other issues?

Yes No

If yes, please identify the beneficiary, their age and what concerns need to be addressed _____

STEP

3

PEOPLE WHO ADVISED DECEDENT

Decedent's various advisors play a key role in the administration of their estate plan. At a minimum, we may need to contact their financial advisor and life insurance agent to ensure liquidation or transfer of assets with beneficiary designations or joint tenant accounts, and we may need to contact their accountant for income and estate tax matters.

Name

Telephone

Tax Advisor (CPA, EA, etc.) _____

Family Attorney _____

Life Insurance Agent _____

Financial Advisor _____

Stock Broker _____

Banker _____

Other Advisor _____

Other Advisor _____

STEP**4****ASSET ASSESSMENT**

Determining the ownership, value and character of the decedent's assets is important to the estate administration. The title "ownership" is important for tax and transfer matters. The "value" may be significant in determining the tax basis for inherited assets. The "character" is relevant in assessing the manner by which the asset can transfer.

Asset Information

The financial values listed are for discussion purposes only. A more accurate list will be obtained as part of the estate administration. You may use the back of this paper to continue a list in each category of asset.

To identify the Owner of an asset, use "JTS" for decedent's joint ownership with spouse; "JTO" for decedent's joint ownership with non-spouse; "D" for decedent as sole owner; or "T" if owned by a revocable trust that decedent created.

Bank and Savings Accounts: To identify type of account, use "CA" for checking account; "SA" for savings account; "CD" for certificate of deposit; "MM" for money market account. *Do not include IRAs, retirement plans or 401(k)s here.*

| Financial Institution | Owner | Estimated market value at date of death | Type of Account | Account # |
|-----------------------|-------|---|-----------------|-----------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

Stocks, Bonds or Investment Accounts: List any and all stocks and bonds you own. If held in a brokerage account, lump

| Financial Institution | Owner | Estimated market value at date of death | Type of Account | Account # |
|-----------------------|-------|---|-----------------|-----------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

them together under each account. *Do not include IRAs, 401(k)s, or other retirement plan assets.*

| Financial Institution | Contents | Estimated market value at date of death | Account # |
|-----------------------|----------|---|-----------|
| 1. | | | |
| 2. | | | |

ASSET ASSESSMENT (CONTINUED)

Retirement Accounts: To identify type of account, use “P” for pension; “PS” for profit sharing; “DC” for deferred compensation; IRA, Roth IRA, SEP, or 401(k).

| Custodial Institution | Owner | Estimated market value at date of death | Type of Plan | Account # |
|-----------------------|-------|---|--------------|-----------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

Real Estate:

| Address (Include City & State) | Owner | Estimated market value at date of death | Mortgage Balance |
|--------------------------------|-------|---|------------------|
| 1. Personal Residence | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Personal Property: List jewelry, art, collectibles, autos, etc.:

| Description | Owner | Estimated market value at date of death | Current Balance of Indebtedness |
|-------------|-------|---|---------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | 6 |

ASSET ASSESSMENT (CONTINUED)

Life Insurance Policies and Annuities: List the issuing company. To identify type of contract, use “T” for term insurance, “CV” for cash value policies, and “A” for annuities.

| Insurance Company | Type | Owner | Insured | Beneficiaries | Death Benefit |
|-------------------|------|-------|---------|---------------|---------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

Other Property: List other property owned by the decedent that does not fit into any other listed category. This may include non-deeded timeshare contracts, monies owed to decedent, legal claims owed to the estate, etc.

| Description | Owner | Market Value |
|-------------|-------|--------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

Business Interests: List closely held corporations, privately held businesses, partnerships or LLCs, and any ownership percentage owned by the decedent.

| Entity Name | Owner | Type | Ownership % | Value of Interest |
|-------------|-------|------|-------------|-------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

DEBT ASSESSMENT

Determining the debts owed by the decedent play a crucial role in determining the value of the estate. All liens and encumbrances will be counted against the value of the assets. Also, the sooner the debts of the estate can be ascertained and paid, the sooner distributions to heirs can be made.

TAX LIABILITIES

Date of decedent's last filed tax return _____ Have any tax notices been received? Yes No
If yes, please bring copy of tax notice.

FUNERAL EXPENSES

Funeral home _____ Funeral expenses _____

LAST ILLNESS EXPENSES (if applicable)

Healthcare Facility _____ Amount due _____

GENERAL CREDITORS: Please list all creditors generally known, including all credit cards, car loans, general loans not listed on the asset page.

| Description of debt | Estimated debt | If debt is attached to an asset, please list encumbered asset |
|---------------------|----------------|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

ABOUT YOUR GOALS & OBJECTIVES

Before we meet, it is important to us to better understand what prompted you to schedule this appointment. Don't focus on the tools to be used but rather on the outcomes to be achieved.

About Your Goals & Objectives

| Goals | Consequences if Goal Isn't Accomplished |
|-------|---|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |

Potential hardships:

If you anticipate any problems in the administration of the estate (i.e. a disgruntled heir, lost documents or assets, or any other complex issues) please list them here:

Additional Documentation

General Document Request. In some instances, it is necessary for us to review other documents before we can make administration recommendations. If possible, please bring with you to the initial interview the following documentation:

1. Copies of existing planning documents, including wills, trusts, etc.
2. Copies of all deeds to real estate owned by decedent.
3. Copies of the most recent statements evidencing decedent's ownership of bank accounts, investment accounts, retirement accounts, and annuities.
4. Copies of any stock or bond certificates
5. Pre or Postnuptial Agreement (if applicable).
6. Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist.