



Estate Administration Organizer

ESTATE PLANNING and ADMINISTRATION

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Thank you for considering us to assist you with honoring your loved one's legacy.

In order to better serve you, we ask that you complete this organizer to the best of your ability.

To help you with completing this organizer, we have included these brief instructions:

- ◆ Please allow yourself ample time to complete this organizer.
- ◆ Include the names of additional account owners, if any.
- ◆ Include assets owned by the decedent's trust (if any). Note that an asset is owned by a trust by writing "Trust" as the additional owner.
- ◆ Ballpark estimations are acceptable for requested monetary values.
- ◆ Attach additional pages or use the backs of pages if necessary.
- ◆ If you are unsure how to answer a question, please contact our office.

We understand that it can be difficult to locate all of this information. Please provide the information that you are able to locate, even if the information is incomplete.

BASIC INFORMATION

DECEDENT'S INFORMATION

Decedent's Full Legal Name

Also Known As

Date of Birth

Date of Death

Social Security Number

Address at Date of Death

City

County

State

Zip

Dates Decedent Resided at Address Above

Occupation at Date of Death

Last Employer

DECEDENT'S MARITAL STATUS

At time of death, Decedent was:

☐ Never Married ☐ Married ☐ Widowed ☐ Divorced ☐ Unfinalized Divorce Filed Prior to Death

If Married or Divorce was not final at Date of Death, please provide spouse information:

Name

Telephone

Pre/Postnuptial Agreement? ☐ Yes ☐ No

Date of Marriage

Has any disinherited spouse signed a waiver or consent to be disinherited? ☐ Yes ☐ No ☐ Not Applicable

If widowed, please provide spouse's date of death: _____

Include time of death if spouse died within 6 days of the decedent.

Did the decedent ever reside in any of the following community property states while married?

☐ Arizona ☐ California ☐ Idaho ☐ Louisiana ☐ Nevada ☐ New Mexico
☐ Texas ☐ Washington ☐ Wisconsin

If you selected any of the above states, please provide the dates the decedent resided in each:

Is there anyone who might claim they had a common law marriage with the decedent? ☐ Yes ☐ No
If yes, please explain:

ESTATE PLAN

PROBATE INFORMATION

Has a probate for the decedent been filed in another state? ☐ Yes ☐ No

If yes, please provide the state: _____ and court case number: _____

DECEDENT'S WILL INFORMATION

Did the decedent have an existing Will? ☐ Yes ☐ No (If no, please skip this section.)

Please provide a copy of the Existing Will.

Please provide the Personal Representative's Information:

1)
Name _____ Social Security Number (to obtain Tax ID for the Estate) _____

Telephone _____ Email _____

Address _____ City _____ State _____ Zip _____

2)
Name _____ Social Security Number (to obtain Tax ID for the Estate) _____

Telephone _____ Email _____

Address _____ City _____ State _____ Zip _____

Location of the Original Will (not a copy) : _____ ☐ Unknown

Did the decedent leave a personal property list? ☐ Yes ☐ No

Are there any prior Wills that have not been revoked or destroyed? ☐ Yes ☐ No

If there are any questions or issues regarding the validity of the will, or if you otherwise anticipate problems or issues regarding the estate, please explain:

ESTATE PLAN

DECEDENT'S TRUST INFORMATION

NOTE: When considering these questions, please consider Revocable Living Trusts and Irrevocable Trusts (including Life Insurance Trusts, IRA Stand Alone Trusts, Asset Protection Trusts, Cabin Trusts, etc.)

Did the decedent have an existing Trust? ☐ Yes ☐ No (If no, please skip this section.)

Please provide the Trust Information:

Name of Trust	Date of Trust
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Please Provide Current Trustee Information:
(Attach additional pages if necessary)

1)

Name of Trustee	Social Security Number (to obtain Tax ID for the Trust)
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Telephone	Email
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Address	City	State	Zip
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2)

Name of Trustee	Social Security Number (to obtain Tax ID for the Trust)
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Telephone	Email
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Address	City	State	Zip
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Location of the Original Trust (not a copy) : _____ ☐ Unknown

Are there any prior Trusts that have not been revoked or destroyed? ☐ Yes ☐ No

If there are any questions or issues regarding the validity of the Trust, please explain:

IF THERE ARE MULTIPLE TRUSTS, please copy and complete this page for each trust.

ESTATE PLAN

DECEDENT'S HEIRS AND DEVISEES

Did the decedent have any children? ☐ Yes ☐ No (If yes, please list in the next section.)

Are the decedent's parents still living? ☐ Yes ☐ No (If yes, please list in the next section.)

Are the decedent's grandparents still living? ☐ Yes ☐ No (If yes, please list in the next section.)

Do any of the heirs or beneficiaries named in the Will/Trust(s) have special educational, medical or physical needs; or receive governmental benefits? ☐ Yes ☐ No

If yes, please explain: _____

Are there concerns about an heir or beneficiary being able to manage their own inheritance? ☐ Yes ☐ No

If yes, please explain: _____

HEIRS' AND DEVISEES' CONTACT INFORMATION

Please provide information for individuals, organizations and charities listed as beneficiaries under the Will or Trust(s), as well as information for any living family, including children, siblings, parents and grandparents. Please use FULL LEGAL NAMES and indicate whether children are natural, adopted or step-children.

1. _____
Legal Name Relationship Telephone

Address City State Zip

2. _____
Legal Name Relationship Telephone

Address City State Zip

3. _____
Legal Name Relationship Telephone

Address City State Zip

4. _____
Legal Name Relationship Telephone

Address City State Zip

ESTATE PLAN

HEIRS' AND DEVISEES' CONTACT INFORMATION CONTINUED

5. _____

Legal Name	Relationship	Telephone	
_____	_____	_____	
Address	City	State	Zip

6. _____

Legal Name	Relationship	Telephone	
_____	_____	_____	
Address	City	State	Zip

7. _____

Legal Name	Relationship	Telephone	
_____	_____	_____	
Address	City	State	Zip

8. _____

Legal Name	Relationship	Telephone	
_____	_____	_____	
Address	City	State	Zip

PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

ADVISORS

DECEDENT'S ADVISORS

This information will be useful when determining the decedent's assets as of date of death.

Tax Advisor: _____ Telephone: _____

Family Attorney: _____ Telephone: _____

Life Insurance Agent: _____ Telephone: _____

Financial Advisor: _____ Telephone: _____

Stock Broker: _____ Telephone: _____

Banker: _____ Telephone: _____

Other Advisor: _____ Telephone: _____

DECEDENT'S ASSETS

BANK ACCOUNTS

Checking, Savings, Certificates of Deposit, Money Market and Health/Medical Savings Accounts

Institution: _____

Acct. Type	Additional Owner	Acct. No.	Est. Balance
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Institution: _____

Acct. Type	Additional Owner	Acct. No.	Est. Balance
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Institution: _____

Acct. Type	Additional Owner	Acct. No.	Est. Balance
------------	------------------	-----------	--------------

Institution: _____

Acct. Type	Additional Owner	Acct. No.	Est. Balance
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INVESTMENT ACCOUNTS

Stocks, Bonds, Mutual Funds, Brokerage Accounts and Other Investment Accounts

NOTE: You do not need to list individual stocks that are held within a single investment account, simply list the investment account.

Institution: _____

Acct. Type	Additional Owner	Acct. No.	Est. Balance
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Institution: _____

Acct. Type	Additional Owner	Acct. No.	Est. Balance
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Institution: _____

Acct. Type	Additional Owner	Acct. No.	Est. Balance
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Institution: _____

Acct. Type	Additional Owner	Acct. No.	Est. Balance
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DECEDENT'S ASSETS

RETIREMENT ACCOUNTS

Pension, Profit Sharing, Deferred Compensation, IRA, Roth IRA, SEP, 401K, etc.

Institution	Acct. Type	Acct. No.	Est. Value
Beneficiary, if known: _____			

Institution	Acct. Type	Acct. No.	Est. Value
Beneficiary, if known: _____			

Institution	Acct. Type	Acct. No.	Est. Value
Beneficiary, if known: _____			

Institution	Acct. Type	Acct. No.	Est. Value
Beneficiary, if known: _____			

LIFE INSURANCE & ANNUITIES

Whole Life, Term Policies, Long Term Care, Disability and Annuities

Institution	Acct. Type	Acct. No.	Est. Value
Beneficiary, if known: _____			

Institution	Acct. Type	Acct. No.	Est. Value
Beneficiary, if known: _____			

Institution	Acct. Type	Acct. No.	Est. Value
Beneficiary, if known: _____			

Institution	Acct. Type	Acct. No.	Est. Value
Beneficiary, if known: _____			

DECEDENT'S ASSETS

REAL PROPERTY

Residence, Real Estate, Land, Oil/Mineral Ownership, etc.

1. _____
Address/Property Description County State

Additional Owners Est. Value/Mortgage Balance (if any)

2. _____
Address/Property Description County State

Additional Owners Est. Value/Mortgage Balance (if any)

3. _____
Address/Property Description County State

Additional Owners Est. Value/Mortgage Balance (if any)

4. _____
Address/Property Description County State

Additional Owners Est. Value/Mortgage Balance (if any)

BUSINESS INTERESTS

NOTE: Under "Managing Member/Partner" please put the name of the person we can contact for copies of Corporate Books, Stock Certificates, Articles of Organization, Operating/Partnership Agreements, and other business information.

Business Name: _____

Entity Type Interest Percentage Est. Value of Interest

Managing Member/Partner: _____ Telephone: _____

Business Name: _____

Entity Type Interest Percentage Est. Value of Interest

Managing Member/Partner: _____ Telephone: _____

DECEDENT'S ASSETS

PERSONAL PROPERTY

Please list all titled property, including vehicles, Trailers, Motor & Mobile/Trailer Homes, ATVs, Boats, etc.

Property Description	Additional Owners listed on title, if any	Est. Value
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Property Description	Additional Owners listed on title, if any	Est. Value
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Property Description	Additional Owners listed on title, if any	Est. Value
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Property Description	Additional Owners listed on title, if any	Est. Value
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Please list other personal property, including jewelry, art, collectibles and assets that do not fit into any of the above-listed categories.

Property Description	Est. Value
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Property Description	Est. Value
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Property Description	Est. Value
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Property Description	Est. Value
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Property Description	Est. Value
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Property Description	Est. Value
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Property Description	Est. Value
----------------------	------------

Property Description	Est. Value
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DECEDENT'S DEBTS

Please provide the date of the decedent's last filed Tax Return: _____

Please provide copies any recently received Tax Notices.

Please provide the Funeral Home Expense Information:

Name of Funeral Home: _____ Fee Amount: _____

Please provide Final Healthcare Expense Information:

Name of Facility: _____ Fee Amount: _____

Name of Facility: _____ Fee Amount: _____

Please list all creditors, including credit cards, vehicle loans, general loans, mortgages, etc.

Description of Debt (if attached to asset, name asset)	Est. Balance
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Description of Debt (if attached to asset, name asset)	Est. Balance
--	--------------

Description of Debt (if attached to asset, name asset)	Est. Balance
--	--------------

Description of Debt (if attached to asset, name asset)	Est. Balance
--	--------------

Description of Debt (if attached to asset, name asset)	Est. Balance
--	--------------

Description of Debt (if attached to asset, name asset)	Est. Balance
--	--------------

Description of Debt (if attached to asset, name asset)	Est. Balance
--	--------------

Description of Debt (if attached to asset, name asset)	Est. Balance
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DOCUMENTS

PAPERS AND DOCUMENTS THAT MAY BE HELPFUL

- ◆ Death Certificate for the decedent
- ◆ Copies of existing planning documents, such as Wills and Trusts
- ◆ Copies of Real Estate, Land, and Mineral Deeds
- ◆ Financial Statements and Summaries for :
 - Bank Accounts
 - Investment Accounts
 - Retirement Accounts
 - Life Insurance Policies
 - Annuities
 - Other Accounts
- ◆ Stock or Bond Certificates
- ◆ Pre/Post Nuptial Agreement Copies
- ◆ Divorce Decrees or Property Settlement Agreements
- ◆ Statements for unpaid bills owed by the decedent