

# DECEDENT'S ESTATE ORGANIZER

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The information in this organizer is critical for the settling the decedent's estate in accordance with decedent's wishes and applicable law. All information you give us will be held in strict confidence. If possible, please bring to our office for your appointment:

This Organizer Is to Be Completed By You. Please gather the following:

- Any Bank or Other Account Statements
- Lists of Stocks, Bonds
- Location of Safe Deposit Box
- Last Tax Return
- Certified Death Certificates If Issued
- Last Will and Testament
- Any Trust or other Agreements
- Copies of Insurance Policies, Annuities, Retirement Plans
- Copies of Real Estate Documents including Deeds
- Copies of Divorce Decrees

# DECEDENT'S INFORMATION

Decedent's Legal Name \_\_\_\_\_  
(Name most often used to title property and accounts)

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

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address

Married: Date of Marriage \_\_\_\_\_ Previously  Divorced  Widowed  Never Married

Citizen of  USA  Other: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

Spouse's Legal Name \_\_\_\_\_  
(Name most often used to title property and accounts)

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

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address

Citizen of  USA  Other: \_\_\_\_\_

Have you located a Last Will and Testament? Yes [ ] No [ ] Date of Will \_\_\_\_\_

Location of the Original Will \_\_\_\_\_

Have you located a Trust? Yes [ ] No [ ] Date of Trust: \_\_\_\_\_

Location of the Original Trust \_\_\_\_\_

### DECEDENT'S CHILDREN AND/OR BENEFICIARIES

Use full legal name. In last column, use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent.

**Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Parent or Relationship** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) **SSN:** \_\_\_\_\_

**Married:** \_\_\_\_\_ **Number of Children:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Parent or Relationship** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) **SSN:** \_\_\_\_\_

**Married:** \_\_\_\_\_ **Number of Children:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Parent or Relationship** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) **SSN:** \_\_\_\_\_

**Married:** \_\_\_\_\_ **Number of Children:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Parent or Relationship** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) **SSN:** \_\_\_\_\_

**Married:** \_\_\_\_\_ **Number of Children:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Parent or Relationship** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) **SSN:** \_\_\_\_\_

**Married:** \_\_\_\_\_ **Number of Children:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Parent or Relationship** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) **SSN:** \_\_\_\_\_

**Married:** \_\_\_\_\_ **Number of Children:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Parent or Relationship** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) **SSN:** \_\_\_\_\_

**Married:** \_\_\_\_\_ **Number of Children:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Parent or Relationship** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) **SSN:** \_\_\_\_\_

**Married:** \_\_\_\_\_ **Number of Children:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Parent or Relationship** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) **SSN:** \_\_\_\_\_

**Married:** \_\_\_\_\_ **Number of Children:** \_\_\_\_\_

## DECEDENT'S ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

## IMPORTANT QUESTIONS

(Please check "Yes" "No" or "Uncertain" for your answer)	Yes	No	?
Was decedent (or spouse) receiving social security, disability, or other governmental benefits? <i>Describe</i> _____			
Was decedent (or spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>			
If decedent was married did the decedent and spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>			
Has decedent been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>			
Did decedent ever file federal or state gift tax returns? <i>Please furnish copies of these returns</i>			
Did decedent complete trust, or estate planning? <i>Please furnish copies of these documents</i>			
If married, did decedent ever live in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>			
Is decedent named a beneficiary of anyone else's trust? <i>If so, please explain below.</i>			
Does decedent's spouse or any of decedent's children have special educational, medical, or physical needs?			
Do any of decedent's children receive governmental support or benefits?			
Did decedent provide primary or other major financial support to adult children or others?			
Was decedent subject to guardianship or conservatorship prior death?			
Was decedent in control of his or her financial and personal affairs prior to death?  If the decedent was not in control of his or her financial or personal affairs prior to death, who was in control?			
Was decedent the party to any litigation at the time of death?			



**INSTRUCTIONS FOR COMPLETING  
THE *DECEDENT'S PROPERTY INFORMATION CHECKLIST***

**General Headings**

This *Property Information* checklist is designed to help you list all the property decedent owned and what it is worth. If decedent did not own property under a particular heading, just leave that section blank. Under certain headings decedent may have owned more property than can be listed on this checklist. If so, use **extra sheets** of paper to list decedent's additional property.

**Type**

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

**"Owner" of Property**

How decedent owned this property is **extremely important** for purposes of properly settling the decedent's estate. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

<b>Owner of Property</b>	<b>Abbreviation</b>
If in Decedent's name alone, with no other person	D
If in Spouse's Wife's name alone, with no other person	S
Joint with spouse	JS
Joint with someone other than spouse	JO
Decedent's Trust	TR
If you are not sure how the property is owned	?

## DECEDENT'S REAL PROPERTY

**TYPE:** Any interest in real estate including decedent's family residence, vacation home, time-share, vacant land, etc.

General Description and/or Address (Including State)	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

## FURNITURE AND PERSONAL EFFECTS

**TYPE:** Are you aware that the decedent owned any unique or valuable collections? List separately only **major** personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

## AUTOMOBILES, BOATS AND RVs

**TYPE:** For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## BANK & SAVINGS ACCOUNTS

**TYPE:** Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*). Do not include IRAs or 401(k)s here

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

Note: If Account is in decedent's name (or decedent's spouse's name) for the benefit of another, please specify and give other's name.

## DECEDENT'S STOCKS & BONDS

**TYPE:** List any and all stocks and bonds decedent's own. If held in a brokerage account, lump them together under each account. (*Indicate type below*)



Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	AmountPage 8
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

**DECEDENT’S LIFE INSURANCE POLICIES & ANNUITIES**

**TYPE:** Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

_____				
_____				
_____				
_____				
_____				
_____				
_____				
_____				
_____				
			<i>Total</i>	_____

**DECEDENT’S RETIREMENT PLANS**

**TYPE:** Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

_____				
_____				
_____				
_____				
_____				
_____				
_____				
			<i>Total</i>	_____

### DECEDENT'S BUSINESS INTERESTS

**TYPE:** General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, decedent's ownership in the interests, and the estimated value of the interests.

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*Total* \_\_\_\_\_

### MONEY OWED TO DECEDENT

**TYPE:** Mortgages or promissory notes payable to decedent, or other moneys owed to decedent.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Total* \_\_\_\_\_

### DECEDENT'S ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

**TYPE:** Gifts or inheritances that decedent expected to receive at some time in the future; or moneys that decedent was anticipated receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

**Description** \_\_\_\_\_

*Total estimated value* \_\_\_\_\_

### DECEDENT'S OTHER ASSETS

**TYPE:** Other property is any property that decedent had that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Total* \_\_\_\_\_

## SUMMARY OF VALUES

ASSET	Amount*		
	DECEDENTS	SPOUSE	Total Value
Real Property			
Furniture and Personal Effects			
Automobiles, Boats and RV's			
Bank and Savings Accounts			
Stocks and Bonds			
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money owed to decedent			
Anticipated Inheritance, Etc.			
Other Assets			
<b>Total Assets:</b>			

*\*For jointly owned property, enter 1/2 in DECEDENT'S column and 1/2 in SPOUSE'S column, unless actual ownership is otherwise.*

## DECEDENT'S FIDUCIARY INFORMATION

**Fiduciaries are individuals or institutions who act on the decedent's behalf or on behalf of decedent's loved ones.**

**GUARDIAN FOR MINOR CHILDREN:** If decedent has any children under the age of 18 or disabled, determine who is named as guardian of the person and conservator of the property of each minor child.

Name and Address	Relationship	Telephone No.

**EXECUTOR:**

Name and Address	Relationship	Telephone No.

**SUCCESSOR TRUSTEES:**

Name and Address	Relationship	Telephone No.

**DECEDENT'S WISHES AT DEATH:**

Are you aware of any specific wishes the decedent would like to make known concerning organ donation, disposition of decedent's remains, or any other matters? \_\_\_\_\_  
If so, what are those wishes?

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**DECEDENT'S PERSONAL INSTRUCTIONS:**

Are you aware of any other personal instructions the decedent made?  
If so, what are those instructions?

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