

# DECEDENT'S ESTATE ORGANIZER

**DATE:**

---

---

John H. Baker III  
Bullock, Fly & Hornsby  
302 N. Spring Street  
P.O. Box 398  
Murfreesboro, TN 37133-0398  
(615) 896-4154, Fax: (615) 896-4152

**Your first meeting is scheduled for \_\_\_\_\_.**

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)

Birth date \_\_\_\_\_ Decedent's 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 \_\_\_\_\_

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

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

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

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

Is Spouse Deceased?/Date of Death: \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_

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

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

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

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

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?			
Were decedent's relationships with his or her family good and harmonious prior to death?			
Are you aware of any person who might assert that the decedent was, prior to his or her death, subjected to undue influence in the exercise of financial or personal matters?			



## PROPERTY INFORMATION

### 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:

Owner of Property	Abbreviation
If in Decedent's name alone, with no other person	D
If in Spouse'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	?







## 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.

**PERSONAL REPRESENTATIVE:**

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?

---



---



---



---

**DECEDENT'S PERSONAL INSTRUCTIONS:** Are you aware of any other personal instructions the decedent made? \_\_\_\_\_  
If so, what are those instructions?

---



---



---



---

