

**SLATE LAW & ASSOCIATES**  
*Attorneys At Law*

**Your Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**DETAILED ASSETS**

Describe decedent's property. If known, indicate whether the property is separate property, the surviving spouse's/partner's separate property, or community property. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

(1) Separate Property – (a) is property that was owned before marriage; (b) property inherited from a probated estate; and/or (c) property received as a gift

(2) Community property – is any property received, purchased or earned during the course of the marriage

**CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS:** (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.)

**CASH**

Cash on hand: \$ \_\_\_\_\_  
Traveler's checks: \$ \_\_\_\_\_  
Money orders: \$ \_\_\_\_\_

**ACCOUNTS**

Name of financial institution: \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other) \_\_\_\_\_  
Current account balance (as of day of death): \$ \_\_\_\_\_

Name of financial institution: \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other) \_\_\_\_\_  
Current account balance (as of day of death): \$ \_\_\_\_\_

Name of financial institution: \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other) \_\_\_\_\_  
Current account balance (as of day of death): \$ \_\_\_\_\_

Name of financial institution: \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other) \_\_\_\_\_  
Current account balance (as of day of death): \$ \_\_\_\_\_

Name of financial institution: \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other) \_\_\_\_\_  
Current account balance (as of day of death): \$ \_\_\_\_\_

**BROKERAGE /MUTUAL FUND ACCOUNTS**

Name of brokerage firm/mutual fund: \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_  
Account Title: \_\_\_\_\_  
Account number (and numbers of subaccounts if any): \_\_\_\_\_  
Value (as of \_\_\_\_\_) \$ \_\_\_\_\_

Name of brokerage firm/mutual fund: \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_  
Account Title: \_\_\_\_\_  
Account number (and numbers of subaccounts if any): \_\_\_\_\_  
Value (as of \_\_\_\_\_) \$ \_\_\_\_\_

Name of brokerage firm/mutual fund: \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_  
Account Title: \_\_\_\_\_  
Account number (and numbers of subaccounts if any): \_\_\_\_\_  
Value (as of \_\_\_\_\_) \$ \_\_\_\_\_

Name of brokerage firm/mutual fund: \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_  
Account Title: \_\_\_\_\_  
Account number (and numbers of subaccounts if any): \_\_\_\_\_  
Value (as of \_\_\_\_\_) \$ \_\_\_\_\_

**STOCKS, BONDS & OTHER SECURITIES**

(include securities not in a brokerage account, mutual fund, or retirement fund)

Name of security: \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type: (common stock/preferred stock/bond/other) \_\_\_\_\_  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Value (as of day of death) \$ \_\_\_\_\_ Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of security: \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type: (common stock/preferred stock/bond/other) \_\_\_\_\_  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Value (as of day of death) \$ \_\_\_\_\_ Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of security: \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type: (common stock/preferred stock/bond/other) \_\_\_\_\_  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Value (as of day of death) \$ \_\_\_\_\_ Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of security: \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type: (common stock/preferred stock/bond/other) \_\_\_\_\_  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Value (as of day of death) \$ \_\_\_\_\_ Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**REAL ESTATE**

(include any real property on which decedent and/or decedent's surviving spouse/partner are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

Street address: \_\_\_\_\_  
City, County, State, Zip: \_\_\_\_\_  
Legal description (if necessary, attach a copy to this worksheet): \_\_\_\_\_

Current fair market value (as of \_\_\_\_\_ ): \$ \_\_\_\_\_

Name of mortgage company and account number, if any: \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_ ): \$ \_\_\_\_\_

Other liens against property: \_\_\_\_\_

Current net equity in property (as of \_\_\_\_\_ ): \$ \_\_\_\_\_

Street address: \_\_\_\_\_

City, County, State, Zip: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet): \_\_\_\_\_

Current fair market value (as of \_\_\_\_\_ ): \$ \_\_\_\_\_

Name of mortgage company and account number, if any: \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_ ): \$ \_\_\_\_\_

Other liens against property: \_\_\_\_\_

Current net equity in property (as of \_\_\_\_\_ ): \$ \_\_\_\_\_

Street address: \_\_\_\_\_

City, County, State, Zip: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet): \_\_\_\_\_

Current fair market value (as of \_\_\_\_\_ ): \$ \_\_\_\_\_

Name of mortgage company and account number, if any: \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_ ): \$ \_\_\_\_\_

Other liens against property: \_\_\_\_\_

Current net equity in property (as of \_\_\_\_\_ ): \$ \_\_\_\_\_

**CLOSELY HELD BUSINESS INTERESTS**

(include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublicly traded business entities)

Name of business: \_\_\_\_\_

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

Type of business organization: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

Number of shares owned (if applicable): \_\_\_\_\_

Value (as of day of death) \$ \_\_\_\_\_

Name of business: \_\_\_\_\_

Address: \_\_\_\_\_  
Type of business organization: \_\_\_\_\_  
Percentage of ownership: \_\_\_\_\_  
Number of shares owned (if applicable): \_\_\_\_\_  
Value (as of day of death) \$ \_\_\_\_\_

Name of business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of business organization: \_\_\_\_\_  
Percentage of ownership: \_\_\_\_\_  
Number of shares owned (if applicable): \_\_\_\_\_  
Value (as of day of death) \$ \_\_\_\_\_

**RETIREMENT BENEFITS**

(including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state and local, etc.)

Name of plan: \_\_\_\_\_  
Name and address of plan administrator: \_\_\_\_\_

Type: (Ira/Sep/Keogh/Defined Contribution Plan/Defined Benefit Plan/Government Benefit, Other)

Employee: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Starting date of creditable service: \_\_\_\_\_  
Percent vested: \_\_\_\_\_  
Account Title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Payee of survivor benefits: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of plan: \_\_\_\_\_  
Name and address of plan administrator: \_\_\_\_\_

Type: (Ira/Sep/Keogh/Defined Contribution Plan/Defined Benefit Plan/Government Benefit, Other)

Employee: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Starting date of creditable service: \_\_\_\_\_  
Percent vested: \_\_\_\_\_  
Account Title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of plan: \_\_\_\_\_

Name and address of plan administrator: \_\_\_\_\_

Type: (Ira/Sep/Keogh/Defined Contribution Plan/Defined Benefit Plan/Government Benefit, Other)

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Starting date of creditable service: \_\_\_\_\_

Percent vested: \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number: \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**LIFE INSURANCE**

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Date of issue: \_\_\_\_\_

Type of insurance: [term/whole/universal] \_\_\_\_\_

Face amount: \$ \_\_\_\_\_

Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_

Cash surrender value: \$ \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Date of issue: \_\_\_\_\_

Type of insurance: [term/whole/universal] \_\_\_\_\_

Face amount: \$ \_\_\_\_\_

Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_

Cash surrender value: \$ \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of insurance: [term/whole/universal] \_\_\_\_\_  
Face amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Cash surrender value: \$ \_\_\_\_\_

**ANNUITIES**

Name of company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_  
Face Amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_  
Face Amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_  
Face Amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**MOTOR VEHICLES**

(including mobile homes, cars, boats, trailers, and recreational vehicles)

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

**OTHER MISCELLANEOUS PROPERTY**

(including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.)

Description of Asset: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

Description of Asset: \_\_\_\_\_



Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

Description of Asset: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

Description of Asset: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

Description of Asset: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

Description of Asset: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

**SAFE DEPOSIT BOXES**

Name of depository: \_\_\_\_\_  
Box number: \_\_\_\_\_  
Names of persons with access to contents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Items in safe-deposit box:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of depository: \_\_\_\_\_  
Box number: \_\_\_\_\_  
Names of persons with access to contents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Items in safe-deposit box:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_