

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): \$ _____

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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 _____) \$ _____

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Name of account (and subaccounts if any): _____
Account Title: _____
Account number (and numbers of subaccounts if any): _____
Value (as of _____) \$ _____

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Account number (and numbers of subaccounts if any): _____
Value (as of _____) \$ _____

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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:

