

ESTATE ADMINISTRATION INFORMATION FOR SINGLE INDIVIDUAL  
FOR

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Prepared by:

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ESTATE ADMINISTRATION INFORMATION FOR SINGLE INDIVIDUAL

Date Completed: \_\_\_\_\_

Please attach additional pieces of paper as needed to answer each item. Where requested, please designate ownership of assets: as separate property or jointly-owned (family or nonfamily) property. Ownership impacts the administration of the estate. Indicate where anything is not applicable by marking "N/A".

A. FAMILY INFORMATION

1. The Decedent:

(1) Full Name: \_\_\_\_\_

(2) Social Security Number: \_\_\_\_\_

(3) Date of Death: \_\_\_\_\_

(4) Birth Date: \_\_\_\_\_

(5) Home Address: \_\_\_\_\_

County: \_\_\_\_\_

(6) Telephone Number:

(a) Home: \_\_\_\_\_

(b) Office: \_\_\_\_\_

(7) Name and address of Employer: \_\_\_\_\_

(8) Citizenship: \_\_\_\_\_

(9) Previous marriage? \_\_\_\_\_

Children of previous marriage: \_\_\_\_\_

(10) Was there a former spouse who is deceased?

(a) Name & Date-of-Death: \_\_\_\_\_

(b) Was an IRS Form 706 Estate Tax Return filed? \_\_\_\_\_

(11) Is there a will? \_\_\_\_\_

If so, where is the original copy? \_\_\_\_\_

2. Prior out of Colorado residences: \_\_\_\_\_  
(especially if in community property state)

3. Children: List all children. If a child lives with a former spouse, so indicate.

Name	Soc. Sec. No.	Birth Date
a. _____		
Address: _____		
b. _____		
Address: _____		
c. _____		
Address: _____		
d. _____		
Address: _____		
e. _____		
Address: _____		
f. _____		
Address: _____		

Are any children deceased? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

4. Grandchildren (list 5 oldest)

Name	Parent	Birth Date
a. _____		
b. _____		
c. _____		
d. _____		
e. _____		

5. The Decedent's Parents:

Provide names and addresses of Parents which are living.

\_\_\_\_\_  
\_\_\_\_\_

**B. ADVISORS:**

Name, Address, Telephone Number:

1. Attorney: \_\_\_\_\_

\_\_\_\_\_

2. Accountant: \_\_\_\_\_

\_\_\_\_\_

3. Life Insurance/Financial Planner: \_\_\_\_\_

\_\_\_\_\_

4. Stockbroker/Investment Advisor: \_\_\_\_\_

\_\_\_\_\_

**C. IDENTIFICATION OF ESTATE FIDUCIARIES/OTHER INFORMATION:**

**1. Personal Representative:**

List any personal representatives which are named in a will. Name, Address, Social Security Number, & Telephone Number:

\_\_\_\_\_

\_\_\_\_\_

**2. Guardian and Conservator of Minor Children:**

If the Decedent has any children under the age 18, list any named guardian or conservator for such minor children:

Name, Address, Social Security Number, & Telephone Number:

\_\_\_\_\_

\_\_\_\_\_

**3. Trustee of any Trusts:**

List any trustees and successor trustees for any trusts established under the estate plan:

Name, Address, Social Security Number, & Telephone Number:

\_\_\_\_\_

\_\_\_\_\_

4. Other Estate Planning Information:

a. Gift Information:

1. Has the decedent ever filed any gift tax returns? If so, please provide a copy of returns, since this information is necessary for estate administration. (IRS Form 709)
2. For 1982 and thereafter, has the decedent ever made any gifts which exceed \$10,000 to a single individual (including family members) or \$20,000 from both the decedent and a spouse?
3. For 1981 and before, has the decedent ever made any gifts which exceeded \$3,000 from the decedent or \$6,000 from the decedent and a spouse?

D. ESTATE SUMMARY - ESTIMATED VALUE OF ESTATE (Correct ownership must be indicated for accurate estate administration).

	Decedent's Property	Jointly- Owned Property
<u>1. ASSETS:</u> (from Attachments A - G)		
a. Cash and Bank Accounts from Attachment A	_____	_____
b. Notes, Stocks, Bonds from Attachment B	_____	_____
c. Real Estate from Attachment C	_____	_____
d. Life Insurance from Attachment D	_____	_____
e. IRA, Retirement from Attachment E	_____	_____
f. Closely-Held Business Interest from Attachment F	_____	_____
g. Miscellaneous from Attachment G	_____	_____
 TOTAL ASSETS:	 =====	 =====

	Decedent's	Joint
<u>2. LIABILITIES:</u> (from Attachment H)		
a. Promissory Notes	_____	_____
b. Loans on Insurance Policies	_____	_____
c. Tax Liabilities	_____	_____
d. Charitable Pledges	_____	_____
e. Credit Card Obligations	_____	_____
f. Other Obligations	_____	_____
 TOTAL LIABILITIES	 =====	 =====

<u>3. NET ESTATE</u>	=====	=====
TOTAL ASSETS - TOTAL LIABILITIES	=====	=====

E. COPIES OF DOCUMENTS TO BE ATTACHED BEFORE ESTATE ADMINISTRATION MAY BE STARTED:

(NOT necessary to bring to an initial estate administration consultation).

1. Existing Wills (all known wills).
2. Deeds to real property.
3. Life insurance policies.
4. Retirement plans.
5. Buy-sell or stock redemption agreements.
6. Trust documents.
7. Income tax returns for last year.
8. All Gift tax returns ever filed.
9. Business agreements and documents regarding interest held in corporation, partnerships, and sole proprietorships.
10. Postnuptial agreements.

ATTACHMENT A: CASH AND BANK ACCOUNTS

(Include IRA and retirement plan information on Attachment E, and not here).

	Bank Name	Decedent's	Joint
Cash:		_____	_____
Checking Account:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Savings Account:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
TOTAL for this page		=====	=====

LIST ANY PAY ON DEATH OR TRANSFER ON DEATH DESIGNATIONS

(Transfer to the Estate Summary on page 5)

**ATTACHMENT B: NOTES, STOCKS, BONDS, MUTUAL FUNDS** (Include IRA on Attachment E, not here).

1. Accounts Receivable, Notes & Mortgages:

Debtor	Ownership	Maturity	Face Amount	Present Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Stocks (Use Attachment F for Closely-Held Business Stock):

Description	Ownership	Cost	Current Value	Current Yield
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Bonds:

Description	Ownership	Face Value	Current Value	Current Yield
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Mutual Fund Shares:

Description	Ownership	Cost	Current Value	Current Yield
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL Value for this page \_\_\_\_\_

Decedent's: \_\_\_\_\_; Joint: \_\_\_\_\_

**LIST ANY PAY ON DEATH OR TRANSFER ON DEATH DESIGNATIONS**

(Transfer amounts to The Estate Summary on Page 5, entering the proper amount for the Decedent's Ownership and Joint Ownership)

**ATTACHMENT C: REAL ESTATE:** (Attach additional sheets as necessary).

A. Basic Information:	Parcel One	Parcel Two
1. Location	_____	_____
2. Type of Property (residential, commercial, land)	_____	_____
3. Ownership (Decedent or Joint)	_____	_____
4. If joint property, contribution of purchase price by each joint tenant	_____	_____
5. Date acquired	_____	_____
6. Income Tax Cost Basis	_____	_____
7. Present Fair Market Value	_____	_____

**B. Mortgage and Other Obligations on the Property:**

1. Original Mortgage Amount	_____	_____
2. Current Amount of Mortgage	_____	_____
3. Maturity and Payment Schedules	_____	_____
4. Other Debt on the Property	_____	_____

**C. TOTAL Net Value of All Real Estate:**  
Fair Market Value - Mortgage Obligations: \_\_\_\_\_

Decedent's: \_\_\_\_\_; Joint: \_\_\_\_\_

(Transfer the amount of real estate owned to The Estate Summary on Page 5, entering the proper amount for the Decedent's Ownership and Joint ownership)

**ATTACHMENT D: LIFE INSURANCE** (Include Employer-Paid Insurance).

Information to Include Below: (ownership may be different from the life insured)

1. Policies owned by the Decedent on his or her own life.
2. Policies owned by others on the Decedent's life.
3. Policies owned by the Decedent on the lives of children and others.

**Insuring the Decedent's Life:**

Owner	Company & Policy No.	Total Benefit	Annual Premium	Cash Surrender Value	Designated Beneficiary
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL on the Decedent's Life		=====	=====	=====	

**Insuring Other Lives, Policies Owned by the Decedent:** (Designate whose life is insured, such as children or parents).

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL on other lives		=====	=====	=====	

TOTAL value of all life insurance on this page =====

Total benefit owned by the Decedent:                     

Total benefit owned by others on the Decedent's life:                     

(Transfer to the Estate Summary on Page 5, the total amount of life insurance benefit owned by the Decedent. Do not allocate by whose life is insured).

ATTACHMENT E: IRA, RETIREMENT, AND EMPLOYEE BENEFITS

Decedent's Employer name and address: \_\_\_\_\_

Type of Plan: (Show lump sum payable upon death, since this amount is subject to estate tax).

	Benefit
1. Pension	_____
2. Profit Sharing	_____
3. Other Deferred Compensation	_____
4. IRA (personal)	_____
5. Incentive Stock Plan	_____
TOTAL	=====

LIST ANY PAY ON DEATH OR TRANSFER ON DEATH DESIGNATIONS

(Transfer to the Estate Summary on page 5)

**ATTACHMENT F: CLOSELY-HELD BUSINESS INTERESTS** (Businesses owned by the Decedent).

**A. Basic Information:**

- 1. Name of Business \_\_\_\_\_
- 2. Business Address \_\_\_\_\_
- 3. Type of Business Organization \_\_\_\_\_  
(Proprietorship, C Corp., S Corp., Partnership, Limited Liability Company)
- 4. Business advisors, accountants \_\_\_\_\_

**B. Capitalization (if corporation):**

	Common	Preferred
Outstanding	_____	_____
Authorized	_____	_____
Dividend Rate	_____	_____

**C. Ownership (all organizations):**

	Common	Preferred	Other
Decedent	_____	_____	_____
Children	_____	_____	_____
Unrelated Parties	_____	_____	_____

**D. Buy-Sell Agreement:**

- 1. Does a buy-sell agreement exist? \_\_\_\_\_
- 2. If so, what type? \_\_\_\_\_  
(cross-purchase, stock redemption, combination)
- 3. How funded, and if so, what amount? \_\_\_\_\_
- 4. Method for determining value \_\_\_\_\_  
(book value, earnings multiple, appraisal, agreed value)

**E. Other Commitments of the Business:**

- 1. Stock option agreement \_\_\_\_\_
- 2. Deferred compensation agreement \_\_\_\_\_
- 3. Other employee benefit plans \_\_\_\_\_
- 4. Key-person insurance \_\_\_\_\_

**F. Anticipated Disposition of Stock: (assuming no buy-sell agreement)**

\_\_\_\_\_

**G. Estimated total value of business and method used to determine:** \_\_\_\_\_

**LIST ANY PAY ON DEATH OR TRANSFER ON DEATH DESIGNATIONS OR AGREEMENTS**

(Transfer to the Estate Summary on page 5)



**ATTACHMENT H: PERSONAL LIABILITIES** (Other than real estate mortgages which should be shown on Attachment C).

Indicate whether Owed by the Decedent only or a Joint Liability.

	Owed By	Owed to	Amount
1. Promissory Notes	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
2. Loans on Insurance Policies	_____	_____	_____
	_____	_____	_____
3. Tax Liabilities	_____	_____	_____
4. Charitable Pledges	_____	_____	_____
5. Credit Card Obligations	_____	_____	_____
6. Other Obligations	_____	_____	_____
_____	_____	_____	_____
TOTAL for this page			=====

Decedent Total: \_\_\_\_\_; Joint Total: \_\_\_\_\_

(Transfer the amount of liabilities owed to The Estate Summary on Page 5, entering the proper amount for the Decedent's Obligations and Joint Obligations).

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GENERAL INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE

The information which you provide should be as comprehensive and detailed as possible.

Some of the information requested will not be applicable to the Decedent's Estate. In particular, one or more of the Attachments A - H may not apply. You should indicate where anything is not applicable by marking "N/A".

Although the computations regarding the ESTATE SUMMARY on page 5 can be complex, you should attempt to complete as much of the ESTATE SUMMARY as you are able to.

A follow up office conference may address any additional clarification needed.

Thank you for investing the time to complete this questionnaire.