

FLORIDA BAR PROBATE SYSTEM  
PROBATE INFORMATION AND DOCUMENT LIST

The list of items and information below is a standard checklist used by attorneys to obtain information about an estate for purposes of handling probate, filing tax returns, clearing title to real estate, collecting insurance proceeds, and other matters relating to a decedent's property. IF ANY OF THE INFORMATION OR DOCUMENTS REQUESTED ARE LOCATED IN A SAFE-DEPOSIT BOX, YOU ARE REQUESTED NOT TO ENTER THE SAFE-DEPOSIT BOX WITHOUT FIRST CLEARING THAT WITH THE ATTORNEY IN ADVANCE. Many of the items listed or the information requested in the following checklist will not apply to this particular estate and the items not applying may be ignored. Assembling all of the requested information and documents may be a long and difficult process; however, you should attempt to locate the documents and assemble all information possible prior to the first meeting with the attorney to discuss these matters. What cannot be located or learned prior to that meeting can be obtained at a later date. Once the documents have been obtained or the information requested determined, you may use this checklist and cross through that item. You may also cross out the items that do not apply to this estate. If you have a question regarding whether a certain matter applies or whether certain information pertains, circle it so that you may discuss it with the attorney. Unless otherwise noted, the documents and information refer to that belonging or pertaining individually to the Decedent or in joint ownership with another person. We understand that you may consider many of these documents to be private or confidential; however, in order to properly advise you in the administration of this estate, we must be aware of this information. We assure you we will maintain it in the strictest of confidence.

1. Unless the Preliminary Information List and Summary of Assets has been previously returned, please complete this to the extent possible and bring it to the conference.
2. All signed original wills and codicils, the death certificate, and the obituary notice.
3. Credit cards.
4. Military identification number and V.A. identification number, if any. Dates of military service and branch of service, and certificate of discharge or separation from service.
5. Personal individual or joint income tax returns for the last three years and tax returns for any business or any partnership or trust; estimated tax for individuals (IRS Form 1040 ES including worksheet and vouchers) for year of death; all gift tax returns (IRS Form 709) ever filed and all gift tax returns filed by Decedent's spouse.
6. Titles to all automobiles, boats, airplanes, or other vehicles and, if subject to a lien, the loan number, payment book, and name and address of each lien holder.
7. General description of all tangible personal property. This refers to objects or items such as household goods, jewelry, and personal effects. You may itemize only those items of substantial value (\$1,000 or more) with the balance being lumped under a general description (e.g., "other personal effects").
8. Copies of all trusts created by or for the Decedent or Decedent's spouse and an inventory, most recent accounting or valuation of each trust, copies of wills, trusts, state and federal inheritance

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and estate tax returns, and audit adjustments, and orders or reports of distribution for estates of persons from whom Decedent inherited property within 10 years prior to date of death.

9. Original stock certificates, bonds (except bearer bonds) including United States Savings Bonds, mutual fund certificates or statements, and all brokers' account statements for the past 3 years.
10. Certificates of deposit, savings passbooks or statements, and checking account statements and check registers for 12 months preceding death and (when received) for the month of death, and the subsequent month as well, and the checkbook stubs for each account on which Decedent was a signatory, whether joint or individual. Copy of the most recent financial statement available.
11. Life insurance policies or certificates of group insurance; health, long-term care, and disability insurance policies or certificates.
12. Homeowner's, property, fire, jewelry, auto, casualty, liability, umbrella, theft, and other property insurance policies.
13. Real estate tax receipts for the last three years (if any). Deeds, contracts for deed, title insurance policies, surveys, and contracts for purchase and sale of real estate.
14. Notes, mortgages, and security agreements, including an amortization schedule if available.
15. List of debts owed, including funeral bill and available last illness expenses, hospital bill, doctor bills, and all other debts, including information regarding the name and address of the person to whom the debt is owed, when the debt is due, whether interest is accruing on the debt and the amount. (We can provide you a form to record this information.)
16. Notes, mortgages, security agreements, and other debts payable to Decedent or in which Decedent had an interest, and records of payment for the past three years together with the name and address of the debtor, the amount of the debt, the manner in which it is payable, and any interest it may bear, and an amortization schedule if available.
17. Financial statements and tax returns of closely held businesses and partnerships in which Decedent had an interest, and other items relating to value and income of such businesses and partnerships.
18. Agreements such as leases, partnership agreements, buy-sell agreements, employment agreements, stock purchase agreements, stock options, pension agreements, profit sharing plans, annuities, franchises, patents, copyrights, leases, and other such agreements.
19. Prenuptial or postnuptial agreement between Decedent and Decedent's spouse. (Provide original if possible.)
20. Occupation at date of death, the name, address, and telephone number of the employer, and the person to contact concerning any death or survivor's benefits available. If Decedent was self-employed, the trade name, business address, telephone number, and federal tax employer identification number for the business. Copies of financial statements for the past three years for the business. If retired, the date of retirement, former occupation, employer, and nature of business.
21. Marriage certificate, birth certificate for Decedent and Decedent's children, dissolution of marriage judgments, property settlement agreements, the date and place of marriage to, and name, address, age, and Social Security number of, Decedent's surviving spouse, and same information

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for any prior spouse, including date of termination of prior marriage and whether terminated by death or divorce.

22. Name, address, age, date of birth, marital status, and Social Security number of all children ever born to or adopted by Decedent, whether presently living or not, and if not living, death certificate for deceased child and furnish all information previously requested for the living children. If Decedent was married more than once, indicate the other parent of the child or lineal descendant.
23. Club, fraternal, and lodge memberships. Indicate whether they are transferable or equity member- ships.
24. Names and addresses of all hospitals in which Decedent was confined in the last three years, and names and addresses of personal physicians and attending physicians attending Decedent for the last illness.

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**PRELIMINARY INFORMATION LIST AND SUMMARY OF ASSETS (PILSA)**

One major task in estate and trust administration is to promptly gather accurate information and it is one in which you will actively participate. This task is typically an ongoing project throughout the administration. This form indicates some of that information which is required initially for the attorney to prepare the petition for administration and other papers that must be filed with the court to “open” the estate. Also, each item of information provided may alert the attorney to special issues that may be dealt with at the outset to avoid future problems. Please complete as much information as possible as soon as possible, leaving blanks as required to be completed later, and return a copy of this document to the attorney. This information can be supplemented or changed later if more accurate or more complete information becomes available. It is important initially to provide as much information as possible, as soon as possible.

If any information does not apply, please so indicate “NA”. If you have questions, please call the attorney. If additional space is required, attach a separate sheet.

**CAUTION:** It is **STRONGLY** recommended that you not enter the safe-deposit box unless a representative of this office is present, and a complete inventory should then be made and signed by all who are present.

**PRELIMINARY INFORMATION LIST**

**I. PROSPECTIVE PERSONAL REPRESENTATIVE**

- 1.01 Name \_\_\_\_\_
- 1.02 Mail: Address \_\_\_\_\_
- 1.03 Mail: .1) City \_\_\_\_\_ .2) State \_\_\_\_\_ .3) Zip \_\_\_\_\_
- 1.04 Residence: Street Address \_\_\_\_\_
- 1.05 Residence: .1) City \_\_\_\_\_ .2) County \_\_\_\_\_ .3) State \_\_\_\_\_
- 1.06 Telephone: .1) Home \_\_\_\_\_ .2) Business \_\_\_\_\_ .3) Other \_\_\_\_\_
- 1.07 Email: .1) Business \_\_\_\_\_ .2) Home \_\_\_\_\_
- 1.08 Relationship to decedent \_\_\_\_\_
- 1.09 Interest in estate \_\_\_\_\_

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**II. WILL**

**2.01** Location of original Will \_\_\_\_\_

**2.02** Preparer .1) Name \_\_\_\_\_ .2) Address \_\_\_\_\_

**2.03** Date of .1) Will \_\_\_\_\_ .2) Codicil \_\_\_\_\_ .3) Separate Writing \_\_\_\_\_

**2.04** Place of signing Will: .1) City \_\_\_\_\_ .2) County \_\_\_\_\_ .3) State \_\_\_\_\_

**2.05** Notary, if any .1) Name \_\_\_\_\_ .2) State \_\_\_\_\_

**2.06** Witnesses to Will: (Circle letter of witness, if known, who could most conveniently travel to the courthouse to swear to the execution of the Will, if required.)

	<b>Will Witness A</b>	<b>Will Witness B</b>	<b>Will Witness C</b>
Name	.1.1 _____	.2.1 _____	.3.1 _____
Address	.1.2 _____	.2.2 _____	.3.2 _____
City	.1.3 _____	.2.3 _____	.3.3 _____
State	.1.4 _____	.2.4 _____	.3.4 _____
Zip	.1.5 _____	.2.5 _____	.3.5 _____
Phone	.1.6 _____	.2.6 _____	.3.6 _____

**2.07** Witnesses to Codicil: (Circle letter of witness, if known, who could most conveniently travel to the courthouse to swear to the execution of the Will, if required.)

	<b>Codicil Witness A</b>	<b>Codicil Witness B</b>	<b>Codicil Witness C</b>
Name	.1.1 _____	.2.1 _____	.3.1 _____
Address	.1.2 _____	.2.2 _____	.3.2 _____
City	.1.3 _____	.2.3 _____	.3.3 _____
State	.1.4 _____	.2.4 _____	.3.4 _____
Zip	.1.5 _____	.2.5 _____	.3.5 _____
Phone	.1.6 _____	.2.6 _____	.3.6 _____

Note: For witnesses to additional Codicils, use separate sheet and place check here



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**III. DECEDENT**

**3.01** .1) Full name (as shown in Will) \_\_\_\_\_

Any other name(s) (or indicate "none") used by decedent in legal documents (deeds, etc.)

.2) \_\_\_\_\_

**3.02** Place of death (hospital name, home, etc.): .1) \_\_\_\_\_

.2) City \_\_\_\_\_ .3) County \_\_\_\_\_ .4) State \_\_\_\_\_

**3.03** Date of death (attach copy of death certificate, if available): \_\_\_\_\_

**3.04** Year Florida residence established \_\_\_\_\_ (attach declaration of domicile, if available)

**3.05** Residence: .1) Last residence street address \_\_\_\_\_

.2) City \_\_\_\_\_ .3) County \_\_\_\_\_ .4) State \_\_\_\_\_

.5) Zip \_\_\_\_\_

**3.06** .1) Age at death \_\_\_\_ .2) Date of birth \_\_\_\_ .3) Place of Birth \_\_\_\_\_

**3.07** .1) Social Security No. \_\_\_\_\_ .2) Medicare No. \_\_\_\_\_

**3.08** Names, ages, and addresses of all children (living or deceased) and any surviving spouse. (Indicate by note any person who is deceased, has been declared incapacitated, or is in the armed services, or any minor whose disabilities have been removed.)

	Name	Age*	Relation	Address
.1.1	_____	.1.2 _____	.1.3 _____	.1.4 _____
.2.1	_____	.2.2 _____	.2.3 _____	.2.4 _____
.3.1	_____	.3.2 _____	.3.3 _____	.3.4 _____
.4.1	_____	.4.2 _____	.4.3 _____	.4.4 _____
.5.1	_____	.5.2 _____	.5.3 _____	.5.4 _____

\*Birth date, if minor

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**3.09** Names, ages, addresses, and social security numbers of estate beneficiaries (living or deceased). Also include any named in 3.08 above who are beneficiaries. (Indicate by note any person who is deceased, has been declared incapacitated, or is in the armed services, or any minor whose disabilities have been removed.)

Name	Age*	Relation	Address
.1.1	.1.2	.1.3	.1.4
.2.1	.2.2	.2.3	.2.4
.3.1	.3.2	.3.3	.3.4
.4.1	.4.2	.4.3	.4.4
.5.1	.5.2	.5.3	.5.4

\*Birth date, if minor

**3.10** How was title to decedent's home or condominium (homestead) owned as shown on deed, mortgage, title policy, or tax bill? \_\_\_\_\_

**3.11** Safe-deposit box (see CAUTION on PILSA page 2.1):

.1) Name of bank \_\_\_\_\_ .2) Box No. \_\_\_\_\_  
 .3) City \_\_\_\_\_ .4) State \_\_\_\_\_  
 .5) Joint signatory (if any) \_\_\_\_\_

**3.12** Did decedent have (if "Yes" attach description or explanation):

Assets subject to rapid or severe deterioration or perishable property: Yes \_\_\_\_\_ No \_\_\_\_\_

Assets especially susceptible to theft, destruction, damage, or injury: Yes \_\_\_\_\_ No \_\_\_\_\_

An interest in a partnership: Yes \_\_\_\_\_ No \_\_\_\_\_

A sole proprietorship: Yes \_\_\_\_\_ No \_\_\_\_\_

An interest in a small business corporation: Yes \_\_\_\_\_ No \_\_\_\_\_

Substantial obligations payable within the next 30 days: Yes \_\_\_\_\_ No \_\_\_\_\_

Valuable assets that are presently in the possession of another person or in a location that is not secure: Yes \_\_\_\_\_ No \_\_\_\_\_



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**3.13 Accountant(s):**

**1. Decedent's lifetime accountant**

Name \_\_\_\_\_ Firm \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**2. Accountant subsequently selected to prepare various estate returns**

Name \_\_\_\_\_ Firm \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**3.14 Decedent's stockbroker or investment advisor:**

Name \_\_\_\_\_ Account Number \_\_\_\_\_

Firm \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**3.15 If decedent was engaged actively in operation of his or her own business, describe business and person(s) now operating business and proposed method of future operation:**

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

**3.16 The last personal income tax return (IRS form 1040) filed by decedent was for income received during the year \_\_\_\_\_ and the return was filed on or about \_\_\_\_\_, \_\_\_\_\_. (A copy of the most recently filed return should be furnished to the attorney.)**

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**3.17** Was decedent at the time of death regularly required to file tax returns with any other state or country? (If so, give state and due date of next return.)

Personal income tax return

State \_\_\_\_\_ Yes \_\_\_ No \_\_\_ Due Date \_\_\_\_\_

Intangible personal property tax return

State \_\_\_\_\_ Yes \_\_\_ No \_\_\_ Due Date \_\_\_\_\_

Tangible or commercial personal property tax return

State \_\_\_\_\_ Yes \_\_\_ No \_\_\_ Due Date \_\_\_\_\_

Other (Explain) \_\_\_\_\_ Yes \_\_\_ No \_\_\_ Due Date \_\_\_\_\_

**3.18** Lifetime gifts: Did decedent make any lifetime gifts in excess of the annual exclusion amount? Yes \_\_\_ No \_\_\_ If "Yes" during what year(s)? \_\_\_\_\_

Did decedent ever file a form 709 United States Gift Tax Return?

Yes \_\_\_ No \_\_\_ If "Yes" for what year(s) was a return filed? \_\_\_\_\_

**3.19** What is the approximate total value of all assets belonging to decedent (not jointly owned), including life insurance payable to decedent's estate? \$ \_\_\_\_\_

**3.20** Did decedent have a company pension or profit-sharing plan, annuity, Keogh plan, 401k, or Individual Retirement Account (IRA)? Yes \_\_\_ No \_\_\_

If yes, describe on Summary of Assets Item 13 below. NOTE: It is important that no election of periodic or lump sum payment of proceeds be made before the attorney can consider the estate tax and income tax consequences of such election.

**3.21** Was there a mortgage on any property in which decedent owned an interest? Yes \_\_\_ No \_\_\_. If "Yes" please provide a copy of the mortgage or loan documents and payment schedule. See Summary of Assets Item 1 below.

Name of mortgage creditor \_\_\_\_\_

Payment address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Loan number \_\_\_\_\_ Payable (monthly, quarterly, etc.) \_\_\_\_\_

Next payment due \_\_\_\_\_ Amount \_\_\_\_\_ Approximate balance \_\_\_\_\_



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**SUMMARY OF ASSETS**

APPROXIMATE VALUE AND NATURE OF ASSETS OWNED BY DECEDENT INDIVIDUALLY OR JOINTLY. As to each listed asset, indicate form of ownership as "J" (joint), "I" (individually), "POD" or TOD" (payable or transfer on death), TBE (tenants by the entirety), or "UKN" (unknown). ATTACH SUPPLEMENTAL SHEETS AS NECESSARY.

**1. REAL ESTATE:** (indicate J, I, POD, TOD, TBE, or UKN) Provide a copy of a document showing the legal description, if available. If the property is rented, provide a copy of the lease or a separate sheet with the name and address of the tenant, date and amount of next rent payment, and ending date of the lease, plus any options to renew. If any of the real estate is outside Florida or outside the U.S., please indicate the state or country.

<b>Address</b>	<b>Type of building</b>	<b>Approx market value</b>	<b>Vacant, rented or occupied</b>	<b>Mortgage balance, next payment date and amount</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**2. STOCKS AND BONDS:** (indicate J, I, POD, TOD, TBE, or UKN) If in a brokerage account, provide a copy of the statement covering date of death, if available, and only indicate total value of account.

<b>Company name</b>	<b>No. of shares</b>	<b>Approx share value</b>	<b>Approx total value</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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3. **MORTGAGES AND NOTES RECEIVABLE:** (indicate J, I, POD, TOD, TBE, or UKN) Provide a complete copy of the documents and payment schedule, if available.

Payor name and address	Original document date	Next pmt date and amount	Approx current balance
_____	_____	_____	_____
_____	_____	_____	_____

4. **BANK, ETC. ACCOUNTS OR CERTIFICATES OF DEPOSIT:** (indicate J, I, POD, TOD, TBE, or UKN) Provide a copy of a statement that includes the date of death, if available.

Bank	Account number	Joint owner if any	Check, savings, CD, etc.	Approx balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. **CASH:** (belonging to decedent)

Location	Person in possession	Amount
_____	_____	_____
_____	_____	_____

6. **INSURANCE ON DECEDENT'S LIFE:** (provide the attorney with a complete copy of the policy)

Company	Policy number	Beneficiary	Location of original policy	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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7. AUTOMOBILES OWNED: (indicate J, I, POD, TOD, TBE, or UKN) NOTE: Decedent's automobiles should be parked, locked, and secured unless a family member WHO IS ALSO NAMED AS INSURED ON THE INSURANCE POLICY is using the automobile. If the automobile is being used, please immediately advise the lawyer.

Make	Model	Year	Lender's name, date and amount of next payment and approx balance on loan	Approx wholesale value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. AUTOMOBILES LEASED: NOTE: Decedent's automobiles should be parked, locked, and secured unless a family member WHO IS A CO-LESSEE AND IS ALSO NAMED AS INSURED ON THE INSURANCE POLICY is using the automobile. If the automobile is being used, please immediately advise the lawyer.

Make and year	Name of co-lessee, if any	Lease end date	Lessor's name and address for payments	Date and amt of next payment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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**11. INSURANCE (OTHER THAN LIFE) COVERAGE: (indicate name of additional insured or UKN)**

Coverage and Company	Policy number	Agent	Limits and coverage	Paid through
Automobile (describe)				
Homeowners				
Umbrella				

**12. TRUSTS IN WHICH DECEDENT HAD ANY INTEREST: (provide a complete copy, if available)**

Current Trustee	Address	Date	Decedent's interest	Approx value



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13. **PENSION, RETIREMENT OR PROFIT-SHARING PLAN, ANNUITY, KEOGH, 401K, IRA:** (provide a copy of the pension documents, if available)

<b>Company or Trustee and account number</b>	<b>Address</b>	<b>Type</b>	<b>Death benefit amount</b>	<b>Currently in pay status?</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____