



THRASH, CARROLL & VANWAY LAW GROUP

Probate & Administration Information WORKBOOK

Private & Confidential

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ESTATE & TRUST ADMINISTRATION DATA

Also for use in preparation of the Federal Estate Tax Return (Form 706)

This form is intended to provide some guidelines for compilation of the assets of the decedent for purposes of determining whether there is:

1. a need to probate a Will
2. a need to file an estate tax return *and/or*
3. what assets are available for the funding of the tax-wise trusts (if any)

Please feel free to attach copies of pertinent documents or additional pages to this document.

PART I.

1. DECEASED:

Information required

Full Legal Name _____ also known as _____

Address _____ Number of years at residence: _____
(Street Address)

_____ County _____
(City, State & Zip)

US Citizen? ☐ YES ☐ NO If no, where is decedent a citizen of? _____ Year domicile in TX was established? _____

If decedent and decedent's spouse had **not** resided in Texas during the entirety of their marriage, list all places of residence & approximate dates (use additional pages if necessary)

Dates _____ Address _____
(Street Address, City, State & Zip)

Dates _____ Address _____
(Street Address, City, State & Zip)

Dates _____ Address _____
(Street Address, City, State & Zip)

DECEDENT

Social Security Number _____

Date of Birth _____

Place of Birth _____

Date of Death _____

Place of Death _____

DECEDENT'S SPOUSE

Social Security Number _____

Date of Birth _____

Place of Birth _____

Please provide decedent's death certificate as soon as possible.

Please indicate if Decedent had any of the following and **enclose originals of each document.**

Will ☐ YES ☐ NO Dated _____

Codicil ☐ YES ☐ NO Dated _____

Living Trust ☐ YES ☐ NO Dated _____

Amendments or Restatements ☐ YES ☐ NO Dated _____

Did the decedent own any life insurance on the life of another?

☐ YES ☐ NO

Insurance Company Name _____

Name on Policy _____

Was the decedent receiving an annuity and/or pension?

☐ YES ☐ NO

If Yes, Name of Company _____

Length of Decedent's last illness _____

Names of Decedent's personal physician and nurses attending decedent during decedent last illness

(1) _____ (2) _____ (3) _____

Funeral Home Information

Name _____ Address _____ Phone number _____



ESTATE & TRUST ADMINISTRATION DATA

MARRIAGE INFORMATION

Marital status of Decedent ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Life Partner

Was Decedent Married at time of death? ☐ YES ☐ NO (if yes, please complete information below)

Spouse Name _____ Date of Marriage _____ Place of Marriage _____

Did Decedent have any prior marriages? ☐ YES ☐ NO If YES, how many prior Marriages? _____ (please list below)

(1) Name _____ Date of Marriage _____ Place of Marriage _____

Termination Date _____ ☐ Death ☐ Divorce (Please include copy of Divorce Decree or Death Certificate if applicable)

(2) Name _____ Date of Marriage _____ Place of Marriage _____

Termination Date _____ ☐ Death ☐ Divorce (Please include copy of Divorce Decree or Death Certificate if applicable)

(3) Name _____ Date of Marriage _____ Place of Marriage _____

Termination Date _____ ☐ Death ☐ Divorce (Please include copy of Divorce Decree or Death Certificate if applicable)

If Decedent was not survived by either spouse or children, or if Decedent's will provides benefits to institutions or to persons other than the surviving spouse and children, please furnish information below:

(1) Name _____ Address _____ Married? _____ Phone number _____
☐ YES ☐ NO

Date of birth _____ Social Security Number _____ Relationship to Decedent _____

(2) Name _____ Address _____ Married? _____ Phone number _____
☐ YES ☐ NO

Date of birth _____ Social Security Number _____ Relationship to Decedent _____

(3) Name _____ Address _____ Married? _____ Phone number _____
☐ YES ☐ NO

Date of birth _____ Social Security Number _____ Relationship to Decedent _____

EMPLOYMENT INFORMATION

Was Decedent Employed at time of death? ☐ YES ☐ NO (if yes, please complete information below)

Decedent's Occupation _____ Employer's Name _____

Employer's Address _____

Name of Person to Contact _____ Phone Number _____
(Concerning Benefits)

Was Decedent Self-Employed at time of death? ☐ YES ☐ NO (if yes, please complete information below)

Decedent's Trade _____ Business Name (if applicable) _____

Business Address _____

Employer Identification Number _____

Was Decedent Retired at time of death? ☐ YES ☐ NO (if yes, please complete information below)

Decedent's Occupation _____ Employer's Name _____

Employer's Address _____

Name of Person to Contact _____ Phone Number _____
(Concerning Benefits)



ADDITIONAL INFORMATION

DESCENDANT INFORMATION

Did Decedent have any children (*biological, through marriage and/or legally adopted*) ☐ YES ☐ NO (*if yes, please list below*)

- Full Name _____ Date of Birth _____ ☐ Biological ☐ Stepchild ☐ Legally Adopted
- Full Name _____ Date of Birth _____ ☐ Biological ☐ Stepchild ☐ Legally Adopted
- Full Name _____ Date of Birth _____ ☐ Biological ☐ Stepchild ☐ Legally Adopted
- Full Name _____ Date of Birth _____ ☐ Biological ☐ Stepchild ☐ Legally Adopted
- Full Name _____ Date of Birth _____ ☐ Biological ☐ Stepchild ☐ Legally Adopted

Any children born or adopted **after** the date of the Will /Living Trust? ☐ YES ☐ NO (*if yes, please list below*)

- Full Name _____ Date of Birth _____ ☐ Biological ☐ Stepchild ☐ Legally Adopted
- Full Name _____ Date of Birth _____ ☐ Biological ☐ Stepchild ☐ Legally Adopted

BENEFICIARIES OR HEIRS

List all Decedent's Beneficiaries or Heirs

- Full Name _____ Email _____ Phone _____
Address _____
- Full Name _____ Email _____ Phone _____
Address _____
- Full Name _____ Email _____ Phone _____
Address _____
- Full Name _____ Email _____ Phone _____
Address _____
- Full Name _____ Email _____ Phone _____
Address _____

Names of 2 disinterested witnesses (if heirship) familiar with the family and marital history of Decedent

- Full Name _____ Email _____ Phone _____
Address _____
- Full Name _____ Email _____ Phone _____
Address _____

Other Advisors: ex. CPA, Financial Planner (*if applicable*)

- CPA Name _____ Phone _____
Address _____
- Financial Advisor Name _____ Phone _____
Address _____

Does the Will or Trust leave any part of the estate to an outside org?

Governmental Agency
Charitable organization
State of Texas

☐ YES ☐ NO
☐ YES ☐ NO
☐ YES ☐ NO

Did the decedent own any property as a joint tenant with anyone other than their spouse?

☐ YES ☐ NO

If Yes, Name of Joint Tenant _____



DESIGNING YOUR ESTATE PLAN

PART II.

Information required

We will be required to prepare a comprehensive Inventory of the Decedent's estate whether this is a probate of a Will or a trust administration. To begin the process please provide copies of credit card statements, bank statements, brokerage statements, life insurance policies, promissory notes, tax records and tax statements relating to the deceased and his or her property.

We will eventually need the following information. It is part of our job to assist you in compiling the following information:

- description of all assets
- fair market value of all assets as of the date of death
- description of all liabilities
- payoff balance of all liabilities
- whether an asset is community property (cp) **or** separate property (sp)
- whether an asset is titled in the individual's name or
 - as JTROS or JTWROS (Joint tenancy with right of survivorship)
 - POD = Payable on death
 - TOD = Transfer on death

Please answer the following:

Did Decedent have a safety deposit box? ☐ YES ☐ NO *If yes, list the description of the contents and value:*

Approximate Overall Value: _____

Please review the following estate checklist and attach or bring statements for each, including any added information needed.

☐ **INVESTMENT ADVISOR'S STATEMENT for both the month preceding and following decedents' date of death.**

If stocks are not owned through an Investment Advisor (*such as Edward Jones, Smith Barney, Fidelity, Schwab, etc.*)

Then please provide copies of the stock certificates and/or statements with the following information:

- Number of Shares
- CUSIP Number (if known)
- PAR Value
- Any other information known

☐ **STOCK / BOND CERTIFICATES**

☐ **MUTUAL FUND/BROKERAGE STATEMENTS**

☐ **BANK STATEMENTS, CDS, NOTES, CASH**

For each account, Please provide the following information:

- Account Number
- Interest Rate (*If Applicable*)
- How the Account is Titled

☐ **LIFE INSURANCE POLICIES**

For each insurance policy on the Decedent's life, please provide the following information:

- Company
- Policy Number
- Face Value
- Any other information known

☐ **ANNUITY CONTRACTS**

For each Annuity Contract owned by the Decedent, please provide the following information:

- Company
- Policy Number
- Face Value
- Any other information known



DESIGNING YOUR ESTATE PLAN

☐ **RETIREMENT PLANS (Include Beneficiary Designations)**

For each Retirement Plan owned by the Decedent, please provide the following information:

- Company
- Plan/Account Number
- Value
- Any other information known

☐ **BENEFITS PAYABLE AS A RESULT OF DEATH** (i.e. Worker's compensation, Insurance policies etc.)

☐ **REAL ESTATE**

For ALL Real Estate owned by the Decedent, please provide the following information:

- Full Legal Description (the Deed or tax statement will have this information)
Please note: For large tracts of land (i.e. Ranches, Farms, or Unique in any way, it may require an appraisal.)
- Closing Statements or Tax Information that describes each tract. (Include County and State)

PROPERTY #1: _____

PROPERTY #2: _____

PROPERTY #3: _____

☐ **TITLES/REGISTRATION**

- Automobiles (Model and VIN number)
- Boats
- Airplanes
- Mobile Homes
- Other

☐ **COPIES OF INCOME TAX RETURNS** for the last THREE (3) Years (Include 1099s, K1s, 1041s and other if applicable)

☐ **GIFT TAX RETURNS** (FORM 709) FILED (If any)?

☐ **MARITAL PROPERTY AGREEMENTS** (If any)?

☐ **DESCRIPTION (Including Timeshares) of ANY REAL ESTATE owned outside of TEXAS**

☐ **PARTNERSHIP AGREEMENTS** (If any)?

☐ **BUY-SELL AGREEMENTS** (If any)?

☐ **LIVING TRUSTS** Established by or for deceased (If any)?

☐ **IRREVOCABLE TRUSTS** in which the deceased is the Grantor? Trustee? Beneficiary? (If any)?

☐ **INTERESTS IN CLOSELY HELD CORPORATIONS** (If any)?

☐ **STOCK OPTIONS** (Vested or Not Vested) in a Publicly Traded Corporation? (Please Indicate ISO or NQ)

☐ **MISCELLANEOUS PROPERTY**

- Debts owed to the Decedent
- Interests in Business
- Mineral Royalties
- Leaseholds
- Judgements FOR or AGAINST the Decedent
- Livestock
- Farm Products
- Farm Machinery
- Household Goods
- Personal Effects
- Cash (held by the Decedent that was not in the bank at date of death)
- Furs, Artwork, Silverware, Coin Collections and/or Jewelry -
Please list FULL details of each. If worth more than \$10k in a single item, an appraisal is required.



PROPERTY – ASSET INFORMATION

PART III.

Detailed Statement of Decedent's Debts, Expenses and Administrative costs:

▶ Debts of the Decedent: *Check one and provide details for each. If more space is needed, please include on separate attachment.*

- | | | |
|---|--------------------|------------------------|
| (1) <input type="checkbox"/> Mortgage <input type="checkbox"/> Lien <input type="checkbox"/> General Debt | Balance Due: _____ | Nature of Claim: _____ |
| Name of Creditor _____ | Address _____ | |
| (2) <input type="checkbox"/> Mortgage <input type="checkbox"/> Lien <input type="checkbox"/> General Debt | Balance Due: _____ | Nature of Claim: _____ |
| Name of Creditor _____ | Address _____ | |
| (3) <input type="checkbox"/> Mortgage <input type="checkbox"/> Lien <input type="checkbox"/> General Debt | Balance Due: _____ | Nature of Claim: _____ |
| Name of Creditor _____ | Address _____ | |
| (4) <input type="checkbox"/> Mortgage <input type="checkbox"/> Lien <input type="checkbox"/> General Debt | Balance Due: _____ | Nature of Claim: _____ |
| Name of Creditor _____ | Address _____ | |
| (5) <input type="checkbox"/> Mortgage <input type="checkbox"/> Lien <input type="checkbox"/> General Debt | Balance Due: _____ | Nature of Claim: _____ |
| Name of Creditor _____ | Address _____ | |
| (6) <input type="checkbox"/> Mortgage <input type="checkbox"/> Lien <input type="checkbox"/> General Debt | Balance Due: _____ | Nature of Claim: _____ |
| Name of Creditor _____ | Address _____ | |
| (7) <input type="checkbox"/> Mortgage <input type="checkbox"/> Lien <input type="checkbox"/> General Debt | Balance Due: _____ | Nature of Claim: _____ |
| Name of Creditor _____ | Address _____ | |
| (8) <input type="checkbox"/> Mortgage <input type="checkbox"/> Lien <input type="checkbox"/> General Debt | Balance Due: _____ | Nature of Claim: _____ |
| Name of Creditor _____ | Address _____ | |

▶ Last Illness Expenses, Funeral Expenses: *Check all that apply.*

☐ Funeral Expenses ☐ Medical Expenses ☐ Other Expenses: _____

▶ Charitable Gifts and Bequests: *List ALL Property Given to Charity or Other Institutions.*

If Real Estate or Similar Property is given, an appraisal may be needed.

- | | |
|----------------|--------------|
| (1) Name _____ | Amount _____ |
| (2) Name _____ | Amount _____ |
| (3) Name _____ | Amount _____ |
| (4) Name _____ | Amount _____ |

PART IV.

- | | |
|---|--|
| 1. Original Will | 9. If decedent served in military, bring certificate of discharge or separation and other documents relating to military benefits. |
| 2. Codicils to Will | |
| 3. Trust instruments | 10. Partnership, "buy-sell", employment, franchise, stock purchase, stock option and other agreements signed by either the decedent or decedent's spouse owned an interest in a partnership; please furnish income tax returns, balance sheets, and profit and loss statements for the five most recent years. |
| 4. Amendment to Trust instruments | |
| 5. 10 Death certificates (certified) | 11. Copies of pleadings filed in suits in which decedent or decedent's spouse was a party at the time of decedent's death. |
| 6. 3 prior years Income tax returns relating to decedent and any business or family interests | |
| 7. Documents relating to decedents business interests | 12. Published articles, photographs, or descriptions of home furnishings, artwork, collections, or other items shown in newspapers, magazines, and other publications. |
| 8. Names and addresses of decedent's advisors ex. CPA, broker, Insurance agents, bankers, trust officers, financial planners etc. | |