Faulkner Banfield, P.C.

PROBATE INFORMATION WORKSHEET

The probate process involves significant information gathering. We have prepared this worksheet to help you gather the information we will need. Please obtain as many of the following items and as much of the requested information as possible to bring with you to our first meeting. We do not expect you to have all the information in the beginning. The goal is to provide you with a worksheet. At the first meeting, bring what you can, and we will work forward from that point.

When you have completed an item; if an item does not apply; or if a task is in progress, please indicate with a check mark. We are always available to answer your questions or clarify a task.

1. Wills and Codicils. All of the Decedent's original wills and codicils.

☐ Complete ☐ Does not apply ☐ In process

Notes: _____

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2. Trusts. Copies of all trusts (Living, Revocable, Irrevocable or Community Property) created by or for the benefit of the Decedent or the Decedent's spouse; current financial statement for each trust.

☐ Complete ☐ Does not apply ☐ In process

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3. Life Insurance Trusts. Copies of all life insurance trusts for which the Decedent was Grantor, Trustee or Beneficiary.

☐ Complete ☐ Does not apply ☐ In process

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4. Community Property Agreement. Copy of any Community Property Agreement executed by the Decedent and/or the Decedent's spouse.

☐ Complete ☐ Does not apply ☐ In process

Notes: _____

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5. Death Certificate. Two certified copies of the Decedent's death certificate.

☐ Complete ☐ In process

Notes: _____

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6. Vital Statistics; Residence; Military Service.

(a) Decedent's physical residence address at time of death: _____

☐ Complete ☐ Does not apply ☐ In process

(b) Approximate date the Decedent became an Alaskan resident: _____

☐ Complete ☐ Does not apply ☐ In process

(c) Decedent's social security number: _____

☐ Complete ☐ Does not apply ☐ In process

(c) Decedent's Medicare number: _____

☐ Complete ☐ Does not apply ☐ In process

(d) Decedent's military identification number: _____

☐ Complete ☐ Does not apply ☐ In process

(e) Decedent's VA identification: _____

☐ Complete ☐ Does not apply ☐ In process

Notes: _____

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7. If the Decedent served in the military, please give dates of service, branch of service, and bring certificate of discharge or separation.

☐ Complete ☐ Does not apply ☐ In process

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8. Other Names. List any aliases used by the Decedent.

☐ Complete ☐ Does not apply ☐ In process

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9. Marriage. Date and place of marriage to, and name, address, age and social security number of the Decedent's surviving spouse.

☐ Complete ☐ Does not apply ☐ In process

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10. Prior Marriage; Divorce; Dissolution. If the Decedent was previously married, date and place of marriage, name and address of prior spouse(s), include date and place of termination of prior marriages and whether terminated by death, divorce or dissolution.

☐ Complete ☐ Does not apply ☐ In process

Notes: _____

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11. Marital/Divorce Agreements. Provide copies of any of the following agreements that the Decedent may have signed

Prenuptial Agreements:

☐ Complete ☐ Does not apply ☐ In process

Post-nuptial Agreements:

☐ Complete ☐ Does not apply ☐ In process

Divorce Decrees:

☐ Complete ☐ Does not apply ☐ In process

Dissolution Decrees:

☐ Complete ☐ Does not apply ☐ In process

Notes: _____

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12. Children. Name, address, age, date of birth, marital status and social security number of all children ever born to or adopted by the Decedent, whether presently living or not. If the Decedent had children from a prior relationship, indicate the other parent by name.

☐ Complete ☐ Does not apply ☐ In process

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13. Heirs and Devisees, Other. If the Decedent's Will provides benefits to institutions or to persons other than the surviving spouse and children, please furnish name, address, age, and relationship to the Decedent for each of those persons or (as applicable) institutions.

☐ Complete ☐ Does not apply ☐ In process

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14. SSI or Medicaid Benefits. Please note if any of the heirs or devisees are eligible or currently receiving Medicaid or Social Security Insurance benefits.

☐ Complete ☐ Does not apply ☐ In process

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15. Pioneers' Home Benefits. Provide any paperwork if the Decedent received any of the following benefits:

Pioneers' Home payment assistance benefits

☐ Complete ☐ Does not apply ☐ In process

Medicaid benefits

☐ Complete ☐ Does not apply ☐ In process

Notes: _____

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16. Surviving Parents. The name and address of the Decedent's surviving parents.

☐ Complete ☐ Does not apply ☐ In process

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17. Professional Advisors. Name, address and phone number of the Decedent's accountants, stockbrokers, insurance agents (life, casualty, health, and accident), and any other professional advisors.

☐ Complete ☐ Does not apply ☐ In process

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18. Income and Gift Tax Returns. Provide copies of **all** gift tax returns **ever** filed by the Decedent or the Decedent's spouse.

☐ Complete ☐ Does not apply ☐ In process

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19. Occupation/Employer. List the Decedent's occupation at date of death. Provide the name, address, and phone number of employer and name of person to contact concerning benefits, if any. If employed under contract, bring copy of employment contract. If the Decedent was self-employed, list trade name, business address and employer identification number. If retired, give the Decedent's former occupation, employer, nature of business, and benefits, if any.

☐ Complete ☐ Does not apply ☐ In process

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20. Retirement Accounts. List all the Decedent's retirement accounts, IRA's, 401K's, TSA's and Deferred Compensation accounts; provide copies of completed beneficiary designation forms for each account.

☐ Complete ☐ Does not apply ☐ In process

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21. Education Account. List any education accounts or 529 Plans that name the decedent as beneficiary or Trustee.

☐ Complete ☐ Does not apply ☐ In process

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22. Partnership or Other Business Venture or Properties. Partnership, "buy-sell," franchise, stock purchase, stock option, powers of appointment, and other agreements signed by the Decedent and/or the Decedent's spouse. Agreements such as: pensions, profit sharing plans, annuities, patents, copyrights, judgments, division orders, and royalties (including oil and gas).

☐ Complete ☐ Does not apply ☐ In process

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23. Safe Deposit Boxes. Name and address of each bank where the Decedent maintained a safe deposit box; and the name and address of all other persons having access to those boxes.

☐ Complete ☐ Does not apply ☐ In process

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24. Banks and/or Other Financial Institutions -- Accounts. Name, account number, and location of bank or savings association for each checking, savings account and certificate of deposit in the name of the Decedent or the Decedent's spouse; for which Decedent could sign or bearing the Decedent's name in any way. Bring the most recent monthly statements, all passbooks and actual certificates for each.

☐ Complete ☐ Does not apply ☐ In process

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25. UTMA/UGMA. Note if the Decedent was custodian or beneficiary on any UTMA or UGMA accounts.

☐ Complete ☐ Does not apply ☐ In process

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26. Insurance. All insurance policies, including life, accident, disability, fire, casualty and health insurance that the Decedent or the Decedent's spouse was the owner, beneficiary or insured. If any policies have already been sent for payment, for each policy provide the name of the company paying the benefits and the name and address of the beneficiary. If there is insurance on the life of the Decedent which is payable to the Decedent's company, partners, fellow stockholders or employees, give their names, addresses and phone numbers.

☐ Complete ☐ Does not apply ☐ In process

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27. Stocks and Bonds. Original bonds and original stock certificates owned by or registered in the name of the Decedent or the Decedent's spouse or in combination with others.

☐ Complete ☐ Does not apply ☐ In process

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28. Real Estate. Deeds of all real estate owned by the Decedent and/or the Decedent's spouse, and if owned with others, the names and addresses of all co-owners. If survey plats, street addresses, appraisals, property tax receipt and title policies are available, bring them too. If the real estate is not paid for, bring loan number, payment book, name and address of mortgage company or other note holder and copies of all notes, mortgages and other documents concerning same.

☐ Complete ☐ Does not apply ☐ In process

Notes: _____

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29. Community Property. Note if the Decedent or the Decedent's spouse ever lived or acquired property in any of the following community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

☐ Complete ☐ Does not apply ☐ In process

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30. Vehicles. Titles to all automobiles, boats, airplanes, and other motor vehicles registered in the name of the Decedent or the Decedent's spouse, and if subject to lien, the loan number, payment book, name and address of each lienholder.

☐ Complete ☐ Does not apply ☐ In process

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31. Debt instruments payable to the Decedent. All notes and accounts payable to the Decedent and/or the Decedent's spouse, and the name and address of each debtor.

☐ Complete ☐ Does not apply ☐ In process

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32. Personal and Other Property. A general description of all other property owned by the Decedent or the Decedent's spouse, including: Native art and artifacts, jewelry, household goods, leasehold interests, and personal effects. With respect to jewelry, household goods and personal effects, itemize only those items of considerable value ($1,000 or more).

☐ Complete ☐ Does not apply ☐ In process

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33. Inheritances. If the Decedent inherited any property during the past ten years, give name and docket number of estate from which such property was inherited, and if possible, bring copies of will and other papers relating to prior estate.

☐ Complete ☐ Does not apply ☐ In process

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34. Financial; Debts owed by the Decedent. Decedent's most recent financial statement, list or copies of all notes payable by the Decedent, outstanding accounts, charge or credit card purchases made but not yet billed, and any other debts owned by the Decedent and/or the Decedent's spouse on the date of death. Include the name, address, and phone number of each creditor and the amount owed on the date of death.

☐ Complete ☐ Does not apply ☐ In process

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35. Lawsuits. Note if the Decedent is currently named as a plaintiff or defendant in any lawsuit.

☐ Complete ☐ Does not apply ☐ In process

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36. Judgments.

(1) Are there any judgments in the decedent's favor that have not been paid in full? ☐ Yes ☐ No

(2) Are there any judgments that have been entered against the decedent that have not been paid in full? ☐ Yes ☐ No

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37. Funeral and Medical. Copy of funeral bill; list of funeral expenses, including cemetery lot, cremation, monuments, floral arrangements, and worship service. Expenses of last illness and actual bills (including names and addresses) from physicians, nurses, hospitals, drugstores, retailers of medical equipment, etc.

☐ Complete ☐ Does not apply ☐ In process

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38. Alaska Permanent Fund Dividend. Note if the Decedent applied for the most recent PFD. If the Decedent died during the latest application period (January 1 through March 31) without applying for the PFD and you believe the Decedent was eligible, please let us know. The PFD can be applied for by the personal representative of the estate.

☐ Complete ☐ Does not apply ☐ In process

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39. Airline Mileage Plans. Airline program miles may be transferable. If the Decedent was a member of any airline mileage plans, please list the name, account number and addresses of each.

☐ Complete ☐ Does not apply ☐ In process

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