



PROBATE INFORMATION

PRINT AND BE PRECISE, ESPECIALLY AS TO THE NAMES IN WHICH PROPERTY AND ACCOUNTS ARE HELD (Attach additional pages if necessary)

Name of Decedent \_\_\_\_\_ Social Security # \_\_\_\_\_

Address of Decedent \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Did Decedent have a Will? \_\_\_\_\_ Decedent's Business or Occupation \_\_\_\_\_

\*If Yes, we need the original

Spouse's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Spouse's Current Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Name of Exec/Admin \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Safety Deposit Box Location \_\_\_\_\_ (Attach Inventory of Box Prepared by Bank)

BENEFICIARIES NAMED IN WILL, JOINT TENANTS, AND CLOSEST DESCENDANTS, OR NEXT OF KIN IF NO DESCENDANTS

| <u>Name</u> | <u>DOB</u> | <u>Relationship</u> | <u>Address</u> | <u>Social Security #</u> |
|-------------|------------|---------------------|----------------|--------------------------|
| _____       | _____      | _____               | _____          | _____                    |
| _____       | _____      | _____               | _____          | _____                    |
| _____       | _____      | _____               | _____          | _____                    |
| _____       | _____      | _____               | _____          | _____                    |
| _____       | _____      | _____               | _____          | _____                    |
| _____       | _____      | _____               | _____          | _____                    |



**PEARSON BOLLMAN LAW**

**MOTOR VEHICLES, TRAILER, OR RECREATIONAL VEHICLES:**

| <u>Held in the names of</u> | <u>Description</u> | <u>Year</u> | <u>VIN #</u> | <u>Value</u> |
|-----------------------------|--------------------|-------------|--------------|--------------|
| _____                       | _____              | _____       | _____        | _____        |
| _____                       | _____              | _____       | _____        | _____        |

**LIFE INSURANCE:**

| <u>Company</u> | <u>Policy #</u> | <u>Beneficiary</u> | <u>Face Value</u> | <u>Death Benefit</u> |
|----------------|-----------------|--------------------|-------------------|----------------------|
| _____          | _____           | _____              | _____             | _____                |
| _____          | _____           | _____              | _____             | _____                |
| _____          | _____           | _____              | _____             | _____                |
| _____          | _____           | _____              | _____             | _____                |

Obtain from Life Insurance Agent – Federal Tax Form 712 for each policy

**CASH HELD ON DATE OF DECEDENT’S DEATH:**

Currency \$ \_\_\_\_\_ Soc. Sec. Checks not cashed but received prior to death \$ \_\_\_\_\_  
 Other Checks including Pension and Travelers Checks received but not cashed prior to Death \$ \_\_\_\_\_

**CERTIFICATES OF DEPOSIT:**

| <u>Held in the names of</u> | <u>CD #</u> | <u>Location</u> | <u>Value on date of death</u> |
|-----------------------------|-------------|-----------------|-------------------------------|
| _____                       | _____       | _____           | _____                         |
| _____                       | _____       | _____           | _____                         |
| _____                       | _____       | _____           | _____                         |
| _____                       | _____       | _____           | _____                         |
| _____                       | _____       | _____           | _____                         |

**BANK** (Provide statements for month of death and allow for withdrawals and checks not charged to account by date of death)

| <u>Held in the names of</u> | <u>Savings or Checking Account #</u> | <u>Location</u> | <u>Balance on date of death</u> |
|-----------------------------|--------------------------------------|-----------------|---------------------------------|
| _____                       | _____                                | _____           | _____                           |
| _____                       | _____                                | _____           | _____                           |
| _____                       | _____                                | _____           | _____                           |



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INDIVIDUAL RETIREMENT ACCOUNT(S):

| <u>Held in the names of</u> | <u>Nature of Account</u> | <u>Account #</u> | <u>Location</u> | <u>Balance on date of death</u> |
|-----------------------------|--------------------------|------------------|-----------------|---------------------------------|
| _____                       | _____                    | _____            | _____           | _____                           |
| _____                       | _____                    | _____            | _____           | _____                           |
| _____                       | _____                    | _____            | _____           | _____                           |

STOCKS, MUTUAL FUNDS OR TREASURY BILLS:

(Provide copies of Stock Certificates or Account Statements)

| <u>Held in the names of</u> | <u>Company</u> | <u>Shares</u> | <u>Certificate #</u> | <u>Value on date of death</u> |
|-----------------------------|----------------|---------------|----------------------|-------------------------------|
| _____                       | _____          | _____         | _____                | _____                         |
| _____                       | _____          | _____         | _____                | _____                         |
| _____                       | _____          | _____         | _____                | _____                         |
| _____                       | _____          | _____         | _____                | _____                         |
| _____                       | _____          | _____         | _____                | _____                         |

U.S. SAVINGS BONDS: Attach separate list showing the names on bond, bond serial number, denomination, and date of purchase.

REAL ESTATE:

| <u>Address</u> | <u>Indebtedness</u> | <u>Tax Valuation</u> | <u>Market Value</u> | <u>How Owned (Deed, Contract Buyer, Contract Seller)</u> |
|----------------|---------------------|----------------------|---------------------|--|
| _____          | _____               | _____                | _____               | _____  |
| _____          | _____               | _____                | _____               | _____  |
| _____          | _____               | _____                | _____               | _____  |
| _____          | _____               | _____                | _____               | _____  |

Out of State Real Estate: \_\_\_\_\_

HOUSEHOLD GOOD AND FURNISHINGS: Current Market Value \$ \_\_\_\_\_



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UNIQUE PERSONAL PROPERTY: (Such as coin collections, stamp collections, heirlooms, jewelry, antiques, etc.)

| <u>Description of Property</u> | <u>Location</u> | <u>Market Value</u> |
|--------------------------------|-----------------|---------------------|
| _____                          | _____           | _____               |
| _____                          | _____           | _____               |
| _____                          | _____           | _____               |

RETIREMENT BENEFITS (Annuities, Supplementary Income Contracts, Pension Funds)

Was decedent receiving a monthly Pension or Annuity? \_\_\_\_\_.

If yes, did all benefits terminate on date of death? \_\_\_\_\_.

If benefits continued to a named beneficiary or if there is a lump sum death benefit, please describe. (List company, description of pension, or annuity beneficiaries, and amount received.)

\_\_\_\_\_

GIFTS:

Did decedent make any gifts within the last 3 years? \_\_\_\_\_. If yes, list below.

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

TAX RETURNS:

Year last Federal Income Tax return was filed by decedent: \_\_\_\_\_

Year last Iowa Income Tax return was filed by decedent: \_\_\_\_\_

DEBTS:

Real Estate Taxes \$ \_\_\_\_\_ Funeral Expenses \$ \_\_\_\_\_

\*\*\*\*INCLUDE COPY OF FUNERAL BILL\*\*\*\*

OTHER DEBTS:

| <u>Creditor</u> | <u>Balance Due on the Date of Death</u> | <u>Nature of or Reason for Debt</u> |
|-----------------|---|-------------------------------------|
| _____           | _____                                   | _____                               |
| _____           | _____                                   | _____                               |
| _____           | _____                                   | _____                               |
| _____           | _____                                   | _____                               |