

DECEDENT'S ESTATE ORGANIZER

SWENDSON/MENTING LAW LTD.
175 East Wisconsin Avenue
Oconomowoc, WI 53066
262-567-8454

The information in this organizer is critical for the settling the decedent's estate in accordance with decedent's wishes and applicable law. All information you give us will be held in strict confidence. If possible, please bring to our office for your appointment:

This Organizer Is to Be Completed By You. Please gather the following:

- Any Bank or Other Account Statements
- Lists of Stocks, Bonds
- Location of Safe Deposit Box
- Last Tax Return
- Certified Death Certificates If Issued
- Last Will and Testament
- Any Trust or other Agreements
- Copies of Insurance Policies, Annuities, Retirement Plans
- Copies of Real Estate Documents including Deeds & Title Policies
- Copies of Divorce Decrees

DECEDENT'S INFORMATION

Decedent's Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____
(Other names used to title property and accounts)

Birth Date _____ SS# _____

Date of Death: _____ Place of Death _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

Employer _____ Position _____

Business Address _____ Business Telephone _____

Citizen of USA Other: _____

Do Any of the Following Apply to the Decedent?:

Was the Decedent a patient or inmate of any state or county hospital or institution? _____

Was the Decedent responsible for any obligation owing to the state or county for services? _____

Did the Decedent receive medical assistance benefits? _____

Did the Decedent receive family care benefits through a Care Management Organization (CMO)? _____

Did the Decedent receive benefits from the Community Options Program (COP)? _____

Did the Decedent receive benefits from the Wisconsin Chronic Disease Program? _____

Was the Decedent Married?

Date of Marriage _____

Spouse's Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____
(Other names used to title property and accounts)

Birth Date _____ SS# _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

Employer _____ Position _____

Business Address _____ Business Telephone _____

E-mail Address _____ It is okay to communicate with me via E-mail

Citizen of USA Other: _____

Was the Decedent Previously: Divorced Widowed Never Married

Date of Divorce: _____ County and State of Divorce Judgment: _____

Name of Ex-Spouse: _____

Date of Death of Deceased Spouse: _____ Name of Deceased Spouse: _____

Did the Decedent's spouse or former spouse received benefits from the Community Options Program (COP)? _____

Did the Decedent's spouse receive benefits from the Wisconsin Chronic Disease Program? _____

Have you located a Last Will and Testament? Yes [] No [] Date of Will _____

Location of the Original Will _____

Have you located a Trust? Yes [] No [] Date of Trust: _____

Location of the Original Trust _____

DECEDENT'S CHILDREN AND/OR BENEFICIARIES

Use full legal name. In last column, use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent.

1. Name _____ **Birth Date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____

Married: _____ **Number of Children:** _____

2. Name _____ **Birth Date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____

Married: _____ **Number of Children:** _____

3. Name _____ **Birth Date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____

Married: _____ **Number of Children:** _____

4. Name _____ **Birth Date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____

Married: _____ **Number of Children:** _____

5. Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____
Married: _____ **Number of Children:** _____

6. Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____
Married: _____ **Number of Children:** _____

7. Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____
Married: _____ **Number of Children:** _____

8. Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____
Married: _____ **Number of Children:** _____

9. Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____
Married: _____ **Number of Children:** _____

DECEDENT'S ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

PERSONAL REPRESENTATIVE NOMINATED BY DECEDENT

Decedent's Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____
(Other names used to title property and accounts)

Birth Date _____ SS# _____

Home Address _____ City _____ State _____ Zip _____

What is the nominated Personal Representative's relationship to the Decedent? _____

Is the Personal Representative a beneficiary of the Decedent's probate? _____

IMPORTANT QUESTIONS

(Please check "Yes" "No" or "Uncertain" for your answer)	Yes	No	?
Was decedent (or spouse) receiving social security, disability, or other governmental benefits? <i>Describe</i> _____			
Was decedent (or spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>			
If decedent was married did the decedent and spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>			
Has decedent been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>			
Did decedent ever file federal or state gift tax returns? <i>Please furnish copies of these returns</i>			
Did decedent complete trust, or estate planning? <i>Please furnish copies of these documents</i>			
If married, did decedent ever live in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>			

INSTRUCTIONS TO COMPLETING THE *DECEDENT’S PROPERTY INFORMATION CHECKLIST*

General Headings

This *Property Information* checklist is designed to help you list all the property decedent owned and what it is worth. If decedent did not own property under a particular heading, just leave that section blank. Under certain headings decedent may have owned more property than can be listed on this checklist. If so, use **extra sheets** of paper to list decedent’s additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

“Owner” of Property

How decedent owned this property is **extremely important** for purposes of properly settling the decedent’s estate. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Abbreviation
If in Decedent’s name alone, with no other person	D
If in Spouse’s Wife’s name alone, with no other person	S
Joint with spouse	JS
Joint with someone other than spouse	JO
Decedent’s Trust	TR
If you are not sure how the property is owned	?

DECEDENT'S REAL PROPERTY

TYPE: Any interest in real estate including decedent's family residence, vacation home, time-share, vacant land, etc.

General Description and/or Address (Including State)	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>		_____	_____

FURNITURE AND PERSONAL EFFECTS

TYPE: Are you aware that the decedent owned any unique or valuable collections? List separately only **major** personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

AUTOMOBILES, BOATS AND RVS

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account “CA”, Savings Account “SA”, Certificates of Deposit “CD”, Money Market “MM” (*indicate type below*).
Do not include IRAs or 401(k) s here

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total _____

Note: If Account is in decedent’s name (or decedent’s spouse’s name) for the benefit of another, please specify and give other’s name.

DECEDENT’S STOCKS & BONDS

TYPE: List any and all stocks and bonds decedent’s own. If held in a brokerage account, lump them together under each account.
(Indicate type below)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total _____

DECEDENT’S LIFE INSURANCE POLICIES & ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Total _____

DECEDENT’S RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Total _____

DECEDENT’S BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, decedent’s ownership in the interests, and the estimated value of the interests.

Total _____

MONEY OWED TO DECEDENT

TYPE: Mortgages or promissory notes payable to decedent, or other moneys owed to decedent.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

DECEDENT'S ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that decedent expected to receive at some time in the future; or moneys that decedent was anticipated receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

DECEDENT'S OTHER ASSETS

TYPE: Other property is any property that decedent had that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

SUMMARY OF VALUES

**For jointly owned property, enter 1/2 in DECEDENT'S column and 1/2 in SPOUSE'S column, unless actual ownership is otherwise.*

ASSET	Amount		Total Value
	DECEDENTS	SPOUSE	
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Automobiles, Boats and RV's	_____	_____	_____
Bank and Savings Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____
Retirement Plans	_____	_____	_____
Business Interests	_____	_____	_____
Money owed to decedent	_____	_____	_____
Anticipated Inheritance, Etc.	_____	_____	_____
Other Assets	_____	_____	_____
Total Assets:	_____	_____	_____

DECEDENT'S FIDUCIARY INFORMATION

Fiduciaries are individuals or institutions who act on the decedent's behalf or on behalf of decedent's loved ones.

GUARDIAN FOR MINOR CHILDREN: If decedent has any children under the age of 18 or disabled, determine who is named as guardian of the person and conservator of the property of each minor child.

Name and Address	Relationship	Telephone No.

PERSONAL REPRESENTATIVE:

Name and Address	Relationship	Telephone No.

SUCCESSOR TRUSTEES:

Name and Address	Relationship	Telephone No.

DECEDENT'S WISHES AT DEATH: Are you aware of any specific wishes the decedent would like to make known concerning organ donation, disposition of decedent's remains, or any other matters? _____
If so, what are those wishes?

DECEDENT'S PERSONAL INSTRUCTIONS: Are you aware of any other personal instructions the decedent made? If so, what are those instructions?
