

PERSONAL ESTATE RECORD



O'Donnell, Weiss & Mattei, P.C.

FAMILY DATA:

Full Name	Residence	Birth Date	Birth Place	Date of Death	S.S. No.	Marital Status
Husband						
Wife						
Children						
Grandchildren						

PREVIOUS MARRIAGE(S):

Maiden Name Of Spouse	Date of Marriage	Date of Death or Divorce	Marriage Settlement Agreement (Y/N)?
_____	_____	_____	_____
_____	_____	_____	_____

SOCIAL SECURITY BENEFITS YOU ARE PRESENTLY RECEIVING:

Self: _____
Spouse: _____

MILITARY SERVICE:

	Husband	Wife
Service Number:	_____	_____
VA Claim Number:	_____	_____
Location of discharge papers:	_____	_____

RELIGIOUS AFFILIATION AND MEMBERSHIPS:

MAJOR SCHOOLS ATTENDED:

UNION, PROFESSIONAL OR SOCIAL MEMBERSHIPS:

Name and address: _____

I. D. Number: _____

Death Benefits: _____

TAX RECORDS: (It is advisable to save such records for at least six years)

Location of Returns: _____

Name and address of accountant(s): _____

WILL DATA:

Date of last Will: _____

Name of Executor(s): _____

Location of Will: _____

Name and Address of Attorney who prepared Will: _____

BURIAL AND ADMINISTRATION DIRECTIONS:

Location of cemetery or moratorium: _____

Right to or title in burial lot: _____

Name and Address of Funeral Director preferred: _____

Special funeral arrangements requested: _____

Burial Account: _____

Name and Address of Attorney preferred: _____

Name and Address of Real Estate Agent preferred: _____

Name and Address of Auctioneer preferred: _____

POWER OF ATTORNEY:

Name and Address of person appointed: _____

LIVING TRUSTS:

When established: _____

Beneficiary: _____

Trustee: _____

Location of trust document: _____

Attorney who prepared trust: _____

PERSONAL INVESTMENTS

Name and Address of Investment Counselor: _____

MARKETABLE SECURITIES: (stocks, bonds, and mutual funds)

Name	Certificate Number	No. of shares or face value	When Acquired	Cost at Purchase	In Whose Name

U.S. BONDS:

Series	Face Value	Date of Purchase	Date of Maturity	In Whose Name

CHECKING ACCOUNTS:

Name of Institution	Branch	Account No.	When Opened	Name on Account

SAVINGS ACCOUNTS: (CD's, Money Market, Etc.)

Name of Institution	Branch	Account No.	When Opened	Name on Account

RETIREMENT ACCOUNTS: (Pension, Profit Sharing, IRA, 401(k), etc.)

Name on Account	Account No.	Year of Inception	Year of 100% Investing	Name & Address of Plan Administrator

SAFETY DEPOSIT BOXES AND SAFES:

Location	Box No.	Location of Key or Person w/Combination	Box is held jointly with

LIMITED PARTNERSHIPS:

Name and Address: _____

Investment Interest: _____

OTHER PERSONAL PROPERTY:

Automobiles:	1	2	3
Make:	_____		
Model:	_____		
Year:	_____		
Title Owner:	_____		

MAJOR HOUSEHOLD GOODS AND ANTIQUES: _____

JEWELRY: _____

FURS: _____

SPECIAL COLLECTIONS: _____

MISCELLANEOUS: (Mortgages held, Powers of Appointment or other property not otherwise specifically mentioned):

REAL ESTATE: (if more than one, use separate sheet for each with same information):

Location: _____

Deed Book volume and page: _____ How acquired (gift, purchase): _____

When acquired: _____ Cost at time of purchase: _____

Names on deed: _____

Present estimated value (if appraised, by whom, when and in what amount): _____

Deed restrictions of other agreements related to real estate: _____

Improvements: (not usually necessary for estate purposes, but essential for your records in case of a lifetime sale):

Insurance coverage, including name of agent: _____

Mortgage (name, address and account number): _____

LIFE INSURANCE AND ANNUITIES:

	Policy 1	Policy 2	Policy 3	Policy 4
Name of issuing company and address:	_____			
Policy Number:	_____			
Date Issued:	_____			
Type of policy (whole life v. term):	_____			
Face Value:	_____			
Policy loan?	_____			
When/Amount:	_____			
Primary Beneficiary:	_____			
Secondary or Contingent Beneficiary:	_____			
Owner of Policy:	_____			
Insurance Agent's Name and Address:	_____			

BUSINESS INTERESTS:

Name of Business: _____

Address: _____

Nature of Interests: _____

Fiscal Year: _____ Buy-Sell/Stock Purchase Agreement (Y/N): _____ Retirement Agreement (Y/N): _____

Are Agreements Funded (Y/N): _____ How? _____

Employment Contract (Y/N): _____ Deferred Compensation (Y/N): _____

Life Insurance related to business interest:

<u>Insured</u>	<u>Face Amount</u>	<u>Purpose</u>	<u>Cash Value</u>	<u>Location-Policy</u>

DEBTS

Include all debts including commercial loans, personal loans, credit cards, and any other indebtedness that may be other than day-to-day living expenses.

Name and Address of Creditor	Account Number	Names on Account

PAST GIFTS

List all gifts valued in excess of \$3,000 that you have given within the last year. Do not include gifts to your Spouse. Update on a regular basis.

Date of Gift	Description of Value of Gift	Name of Recipient

Have you used or claimed any portion of your:

- a. Federal Unified Credit for Estate and Gift: Yes _____ No _____
- b. Federal Generation Skipping Tax Exclusion: Yes _____ No _____

If you answer yes to either a or b, provide dates, amounts, nature of transfer, and location of relevant documents.

FUTURE GIFTS

Many people wish specific items to go to friends and relatives named in their Will, but do not specifically list the gifts in the Will. Any such items which you wish to request that your executor distribute to specific individuals should be listed below with the understanding that this listing is only advisory and is not binding upon the executor. Should you list an item and later make the gift prior to your death, please strike the gift from the list and note that it was already given or that it was otherwise stricken.

Description of Gift	Name of Recipient

Additional comments: _____
