

**WHEN COMPLETE RETURN TO:**

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DATE: \_\_\_\_\_

**ESTATE ADMINISTRATION DATA SHEET**

In order to facilitate the Estate, it would be most helpful if you could complete this questionnaire to the best of your ability and return it with any related documents prior to the time of our initial conference. Various categories may not apply to your particular situation. **Please do not spend an inordinate amount of time on this data sheet. If there are some areas that you leave blank, I will follow up on those areas with you at a later meeting.**

**1. DECEDENT INFORMATION:**

Full Name \_\_\_\_\_ SS # \_\_\_\_\_  
First Name/Middle Initial/Last Name

Also known as \_\_\_\_\_ Date of Birth \_\_\_\_\_

City & State of Decedent's Birth \_\_\_\_\_

Date of Decedent's Death \_\_\_\_\_ Age at date of Death \_\_\_\_\_

Decedent's domicile at time of death (City, County, State) \_\_\_\_\_

Date domicile established \_\_\_\_\_

Place of Decedent's death (e.g., name of hospital) \_\_\_\_\_

Marital Status: Married  Single  Divorced  Widowed  Legally Separated

**2. DECEDENT'S SPOUSE INFORMATION:**

Spouse's Full Name \_\_\_\_\_ SS # \_\_\_\_\_  
First Name/Middle Initial/Last Name

Surviving Spouse's Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Spouse's Birth Date \_\_\_\_\_ Spouse's Age At Date of Death \_\_\_\_\_

Domicile at time of Marriage \_\_\_\_\_ Date of Marriage \_\_\_\_\_

If legally separated, name of legally separated Spouse \_\_\_\_\_

If divorced, date divorce decree became final \_\_\_\_\_

Name of Decedent's deceased Spouse \_\_\_\_\_

Date of Spouse's Death \_\_\_\_\_

**3. CHILDREN OF THE DECEDENT:**

Is surviving Spouse the parent of Decedent's Children? Yes  No

All children  Less than all children

**3.1.** Full Name \_\_\_\_\_ SS # \_\_\_\_\_  
First Name/Middle Initial/Last Name

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_

County of Residence \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status: Married  Single  Divorced  Widowed

**3.2.** Full Name \_\_\_\_\_ SS # \_\_\_\_\_  
First Name/Middle Initial/Last Name

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_

County of Residence \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status: Married  Single  Divorced  Widowed

**3.3.** Full Name \_\_\_\_\_ SS # \_\_\_\_\_  
First Name/Middle Initial/Last Name

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_

County of Residence \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status: Married  Single  Divorced  Widowed

3.4. Full Name \_\_\_\_\_ SS # \_\_\_\_\_  
First Name/Middle Initial/Last Name  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 \_\_\_\_\_  
 County of Residence \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Marital Status: Married  Single  Divorced  Widowed

**4. DECEASED CHILDREN:**

4.1. Full Name \_\_\_\_\_ D.O.D. \_\_\_\_\_  
First Name/Middle Initial/Last Name  
 4.2. Full Name \_\_\_\_\_ D.O.D. \_\_\_\_\_  
First Name/Middle Initial/Last Name  
 4.3. Full Name \_\_\_\_\_ D.O.D. \_\_\_\_\_  
First Name/Middle Initial/Last Name  
 4.4. Full Name \_\_\_\_\_ D.O.D. \_\_\_\_\_  
First Name/Middle Initial/Last Name

**5. CHILDREN OF DECEASED CHILDREN:**

	<u>PARENT'S NAME</u>	<u>CHILD'S FULL NAME</u>	<u>D.O.B.</u>
5.1	_____	_____	_____
		<small>First Name/Middle Initial/Last Name</small>	
5.2	_____	_____	_____
		<small>First Name/Middle Initial/Last Name</small>	
5.3	_____	_____	_____
		<small>First Name/Middle Initial/Last Name</small>	

6. Are there prior marriages of the Decedent? (Please show on separate sheet.)  
 7. Are there children of any prior marriages? (Please show on separate sheet.)  
 Yes  No   
 8. Are there any marriage agreements settling property rights?  
 Yes  No  If yes, please provide copies of these documents.

**9. LIVING PARENTS OF DECEDENT:**

Mother

Father

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

**10. THE WILL:**

Did Decedent leave a Will? Yes  No  Date of Execution \_\_\_\_\_

Location of Will and any Codicils \_\_\_\_\_

Personal Representative named in the Will \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_

Codicils to the Will? Yes  No

First Codicil Date of Execution \_\_\_\_\_

Second Codicil? Yes  No  Date of Execution \_\_\_\_\_

If Will has been previously probated, address of Court \_\_\_\_\_

**11. THE DECEDENT'S BENEFICIARIES**

**HEIRS AT LAW:**

**11.1** Full Name \_\_\_\_\_ SS # \_\_\_\_\_  
First Name/Middle Initial/Last Name

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_

County of Residence \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

**11.2** Full Name \_\_\_\_\_ SS # \_\_\_\_\_  
First Name/Middle Initial/Last Name

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_

County of Residence \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

**11.3** Full Name \_\_\_\_\_ SS # \_\_\_\_\_  
First Name/Middle Initial/Last Name

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_

County of Residence \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

**DEVISEES:**

**11.4** Full Name \_\_\_\_\_ SS # \_\_\_\_\_  
First Name/Middle Initial/Last Name

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_

County of Residence \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

**11.5** Full Name \_\_\_\_\_ SS # \_\_\_\_\_  
First Name/Middle Initial/Last Name

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_

County of Residence \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

**OTHER INTERESTED PARTIES:**

**11.6** Full Name \_\_\_\_\_ SS # \_\_\_\_\_  
First Name/Middle Initial/Last Name

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_

County of Residence \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_



Date of Birth \_\_\_\_\_ Priority \_\_\_\_\_

**12.4** Full Name \_\_\_\_\_ SS # \_\_\_\_\_  
First Name/Middle Initial/Last Name

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Bus. Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Priority \_\_\_\_\_

**12.5** Full Name \_\_\_\_\_ SS # \_\_\_\_\_  
First Name/Middle Initial/Last Name

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Bus. Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Priority \_\_\_\_\_

**12.6** Personal Representative previously appointed, appointment not terminated: \_\_\_\_\_

**13. PROFESSIONAL ADVISORS:**

Accountant: \_\_\_\_\_

\_\_\_\_\_

Attorney: \_\_\_\_\_

\_\_\_\_\_

Trust Officer: \_\_\_\_\_

\_\_\_\_\_

Commercial Bank: \_\_\_\_\_

\_\_\_\_\_

Financial Advisor: \_\_\_\_\_

\_\_\_\_\_

Stock Broker: \_\_\_\_\_

\_\_\_\_\_

Life Insurance Agent: \_\_\_\_\_

\_\_\_\_\_

Clergyman: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

**14. ESTATE VALUATION DATA FOR BOND:**

**14.1** Estimated Real Property Value: \$ \_\_\_\_\_

**14.2** Estimated Personal Property Value: \$ \_\_\_\_\_

**14.3** Estimated Income for the next twelve (12) months: \$ \_\_\_\_\_

**14.4** Total Value of Personal Property & twelve month income: \$ \_\_\_\_\_

**15. ANCILLARY PROCEEDINGS:**

Did Decedent at the time of death own property in any state or country other than that of Decedent's last domicile? Yes  No

Place of Ancillary Probate: \_\_\_\_\_

**16. SAFETY DEPOSIT BOX:**

Name of Bank \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ Signator \_\_\_\_\_

\_\_\_\_\_ Inventory Taken? Yes  No

**17. LIFE INSURANCE ANALYSIS FORM (obtain policies and attach list of):**

Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

Type: \_\_\_\_\_

Face Value: \_\_\_\_\_

Cash Value: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

Type: \_\_\_\_\_

Face Value: \_\_\_\_\_

Cash Value: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Other Insurance (accident, health)

Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

Type: \_\_\_\_\_

Face Value: \_\_\_\_\_

Cash Value: \_\_\_\_\_

Issue Date: \_\_\_\_\_

**18. TRANSFERS BEFORE DEATH:**

Did Decedent within three (3) years before death make any gifts of property? Yes  No

Did Decedent make any gifts of property after January 1, 1977, and before January 1, 1982, of a value in excess of \$3,000 per donee per year? Yes  No

Did Decedent make any gifts of property after January 1, 1982, of value in excess of \$10,000 per year, other than to Decedent's spouse? Yes  No

Did Decedent during Decedent's life transfer or convey any property reserving any interest therein or income therefrom (as a life estate), or power to alter, amend, or revoke said transfer? Yes  No

Did Decedent during Decedent's lifetime create any trusts? Yes  No

Did Decedent file Federal Gift Tax Returns, IRS Form 709? Yes  No

If the answer to any of the above questions is Yes, give full details as to the item gifted, basis, date of gift, value at date of death if given within three (3) years of date of gift, date of Federal Gift Tax Returns, Form 709, and location of return or name of preparer (if possible, submit copies of the gift tax returns, Form 709) on a separate paper to be included with this sheet.

**19. FUNERAL EXPENSES:**

Name of Mortuary \_\_\_\_\_ Amount \$ \_\_\_\_\_

Monument: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Grave: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Other: \_\_\_\_\_ Amount \$ \_\_\_\_\_

**TOTAL AMOUNT: \$ \_\_\_\_\_**

Social Security Death Benefit paid to: \_\_\_\_\_

In the amount of \$ \_\_\_\_\_.

**20. TAXES:**

Submit copies of the last two (2) years Federal and State income tax returns and personal tax schedules.

**EXPENSES OF LAST ILLNESS** (list on additional paper, if necessary)

	<b>Expenses incurred 6 months prior to death</b>	<b>Total Bill</b>
Doctor Bills:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Hospital Bills:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Medication:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Less: Insurance (Medicare and private reimbursement: \$ _____		
<b>TOTAL</b>	\$ _____	\$ _____

**22. DEBTS:**

Name of Creditor \_\_\_\_\_

Address \_\_\_\_\_

Type of Debt: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name of Creditor \_\_\_\_\_

Address \_\_\_\_\_

Type of Debt: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name of Creditor \_\_\_\_\_

Address \_\_\_\_\_

Type of Debt: \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Total Debts: \$ \_\_\_\_\_**

**23. CHARITABLE DEVISE OR PLEDGE:**

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

Amount \$ \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

Amount \$ \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

Amount \$ \_\_\_\_\_

**TOTAL VALUE: \$** \_\_\_\_\_

**24. PROPERTY RECEIVED BY DECEDENT WITHIN 10 YEARS OF DEATH:**

Did Decedent receive any property by Gift, Conveyance or Bequest within 10 Years of Death?

Yes  No

If Yes, give full details

Item	Source	Value when received	Value Date of Death	Was Inheritance Tax Paid?		Was Federal Estate Tax Paid?	
		\$	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		\$	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		\$	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**25. ASSETS:**

Real Estate:

Location of Home \_\_\_\_\_

Market Value \_\_\_\_\_ Net Value of Home \_\_\_\_\_ Mortgage \_\_\_\_\_

If in Joint Tenancy, Identify Survivor(s) \_\_\_\_\_

**OTHER RESIDENCE**

Location \_\_\_\_\_

Market Value \_\_\_\_\_ Net Value of Home \_\_\_\_\_ Mortgage \_\_\_\_\_

If in Joint Tenancy, Identify Survivor(s) \_\_\_\_\_

**RENTAL PROPERTY**

Location \_\_\_\_\_

Market Value \_\_\_\_\_ Net Value of Home \_\_\_\_\_ Mortgage \_\_\_\_\_

If in Joint Tenancy, Identify Survivor(s) \_\_\_\_\_

**FARM PROPERTY**

Location \_\_\_\_\_

Market Value \_\_\_\_\_ Net Value of Home \_\_\_\_\_ Mortgage \_\_\_\_\_

If in Joint Tenancy, Identify Survivor(s) \_\_\_\_\_

**OTHER**

Location \_\_\_\_\_

Market Value \_\_\_\_\_ Net Value of Home \_\_\_\_\_ Mortgage \_\_\_\_\_

If in Joint Tenancy, Identify Survivor(s) \_\_\_\_\_

**PERSONAL PROPERTY** (attach lists, if necessary):

**Bank Accounts** (CDs, P.O.D., Trusts, Checking, Savings):

Location \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_

Location \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_

Location \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_

**Securities:**

Location \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_

Location \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_

Location \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_

**Bonds** (attach separate sheet, if necessary):

Bond Number \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_

Bond Number \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_

Bond Number \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_

Bond Number \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_  
Bond Number \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_  
Bond Number \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_  
Bond Number \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_

**Notes:**

Location \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_  
Location \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_

**Automobiles:**

Location \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_  
Location \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_  
Location \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_

**Furniture and furnishing:**

Location \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_  
Location \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_  
Location \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_  
Location \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_

**Patents, copyrights, and contract rights:**

Location \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_  
Location \_\_\_\_\_ Value as of Date of Death \$ \_\_\_\_\_

Interest in pension, profit sharing, stock bonus or retirement plan (State, name, address, and nature of plan, whether or contributory, and present beneficiary). \$ \_\_\_\_\_

Interest in non-qualified plan, employment contract, deferred compensation plan: \$ \_\_\_\_\_

Interests in trusts (attached a copy of instruments and last principal and income statements, if available):  
\$ \_\_\_\_\_

Powers of appointments (attach copies of instruments): \$ \_\_\_\_\_

Business interests – net worth of interest (state name, address and nature of business, percentage of ownership and attach copy of any “buy-sell” agreement): \$ \_\_\_\_\_

Other assets, if any (describe): \$ \_\_\_\_\_

**PLEASE FORWARD THE FOLLOWING DOCUMENTS FOR INSPECTION**

**THE ORIGINALS WILL BE COPIED AND RETURNED TO YOU**

1. Original Will, Codicils, and Trusts of Decedent.
2. Death Certificate of Decedent.
3. Prior Federal and Nebraska Income Tax Returns.
4. All gift tax returns.
5. All Business Relations Agreements; i.e., Powers of Attorney, Promissory Notes, Partnership Agreements or Buy/Sell or Stock Transfer Restriction Agreements.
6. All Family Relations Agreements (Separation or Property Settlement, Divorce Decrees, Prenuptial or Postnuptial Agreements, and Private Annuities).
7. Life insurance policies owned by Decedent.
8. Real Estate Deeds and land contracts owned by Decedent.
9. Copies of all documents relating to pension, profit sharing, deferred compensation, and other employee benefit plans owned by Decedent.
10. Current financial statement or balance sheet of self or business.
11. Brokerage accounting statements.
12. Notes and mortgages.
13. Lock box inventory.
14. Copies of all doctor, hospital, and medicine receipts/bills.
14. Any other documents you believe are relevant to the Decedent's estate.

**OTHER COMMENTS:**

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