



THE LAW OFFICE OF
CHARLES H. McCLENAGHAN

ATTORNEYS AND COUNSELORS AT LAW

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Client Information to Open Estate

I. Information Concerning the Decedent:

Name: _____

AKA: _____

Address: _____

City _____ County _____ State _____

Date of Death: _____

** Please provide several **certified** copies of the death certificate **

Cause of Death (from death certificate): _____

Place of Death (County): _____

Date of Birth: _____

Social Security No.: _____

Did Decedent have a Will? _____ Yes _____ No Trust? _____ Yes _____ No

Year domicile established: _____

Citizenship: _____

Marital status at time of death: _____

Spouse's date of birth: _____

If widower, information about deceased spouse:

Name _____

Date of Death: _____ Social Security No. _____

County Where Estate Administered: _____

Case No. _____

If divorced, date divorce Decree became final: _____

Employer: _____

Employer's Address: _____

Retired: _____ Yes _____ No Occupation: _____

** Please supply a copy of decedent's most recent federal income tax return **

Accountant: _____

Address: _____

Telephone Number: (_____) _____ Fax (_____) _____

E-mail address: _____

II. Information Concerning the Executor/Administrator:

Is the fiduciary the surviving spouse? _____ Yes _____ No

Need copy of marriage certificate? _____ Yes _____ No

Date of Marriage: _____

Name: _____

Residence Address: _____

Preferred Mailing Address: _____ Residence OR _____ Business

Telephone Number: Home: (_____) _____

Work: (_____) _____ Cellular: (_____) _____

E-mail address: _____

Social Security No.: _____

Date of Birth: _____

Are there co-fiduciaries? _____ Yes _____ No

** Upon appointment of Executor, we will apply to IRS for a new federal taxpayer identification number (www.irs.gov) ***

Is a fiduciary's bond required? _____ Yes _____ No

** Please notify the Post Office to forward decedent's mail to Fiduciary's address (www.usos.com). We will immediately contact credit card companies to freeze accounts and request date of death balances if you have not already done so **

III. Information Concerning Next of Kin and/or Beneficiaries under the Will:

Did any of the decedent's next of kin predecease him/her? _____

If yes, describe: _____

IV. Surviving Next of Kin/Beneficiaries under the Will:

Name: _____

Address: _____

Telephone Number: Home: (_____) _____

Work: (_____) _____ Cellular: (_____) _____

E-mail address: _____

Social Security No.: _____

Relation: _____

Date of Birth/Age (if a minor): _____

Name: _____

Address: _____

Telephone Number: Home: (_____) _____

Work: (____) _____ Cellular: (____) _____

E-mail address: _____

Social Security No.: _____

Relation: _____

Date of Birth/Age (if a minor): _____

Name: _____

Address: _____

Telephone Number: Home: (____) _____

Work: (____) _____ Cellular: (____) _____

E-mail address: _____

Social Security No.: _____

Relation: _____

Date of Birth/Age (if a minor): _____

Name: _____

Address: _____

Telephone Number: Home: (____) _____

Work: (____) _____ Cellular: (____) _____

E-mail address: _____

Social Security No.: _____

Relation: _____

Date of Birth/Age (if a minor): _____

V. Decedent's Assets:

Safety Deposit Box ? _____ Yes _____ No Box No _____

Is a safety deposit box key readily available? _____ Yes _____ No

Name of Bank: _____

Branch: _____ In the name of: _____

VI. Real Property:

Name of: _____

Address: _____

Tax Mailing Address: _____

Prior Instrument Reference: _____

Auditor's Parcel No.: _____

Is property held joint with right of survivorship? _____ Yes _____ No

**** Please provide a copy of Deed. ****

Homestead exemption elected? _____ Yes _____ No

Auditor's Market Value: Land: \$ _____ ; Building: \$ _____ ; Total: \$ _____

Mortgage Holder: _____

Estimated balance due on mortgage: \$ _____

VII. Stocks and Bonds:

Description of Security	Certificate #	# of Shares/Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Brokerage Account(s): _____ Yes _____ No

Name of brokerage firm: _____

Contact person: _____

Address: _____

Telephone: (_____) _____ Fax: (_____) _____

E-mail: _____

Account No(s). _____

Name of brokerage firm: _____

Contact person: _____

Address: _____

Telephone: (_____) _____ Fax: (_____) _____

E-mail: _____

Account No(s). _____

** Please provide copies of brokerage statements issued during the month of death including CUSIP numbers **

VIII. Bank Accounts:

Name of Bank: _____

Account No. _____

Approximate balance on date of death; \$ _____

Name of Bank: _____

Account No. _____

Approximate balance on date of death; \$ _____

Name of Bank: _____

Account No. _____

Approximate balance on date of death; \$ _____

** Please provide copies of bank statements issued during the month of death **

IX. Life Insurance:

NOTE: If it is believed the decedent had life insurance but no records can be located, send a letter to: Policy Search Division, American Council of Life Insurance, 1001 Pennsylvania Avenue N.W., Washington D.C. 20004. Enclose a self-addressed, stamped envelope and you will be sent a form to complete at no cost. For additional information call: 1-800-942-4242. The search may take 3 to 6 months to complete.

Life insurance owned by the decedent? _____ Yes _____ No

Life insurance on the decedent owned by others? _____ Yes _____ No

Name of Life Insurance Company:

Policy No(s)

Face Value: \$ _____ Beneficiary: _____

Life insurance owned by the decedent? _____ Yes _____ No

Life insurance on the decedent owned by others? _____ Yes _____ No

Name of Life Insurance Company:

Policy No(s)

Face Value: \$ _____ Beneficiary: _____

** Please request IRS Form(s) 712 from insurance company if required **

X. Property Held Joint with Rights of Survivorship.

Type of Property _____

Account No. _____

Joint with the decedent and _____

Relationship _____

Approximate balance on date of death: \$ _____

Percentage taxable: _____ 100% _____ 50%

Type of Property _____

Account No. _____

Joint with the decedent and _____

Relationship _____

Approximate balance on date of death: \$ _____

Percentage taxable: _____ 100% _____ 50%
Type of Property _____

Account No. _____

Joint with the decedent and _____

Relationship _____

Approximate balance on date of death: \$ _____

Percentage taxable: _____ 100% _____ 50%

XI. Miscellaneous Property.

Automobiles:

Year: _____ Make: _____

Model: _____ VIN #: _____

Year: _____ Make: _____

Model: _____ VIN #: _____

**** Please provide copies of Certificates of Title to all vehicles ****

Antiques, collectibles and other items worth in excess of \$10,000:

Need appraised: _____ Yes _____ No

Insured on homeowner's insurance policy: _____ Yes _____ No

Oil and mineral rights, royalties, etc.: _____

XII. Transfers During Lifetime.

**** Please provide a copy of trust instrument ****

Name of Trustee: _____

Address of Trustee: _____

Trust's federal taxpayer identification number; _____

XIII. Annuities, Pensions, 401(k). Retirement. Employer Death Benefits. etc.

Name of Company: _____

Description: _____

Apply for: Social Security benefits? _____; Veteran's death benefits? _____

XIV. Debts of Decedent.

Name of funeral home _____

Total amount of funeral bill: \$ _____

**** Please provide paid receipt for funeral home bill ****

Name of cemetery/monument company: _____

Amount of cemetery/monument bill: \$ _____

Medical expenses (not covered by insurance): _____

Final utility bills: _____

Credit card debt: _____

Estate probably insolvent: ___ Yes ___ No; Pers income tax liability: ___ Yes ___ No

Real estate taxes: \$ _____ annually