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ESTATE ADMINISTRATION CHECKLIST

This is a checklist of the information and documents needed in order to assist you in the Estate or Trust Administration:

1. A completed **Estate Administration Data Sheet** (attached) - it covers much of the basic information and provides a summary of assets.

Assets (all values are to be as of date of death):

1. **Copies** of (no matter how titled-individually, joint, in Trust, etc.):

   A. Deeds and lease agreements to all real properties
   B. Promissory notes (notes receivable) and amount owed to the decedent
   C. Contracts for sale or purchase of real property-currently being sold/purchased
   D. Business agreements or documents (Corporations, Partnerships, Limited Liability Companies), Shareholder or Buy-Sell Agreements
   E. Stock certificates, US Savings Bonds, Limited Partnership interests - where the decedent had physical possession of the item
   F. Titles to automobiles, boats, planes, etc.
   G. Last year's income tax return and any past Gift tax returns.

2. **Most recent copies** of statements for (no matter how titled-individually, joint, in Trust, etc.):

   A. Checking and savings accounts
   B. Money market and mutual fund accounts
   C. Brokerage/investment accounts
   D. IRAs, 401k, 403(b) and other retirement plan accounts

3. **Copies** of information for all life insurance policies (recent annual summary or benefits summary page from insurance policy) where the decedent was either:

   A. The insured or
   B. The owner

Liabilities (all amounts are to be as of date of death):

1. **Copies** of the paid bills and checks for funeral, memorial, headstone, flowers, minister, music, and anything else related to funeral and burial services.

2. **Copies and amounts** of all outstanding bills the decedent owed at time of death:

   A. Credit cards and other loans
   B. Medical bills from last illness
   C. Real estate tax bills from before death, utility bills, and any other bills associated with the residence or real property
   D. Income taxes owed (and not yet paid or paid in) - federal and state

Information on all Safe Deposit boxes - title and contents.

The **originals** of all Wills and Trusts (with amendments).

Several **original** death certificates

With these items we can get started with the following:

1. A review of the legal documents, assets, values, etc.

2. An analysis of whether a probate is needed.

3. An analysis of whether a Federal Estate Tax return is required or necessary.

4. Preparation of any Oklahoma Estate Tax return, or other out-of-state estate tax returns.

5. Recommendations or necessary counsel on documents, distributions, establishment of testamentary trusts, etc.

Thank you for your assistance.

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ESTATE ADMINISTRATION DATA SHEET

DATE ____________________ REFERRED BY ________________________________

I. **DECEDENT:**

NAME ____

RESIDENCE AT DEATH ____

CITY __________________________ STATE ____________ ZIP ____________

DATE OF DEATH __________ DATE OF BIRTH __________ AGE AT DEATH ____

SOCIAL SECURITY NUMBER ____________________ CITIZENSHIP __________

WHEN DID DECEDENT BECOME A RESIDENT OF THAT STATE?_________________

EMPLOYER ____

EMPLOYER ADDRESS ____

EMPLOYER TELEPHONE ____

II. **DECEDENT'S FAMILY:**

SPOUSE ______________________________ DATE OF BIRTH____________________

SOCIAL SECURITY NUMBER ____________________ CITIZENSHIP ______________

HOME ADDRESS ____

CITY __________________________ STATE __________ ZIP ____________

HOME TELEPHONE (____)_________________ EMAIL ____________________________

WORK TELEPHONE (____)_________________ CELL PHONE (____)________________

EMAIL ____

EMPLOYER ____

EMPLOYER ADDRESS ____

III. **CHILDREN:**

1. **NAME** ________________________________ EMAIL _____________________________

HOME PHONE ____________ WORK PHONE ____________ CELL PHONE ___________

ADDRESS ____

EMAIL ____

SOCIAL SECURITY NUMBER _________________________ DATE OF BIRTH ________

2. **NAME** ________________________________ EMAIL _____________________________

HOME PHONE ____________ WORK PHONE ____________ CELL PHONE ___________

ADDRESS ____

EMAIL ____

SOCIAL SECURITY NUMBER _________________________ DATE OF BIRTH ________

3. **NAME** ________________________________ EMAIL _____________________________

HOME PHONE ____________ WORK PHONE ____________ CELL PHONE ___________

ADDRESS ____

EMAIL ____

SOCIAL SECURITY NUMBER _________________________ DATE OF BIRTH ________

4. **NAME** ________________________________ EMAIL _____________________________

HOME PHONE ____________ WORK PHONE ____________ CELL PHONE ___________

ADDRESS ____

EMAIL ____

SOCIAL SECURITY NUMBER _________________________ DATE OF BIRTH ________

5. **NAME** ________________________________ EMAIL ______________________________

HOME PHONE ____________ WORK PHONE ____________ CELL PHONE ___________

ADDRESS ____

EMAIL ____

SOCIAL SECURITY NUMBER _________________________ DATE OF BIRTH ________

6. **NAME** ________________________________ EMAIL ______________________________

HOME PHONE ____________ WORK PHONE ____________ CELL PHONE ___________

ADDRESS ____

EMAIL ____

SOCIAL SECURITY NUMBER _________________________ DATE OF BIRTH ________

ARE THESE CHILDREN FROM THIS MARRIAGE? [ ] YES [ ] NO

IF NO, PLEASE EXPLAIN: ____

ARE ANY CHILDREN OR GRANDCHILDREN ADOPTED?

____

ARE THERE SPECIAL NEEDS FOR ANY CHILD? [ ] YES [ ] NO

IF YES, PLEASE EXPLAIN: ____

IV. **DOCUMENTS: PLEASE BRING TO THE FIRST CONFERENCE AS MANY OF THE FOLLOWING DOCUMENTS AS ARE APPLICABLE TO THE DECEDENT:**

[] Existing Wills, Codicils or Trust Agreements;
[] Life Insurance Policies;
[] Divorce Decrees and Property Settlement Agreements;
[] Deeds and Lease Agreements for Real Estate;
[] Appraisals for all Real Estate;
[] Employee Benefit and Retirement Plans;
[] Corporation Documents and Shareholder Agreements;
[] Partnership Agreements;
[] Deeds of Trust and Notes for Money Owed to Decedent;
[] Last Year's Income Tax Returns;
[] Gift Tax Returns;
[] Information on any safe-deposit boxes that decedent had;
[] Any other information that might be important.

V. **<u>INVENTORY OF ASSETS (PLEASE COMPLETE WITH FULL INFORMATION)</u>:**

***TITLE:** **D**-DECEDENT **S**-SPOUSE **J**-JOINT TENANCY W/ SURVIVORSHIP
TC-TENANTS IN COMMON **C**-COMMUNITY PROPERTY
RLT-REVOCABLE LIVING TRUST

	STATE	*TITLE	MARKET VALUE	DEBTS
RESIDENCE				
OTHER REAL ESTATE				
PERSONAL PROPERTY				
VEHICLES				
CHECKING ACCOUNTS				
SAVINGS ACCOUNTS				
STOCKS & BONDS				

INVENTORY OF ASSETS - Continued

T-BILLS, CDs

MUTUAL FUNDS

MONEY MARKET FUNDS

NOTES TO YOU

OTHER

RETIREMENT PLANS: INCLUDES: IRAs, 401Ks, PROFIT SHARING PLANS, 403Bs

OWNER	TYPE	DEATH BENEFICIARY	DEATH VALUE

LIFE INSURANCE: (*TYPE: **T**-TERM **WL**-WHOLE LIFE **G**-GROUP TERM)

OWNER	*TYPE	INSURED	BENEFICIARY	FACE VALUE	CASH VALUE

INVENTORY OF ASSETS - Continued

____

____

____

____

BUSINESSES: Please give complete information.

*TYPE: **C**-CORPORATION **S**-S CORPORATION **SP**-SOLE PROPRIETORSHIP
P-PARTNERSHIP **PC**-PROFESSIONAL CORPORATION
LLC- LIMITED LIABILITY COMPANY

#1. NAME OF BUSINESS: ____

WHAT DOES BUSINESS DO? ____

*TYPE	SHAREHOLDERS/PARTNERS	OWNERSHIP	VALUE

WHO WILL CONTINUE THE BUSINESS UPON RETIREMENT OR DEATH? ____________

____

IS THERE A BUY-SELL AGREEMENT FOR THE BUSINESS? ________________________

IS THERE KEY-MAN AND/OR DISABILITY INSURANCE? __________________________

#2. NAME OF BUSINESS: ____

WHAT DOES BUSINESS DO? ____

***TYPE**	**SHAREHOLDERS/PARTNERS**	**OWNERSHIP**	**VALUE**

WHO WILL CONTINUE THE BUSINESS UPON RETIREMENT OR DEATH? ___________

____

IS THERE A BUY-SELL AGREEMENT FOR THE BUSINESS? ________________________

IS THERE KEY-MAN AND/OR DISABILITY INSURANCE? __________________________

#3. NAME OF BUSINESS: ____

WHAT DOES BUSINESS DO? ____

***TYPE**	**SHAREHOLDERS/PARTNERS**	**OWNERSHIP**	**VALUE**

WHO WILL CONTINUE THE BUSINESS UPON RETIREMENT OR DEATH? ___________

____

IS THERE A BUY-SELL AGREEMENT FOR THE BUSINESS? ________________________

IS THERE KEY-MAN AND/OR DISABILITY INSURANCE? __________________________

INTERESTS IN TRUSTS: (WHERE DECEDENT IS NAMED AS A BENEFICIARY)

NAME OF TRUST	INTEREST HELD	VALUE	WHEN TO RECEIVE

OTHER DEBTS:

TYPE OF DEBT	WHEN INCURRED	AMOUNT	CREDITOR

***NET ESTATE SUMMARY*:**

	MARKET VALUE	DEBTS
INTERESTS IN TRUSTS:		
BUSINESSES:		
LIFE INSURANCE:		
RETIREMENT PLANS:		
ALL OTHER:		
GROSS ESTATE:		
LESS DEBTS:		
NET ESTATE VALUE		

COMMENTS:

VI. **ESTATE ADMINISTRATION DETAILS:**

A. WILL [ ] OR NO WILL [ ]

B. DATE OF QUALIFICATION ______________________________

C. CITY/COUNTY COURT ______________________________

D. INVENTORY DUE ______________________________

E. **FEDERAL ESTATE TAX RETURN DUE** ______________________________

F. **STATE ESTATE TAX RETURN DUE** ______________________________

G. **EXECUTOR** ______________________________

ADDRESS/PHONE ______________________________

EXECUTOR ______________________________

ADDRESS/PHONE ______________________________

H. REVOCABLE LIVING TRUST OR TESTAMENTARY TRUST [ ]

I. TRUSTEE ______________________________

ADDRESS/PHONE ______________________________

TRUSTEE ______________________________

ADDRESS/PHONE ______________________________

VII. **DISTRIBUTIONS FROM WILL OR TRUST:**

A. TO SPOUSE:

	SPECIFIC ASSETS	PERCENTAGE
OUTRIGHT BEQUESTS		

MARITAL TRUST [ ] CREDIT SHELTER TRUST [ ]

B. TO OTHERS:

NAME	SPECIFIC ASSETS	PERCENTAGE

[] INTO TRUST FOR CHILDREN (COMPLETE "C" BELOW)______________________________

C. TRUST DISTRIBUTIONS FOR CHILDREN:

1. AGES & PERCENTAGES: ____________% AT ___________ YEARS

____________% AT ___________ YEARS

____________% AT ___________ YEARS

2. SPECIAL PROVISIONS:

____

____

____

____

____

VIII. **BACKGROUND INFORMATION:**

A. PREVIOUS MARRIAGES:

FORMER SPOUSE: ____

DATE & PLACE OF MARRIAGE: ____

HOW TERMINATED: ____

B. DIVORCE OBLIGATIONS (PAY/RECEIVE):

CHILD SUPPORT: ____

ALIMONY: ____

LIFE INSURANCE: ____

OTHER TERMS: ____

C. DO YOU SUPPORT OR EXPECT TO SUPPORT ANYONE ELSE SUCH AS A PARENT OR OTHER PERSON? [ ] YES [ ] NO

IF YES, PLEASE EXPLAIN: ____

D. MILITARY SERVICE: (BRANCH, RANK, SERIAL #, DATES): ____________________

____

E. NAME & ADDRESS OF PHYSICIAN: ____

F. HAS DECEDENT EVER LIVED IN A COMMUNITY PROPERTY STATE? (AZ, CA, TX, ID, LA, NM, NV, WA & WI) ______________________________

G. PREVIOUS RESIDENCES: (STATES) ______________________________

____

H. ANY NAME CHANGES: [ ] YES [ ] NO

I. ANY GIFTS MADE PRIOR TO 1982 IN

EXCESS OF $3,000? [ ] YES [ ] NO

AFTER 1982 IN EXCESS OF $14,000? [ ] YES [ ] NO

J. FORGIVE ANY LOANS AT DEATH? [ ] YES [ ] NO

K. SPECIFIC INSTRUCTIONS FOR BURIAL? [ ] YES [ ] NO

L. ANY RECENTLY INHERITED ASSETS? [ ] YES [ ] NO

M. ANY PRE-NUPTIAL AGREEMENTS? [ ] YES [ ] NO

IX. **PARENTS:**

NAME **ADDRESS** **PHONE**

____

____

____

____

X. **ADVISORS:**

NAME **ADDRESS** **PHONE**

A. ACCOUNTANT: ______________________________

B. ATTORNEY: ______________________________

C. STOCKBROKER: ______________________________

D. FINANCIAL PLANNER: ______________________________

E. LIFE INSURANCE AGENT: ______________________________

F. OTHER ADVISORS: ______________________________

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R. THOMAS IRWIN, Attorney at Law

Thom is the founder of **Irwin & Sherman, P.C.**, located in Tulsa, Oklahoma. For over 30 years, Thom has specialized in the areas of Estate Planning, Charitable Gift Planning, Business Planning and Tax.

Thom is a graduate of Oral Roberts University Law School, class of 1982.

Upon graduation from Oral Roberts University Law School in 1982, Thom worked in the Estate and Planned Giving Department of the Christian Broadcasting Network in Virginia Beach, Virginia, assisting people in the planning of their estates. He taught at the **Regent University School of Law**, formerly full-time and as an adjunct professor, taught Estate Planning for the Professional Financial Planning program at **Old Dominion University** in Norfolk, Virginia, and more recently taught Estate Planning as an adjunct professor at **Northeastern State University**, Broken Arrow, Oklahoma.

Thom conducts seminars for churches, charitable organizations, business owners, professionals and others in the areas of Estate Planning, Gift Planning, and Business Planning.

DANIEL L. SHERMAN, Attorney at Law

Dan is both an attorney and a licensed professional counselor. After graduating from Wheaton College, he returned to Tulsa and attended the University of Tulsa College of Law. While in law school he worked on the Tulsa Law Review as a production editor and graduated with honors in 2000.

In addition to his law license, Dan is also a licensed professional counselor after graduating with honors from Oklahoma State University in 2005 with a Master of Science in Counseling. His legal experience combined with his counseling experience help him to connect with the emotional needs of his clients while also giving them sound legal representation.

Dan is also an adjunct professor at **Southwestern Christian University** at its campus in Broken Arrow where he has taught since 2012.