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For valuation purposes, use your best estimate of current total values, without regard to any mortgages that may be outstanding. Mortgage information should be described in Schedule I. Please indicate if any property is a condominium, co-op, time share or other restricted ownership. For jointly owned real estate, please identify joint tenant.

ADDRESS (include <u>county</u> )		Residential (R) Commercial (C) Vacant (V)	VALUE		
			Individual	Co-Owned*	Trust**
1.			\$	\$	\$
2.			\$	\$	\$
3.			\$	\$	\$
4.			\$	\$	\$
5.			\$	\$	\$
6.			\$	\$	\$
7.			\$	\$	\$
8.			\$	\$	\$
<b>TOTAL</b> (carry over to Estate Summary)			\$	\$	\$

\* If co-owned, indicate name(s) of co-owner(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\* Indicate whether land trust, living trust, etc. and provide details, i.e., name of trustee, names of beneficiaries, etc.: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has any real estate been the subject of a tax-free exchange (§1031 exchange/Starker exchange) within the last 12 months? Please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## SCHEDULE C - SECURITIES

If Co-owned, please indicate identity of co-owner(s); if TOD, indicate name of beneficiary or beneficiaries.

CERTIFICATE/BOND/FUND NAME AND NUMBER	VALUE			
	Individual	Co-Owned	Trust	TOD
Brokerage Accounts				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Corporate bonds (provide list)				
	\$	\$	\$	\$
	\$	\$	\$	\$
U.S. government bonds, notes & bills (provide list)				
	\$	\$	\$	\$
	\$	\$	\$	\$
Municipal bonds (provide list)				
	\$	\$	\$	\$
	\$	\$	\$	\$
Other (provide list)				
	\$	\$	\$	\$
<b>TOTAL</b> (carry over to Estate Summary)	\$			

## **SCHEDULE D - CLOSELY-HELD BUSINESS INTERESTS**

Including limited partnerships and tax shelters.

ASSET TYPE	ASSET VALUE
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL</b> (carry over to Estate Summary)	\$

Please supply copies of partnership agreements, buy-sell agreements, related insurance arrangements or any other documents relevant to the business listed above.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## SCHEDULE E - LIFE INSURANCE

INSURING LIFE OF CLIENT								
COMPANY	POLICY NO.	TERM, VARIABLELIFE, UNIVERSAL LIFE, OR WHOLE LIFE	FACE VALUE	CASH VALUE	LOANS	ANNUAL PREMIUM	OWNER	BENEFICIARY
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
<b>TOTAL</b> (carry over to Estate Summary)			\$	\$	\$	\$		

## SCHEDULE F - ANNUITIES

COMPANY	CONTRACT NO.	COST BASIS	CURRENT VALUE	OWNER	BENEFICIARY
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
<b>TOTAL</b> (carry over to Estate Summary)		\$	\$		

## SCHEDULE G - QUALIFIED RETIREMENT PLANS AND IRAs

NAME OF CUSTODIAN OR PLAN SPONSOR	ACCOUNT NUMBER	VALUE	BENEFICIARY
Traditional IRAs/Keogh Accounts/SEPs			
		\$	
		\$	
		\$	
Roth IRAs			
		\$	
		\$	
		\$	
Pension Plans			
		\$	
		\$	
401(k) Plans			
		\$	
		\$	
Profit Sharing Plans			
		\$	
		\$	
Other			
		\$	
<b>TOTAL</b> (carry over to Estate Summary)		\$	

## SCHEDULE H - NON-QUALIFIED EMPLOYEE BENEFITS

DEFERRED COMPENSATION		
Employer or Company	Value	Named beneficiary
	\$	
	\$	
	\$	
<b>TOTAL</b>	\$	

STOCK OPTIONS				
Employer or Company	Number of shares	Option price/share	Current value/share	Total Net Value
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
<b>TOTAL</b>				\$

OTHER NON-QUALIFIED EMPLOYEE BENEFITS		
Description	Value	Comments
	\$	
	\$	
	\$	
<b>TOTAL</b>	\$	

TOTAL OF ALL NON-QUALIFIED EMPLOYEE BENEFITS	
TOTAL (carry over to Estate Summary)	\$

## SCHEDULE I - TANGIBLE PERSONAL PROPERTY

Furniture and furnishings	\$
Automobile (Year, make, model)	\$
Automobile (Year, make, model)	\$
Automobile (Year, make, model)	\$
Artwork or art collections	\$
Other collections	\$
Goods in storage	\$
Jewelry	\$
Furs	\$
Other	\$
	\$
	\$
	\$
<b>TOTAL</b> (carry over to Estate Summary)	<b>\$</b>

Describe collections, antiques, heirlooms, etc. that require special estate plan considerations, and give any other pertinent comments:

## SCHEDULE J - MISCELLANEOUS

INTERESTS IN PENDING PROBATE ESTATES	
	\$
	\$
	\$
	\$
<b>TOTAL</b> (carry over to Estate Summary)	\$

INTERESTS IN EXISTING TRUSTS	
	\$
	\$
	\$
	\$
<b>TOTAL</b> (carry over to Estate Summary)	\$

Please supply copies of relevant wills and trusts.

Have you ever filed a U.S. Gift Tax return?     Yes             No            **If yes, please supply copies.**

Please check yes or no.

TAXES	YES	NO
Is a final 1040 due		
Is a 1041 anticipated		
Intangible return		
706 (estate return)		

## SCHEDULE K - LIABILITIES

MORTGAGES (use same property numbers as in schedule B)	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
<b>TOTAL</b> (carry over to Estate Summary)	<b>\$</b>

Loans/Notes (Identify creditor)	
	\$
	\$
	\$
<b>TOTAL</b> (carry over to Estate Summary)	<b>\$</b>

Other liabilities (including charitable pledges)	
	\$
	\$
	\$
	\$
<b>TOTAL</b> (carry over to Estate Summary)	<b>\$</b>

## NOTES / QUESTIONS

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Include any questions or concerns you have about the following: assets or liabilities of the decedent; family dynamics and specific issues among beneficiaries; your relationship with the beneficiaries; your inability to gain access to necessary information; issues relating to the capability of the executor and/or trustee to handle the duties associated with that office; other issues of which we should be aware in the handling of this estate.

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