



ESTATE ASSETS CHECKLIST and CERTIFICATION FORM

Estate of _____



LAW OFFICE OF JOHN L. ROBERTS

1200 Converse Street
Longmeadow, Massachusetts 01106

Phone: (413) 567-5600 Online: EstatePlansPlus.com

This Estate Assets Checklist will help you organize all the important information that we use to provide you and your family with efficient and timely service, and accomplish your goal of settling the Estate.

Do you have the following items? If not, our office can obtain these documents for you:

- Certified Copies of Certificate of Death.
- Certified Copies of Certificate of Death of Spouse (or other joint owner of property).
- State and Federal Income Tax returns for the past three years.
- Invoices for expenses of last illness and funeral expenses.

Do you have:

An Accountant or Tax Preparer? Name: _____
 Address: _____
 Phone: _____

Financial Advisor or other financial professional? Name: _____
 Address: _____
 Phone: _____

| | | |
|--|--|--|
| | | After you have either circled <input type="checkbox"/> either "Yes" or "No" next to each asset category, sign on the last page. Your signature certifies the extent of estate assets, so we can advise you on estate tax and income tax matters. |
|--|--|--|

- YES NO Did the decedent own any Real Estate?
 Please list the parcels of real estate.



| Property Value | Location, Address | Ownership: Sole owner? Joint? Name of Joint Owner |
|----------------|-------------------|---|
| | | |
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YES NO Were any Trusts ever created by the decedent? List details:



YES NO Were there any Trusts that were not created by the decedent, but which gave the decedent a power, a beneficial interest, or a trusteeship?

YES NO Was the decedent ever the beneficiary of a Trust that claimed a tax deduction by an estate of a pre-deceased spouse?

YES NO Did the decedent ever possess, exercise, or release a power of appointment (ability to influence ownership) over assets or property?

YES NO Did the decedent own any annuities?

| Account Balance | Name of Financial Institution, and Account Number | Named Beneficiary |
|-----------------|---|-------------------|
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |

To Simplify, attach photocopies of annuity statements.

YES NO Did the decedent own any IRA accounts?

| Account Balance | Name of Custodian, and Account Number | Named Beneficiary |
|-----------------|---------------------------------------|-------------------|
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |

To Simplify, attach photocopies of IRA account statements.

YES NO Was the decedent the beneficiary of any annuity, IRA or pension plan account?

| Account Balance | Name of Custodian, and Account Number | Name of Account Owner |
|-----------------|---------------------------------------|-----------------------|
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |



| | | |
|----|--|--|
| \$ | | |
| \$ | | |

To Simplify, attach photocopies of account statements.

YES NO Did the decedent own any stocks or bonds?
 If Yes: list the face amount of bonds and the number of shares of each stock. We can determine the share values or stock for you. To simplify, attach broker statements or photocopies of bond and stock certificates



| Number of shares, or face value of bond | Name of Security | Ownership: Sole owner? Joint? Name of Joint Owner |
|---|------------------|---|
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Links to Info on [Savings Bonds and Treasury Bills](#); [Calculate Value of Savings Bonds](#)

YES NO Did the decedent have cash on hand?
 Please list the amount of cash, and location.





YES NO Did the decedent have bank accounts? List the amount of funds on deposit, and ownership of each account

| Account Balance | Name of Bank, Type of Account, Account Number | Ownership: Sole owner? Joint? Name of Joint Owner |
|-----------------|---|---|
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |



[Check for missing bank accounts](#) at [missingmoney.com](#) and [Unclaimed.org](#)

YES NO Did the decedent own, or have access to a safe deposit box? If Yes: list the location and contents of the safe deposit box. Was the safe deposit box owned jointly with another person?



| YES <input type="checkbox"/> | NO <input type="checkbox"/> | <p>Were there any Life Insurance policies which covered the decedent's life? If Yes: provide photocopies of policy statements, and list:</p> <table border="1" data-bbox="272 338 1503 674"> <thead> <tr> <th>Policy Value</th> <th>Name of Insurance Company</th> <th>Named Beneficiaries</th> </tr> </thead> <tbody> <tr><td>\$</td><td></td><td></td></tr> <tr><td>\$</td><td></td><td></td></tr> <tr><td>\$</td><td></td><td></td></tr> <tr><td>\$</td><td></td><td></td></tr> <tr><td>\$</td><td></td><td></td></tr> <tr><td>\$</td><td></td><td></td></tr> <tr><td>\$</td><td></td><td></td></tr> <tr><td>\$</td><td></td><td></td></tr> </tbody> </table> <p>Links for: Locating Insurance Companies, Finding Lost Insurance Policies</p> | Policy Value | Name of Insurance Company | Named Beneficiaries | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | |
|---------------------------------------|---------------------------------------|--|---------------------------------------|---------------------------------------|---------------------|----|--|--|----|--|--|----|--|--|----|--|--|----|--|--|----|--|--|----|--|--|----|--|--|
| Policy Value | Name of Insurance Company | Named Beneficiaries | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | <p>Did the decedent own any Life Insurance that insured someone else's life? If Yes: provide photocopies of policy statements, and list:</p> <table border="1" data-bbox="272 821 1503 1188"> <thead> <tr> <th>Policy Face Value/ Surrender Value</th> <th>Name of Insurance Company Policy #</th> <th>Named Beneficiaries</th> </tr> </thead> <tbody> <tr><td>\$</td><td></td><td></td></tr> <tr><td>\$</td><td></td><td></td></tr> <tr><td>\$</td><td></td><td></td></tr> <tr><td>\$</td><td></td><td></td></tr> <tr><td>\$</td><td></td><td></td></tr> <tr><td>\$</td><td></td><td></td></tr> <tr><td>\$</td><td></td><td></td></tr> <tr><td>\$</td><td></td><td></td></tr> </tbody> </table> | Policy Face Value/ Surrender Value | Name of Insurance Company Policy # | Named Beneficiaries | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | |
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| YES <input type="checkbox"/> | NO <input type="checkbox"/> | <p>Did the Decedent own an interest in a partnership, an unincorporated business, or stock in an inactive or closely held corporation?</p>  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | <p>Did the Decedent make any gifts or transfers during the past three years involving more than \$13,000.00 ? If YES, please list the \$ amount of each gift, and the name of person(s) who received each gift or transfer:</p>  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | <p>Has the Decedent ever filed any Gift Tax Returns? Please list the year(s):</p> <p>To simplify, attach photocopies of each Form 709 Gift Tax Return.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | <p>As a result of the decedent's employment or death, has the Decedent's estate, spouse, or any other person, received (or be entitled to receive) any bonus or award? Examples: Death Benefits from Pensions, Annuities, Fraternal Organizations If Yes: list full details.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| <p>YES <input type="checkbox"/></p> | <p>NO <input type="checkbox"/></p> | <p>Did the decedent own motor vehicles? If Yes, list:</p>  <table border="1" data-bbox="272 310 1503 562" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e1f5fe;"> <th style="width: 15%;">Year</th> <th style="width: 45%;">Make, Model, VIN</th> <th style="width: 40%;">Ownership? Name of Joint Owner?</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>To simplify, attach photocopies of title or registration documents.</p> | Year | Make, Model, VIN | Ownership? Name of Joint Owner? | | | | | | | | | | | | | | | |
|---|--|--|------|------------------|------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Year | Make, Model, VIN | Ownership? Name of Joint Owner? | | | | | | | | | | | | | | | | | | |
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| <p>YES <input type="checkbox"/></p> | <p>NO <input type="checkbox"/></p> | <p>Did the decedent own any other types of property, such as Oil And Gas Interests, Literary And Artistic Rights, Patents, Copyrights, And Trademarks, Claims, Any Right Of Action or Lawsuit pending or possible in the future? If Yes, please describe:</p> | | | | | | | | | | | | | | | | | | |
| <p>YES <input type="checkbox"/></p> | <p>NO <input type="checkbox"/></p> | <p>Did the decedent own any articles of artistic or collectable value? Please list each item in the collection.</p> | | | | | | | | | | | | | | | | | | |
| <p>YES <input type="checkbox"/></p> | <p>NO <input type="checkbox"/></p> | <p>Did the decedent have Joint Ownership of bank accounts, real estate or any other type of property that are not mentioned above? If Yes: describe the property and list name and address of the joint owner(s):</p> | | | | | | | | | | | | | | | | | | |
| <p>YES <input type="checkbox"/></p> | <p>NO <input type="checkbox"/></p> | <p>Did the decedent own bank accounts, real estate or any other type of property not mentioned above as a Life Tenant or lifetime owner? If Yes: describe the property and list name and address of the joint owner(s) or remainder owner(s):</p> | | | | | | | | | | | | | | | | | | |
| <p>YES <input type="checkbox"/></p> | <p>NO <input type="checkbox"/></p> | <p>Did the decedent owe any money to anyone? If Yes: list all unpaid bills, credit card balances, mortgages and other debts of the decedent, with the name, address and phone number of the creditor, and nature of the claim.</p>  | | | | | | | | | | | | | | | | | | |



I, _____, hereby certify under the pains and penalties of perjury that the information contained on the preceding pages is true, accurate and complete, and to the best of my knowledge.

Date: _____ Signed: _____
Personal Representative / Person in possession of property

The goal of the Law Office of John L. Roberts is to provide you and your family with efficient and timely service.

More Information on:

[Your Role as a Personal Representative](#)

[Probate of Decedent's Estates in Massachusetts](#)

[Settling the Affairs of a Loved One, and Safeguarding the Estate](#)

