

**PERSONAL ESTATE RECORD**



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**FAMILY DATA:**

Full Name	Residence	Birth Date	Birth Place	Date of Death	S.S. No.	Marital Status
Husband						
Wife						
Children						
Grandchildren						

**PREVIOUS MARRIAGE(S):**

Maiden Name Of Spouse	Date of Marriage	Date of Death or Divorce	Marriage Settlement Agreement (Y/N)?
_____	_____	_____	_____
_____	_____	_____	_____

**SOCIAL SECURITY BENEFITS YOU ARE PRESENTLY RECEIVING:**

Self: \_\_\_\_\_

Spouse: \_\_\_\_\_

**MILITARY SERVICE:**

	Husband	Wife
Service Number:	_____	_____
VA Claim Number:	_____	_____
Location of discharge papers:	_____	_____

**RELIGIOUS AFFILIATION AND MEMBERSHIPS:**

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**MAJOR SCHOOLS ATTENDED:**

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**UNION, PROFESSIONAL OR SOCIAL MEMBERSHIPS:**

Name and address: \_\_\_\_\_

I. D. Number: \_\_\_\_\_

Death Benefits: \_\_\_\_\_

**TAX RECORDS:** (It is advisable to save such records for at least six years)

Location of Returns: \_\_\_\_\_

Name and address of accountant(s): \_\_\_\_\_

**WILL DATA:**

Date of last Will: \_\_\_\_\_

Name of Executor(s): \_\_\_\_\_

Location of Will: \_\_\_\_\_

Name and Address of Attorney who prepared Will: \_\_\_\_\_

**BURIAL AND ADMINISTRATION DIRECTIONS:**

Location of cemetery or moratorium: \_\_\_\_\_

Right to or title in burial lot: \_\_\_\_\_

Name and Address of Funeral Director preferred: \_\_\_\_\_

Special funeral arrangements requested: \_\_\_\_\_

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Burial Account: \_\_\_\_\_

Name and Address of Attorney preferred: \_\_\_\_\_

Name and Address of Real Estate Agent preferred: \_\_\_\_\_

Name and Address of Auctioneer preferred: \_\_\_\_\_

**POWER OF ATTORNEY:**

Name and Address of person appointed: \_\_\_\_\_

**LIVING TRUSTS:**

When established: \_\_\_\_\_

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

Trustee: \_\_\_\_\_

Location of trust document: \_\_\_\_\_

Attorney who prepared trust: \_\_\_\_\_

**PERSONAL INVESTMENTS**

Name and Address of Investment Counselor: \_\_\_\_\_

**MARKETABLE SECURITIES:** (stocks, bonds, and mutual funds)

Name	Certificate Number	No. of shares or face value	When Acquired	Cost at Purchase	In Whose Name

**U.S. BONDS:**

Series	Face Value	Date of Purchase	Date of Maturity	In Whose Name

**CHECKING ACCOUNTS:**

Name of Institution	Branch	Account No.	When Opened	Name on Account

**SAVINGS ACCOUNTS:** (CD's, Money Market, Etc.)

Name of Institution	Branch	Account No.	When Opened	Name on Account

**RETIREMENT ACCOUNTS:** (Pension, Profit Sharing, IRA, 401(k), etc.)

Name on Account	Account No.	Year of Inception	Year of 100% Investing	Name & Address of Plan Administrator

**SAFETY DEPOSIT BOXES AND SAFES:**

Location	Box No.	Location of Key or Person w/Combination	Box is held jointly with

**LIMITED PARTNERSHIPS:**

Name and Address: \_\_\_\_\_

Investment Interest: \_\_\_\_\_

**OTHER PERSONAL PROPERTY:**

Automobiles:	1	2	3
Make:	_____		
Model:	_____		
Year:	_____		
Title Owner:	_____		

**MAJOR HOUSEHOLD GOODS AND ANTIQUES:** \_\_\_\_\_

\_\_\_\_\_

**JEWELRY:** \_\_\_\_\_

**FURS:** \_\_\_\_\_

**SPECIAL COLLECTIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MISCELLANEOUS:** (Mortgages held, Powers of Appointment or other property not otherwise specifically mentioned):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REAL ESTATE:** (if more than one, use separate sheet for each with same information):

Location: \_\_\_\_\_

Deed Book volume and page: \_\_\_\_\_ How acquired (gift, purchase): \_\_\_\_\_

When acquired: \_\_\_\_\_ Cost at time of purchase: \_\_\_\_\_

Names on deed: \_\_\_\_\_

Present estimated value (if appraised, by whom, when and in what amount): \_\_\_\_\_

\_\_\_\_\_

Deed restrictions of other agreements related to real estate: \_\_\_\_\_

Improvements: (not usually necessary for estate purposes, but essential for your records in case of a lifetime sale):

\_\_\_\_\_

\_\_\_\_\_

Insurance coverage, including name of agent: \_\_\_\_\_

Mortgage (name, address and account number): \_\_\_\_\_

**LIFE INSURANCE AND ANNUITIES:**

	Policy 1	Policy 2	Policy 3	Policy 4
Name of issuing company and address:	_____			
Policy Number:	_____			
Date Issued:	_____			
Type of policy (whole life v. term):	_____			
Face Value:	_____			
Policy loan?	_____			
When/Amount:	_____			
Primary Beneficiary:	_____			
Secondary or Contingent Beneficiary:	_____			
Owner of Policy:	_____			
Insurance Agent's Name and Address:	_____			

**BUSINESS INTERESTS:**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Interests: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_ Buy-Sell/Stock Purchase Agreement (Y/N): \_\_\_\_\_ Retirement Agreement (Y/N): \_\_\_\_\_

Are Agreements Funded (Y/N): \_\_\_\_\_ How? \_\_\_\_\_

Employment Contract (Y/N): \_\_\_\_\_ Deferred Compensation (Y/N): \_\_\_\_\_

Life Insurance related to business interest:

<u>Insured</u>	<u>Face Amount</u>	<u>Purpose</u>	<u>Cash Value</u>	<u>Location-Policy</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**DEBTS**

Include all debts including commercial loans, personal loans, credit cards, and any other indebtedness that may be other than day-to-day living expenses.

Name and Address of Creditor	Account Number	Names on Account

**PAST GIFTS**

List all gifts valued in excess of \$14,000 that you have given within the last year. Do not include gifts to your Spouse. Update on a regular basis.

Date of Gift	Description of Value of Gift	Name of Recipient

Have you used or claimed any portion of your:

- a. Federal Unified Credit for Estate and Gift: Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Federal Generation Skipping Tax Exclusion: Yes \_\_\_\_\_ No \_\_\_\_\_

If you answer yes to either a or b, provide dates, amounts, nature of transfer, and location of relevant documents.

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**FUTURE GIFTS**

Many people wish specific items to go to friends and relatives named in their Will, but do not specifically list the gifts in the Will. Any such items which you wish to request that your executor distribute to specific individuals should be listed below with the understanding that this listing is only advisory and is not binding upon the executor. Should you list an item and later make the gift prior to your death, please strike the gift from the list and note that it was already given or that it was otherwise stricken.

Description of Gift	Name of Recipient

Location where my passwords are stored:

Additional comments: \_\_\_\_\_

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