

A P P E N D I X
B

**Probate Litigation
Fact Sheet**

Name of Decedent: _____ SS # _____

Address of Decedent: _____

Date of Death: _____ County/State of residence
before death: _____

Surviving spouse's name (if applicable): _____

Is the spouse the first spouse, or subsequent spouse, please
provide detail:

Was there a divorce? _____ If so, please attach the
Property Settlement Agreement.

Names and ages of children from this marriage:

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Names and ages of children from prior marriages:

Did the Decedent own a home or any other real estate? If so, please list below.

Property address	Title Holder	Value	Mortgage	Equity
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Did the Decedent own any other titled property such as a car or boat? If so, please list below.

Describe Property	Title Holder	Value	Loan	Equity
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Did the Decedent have any checking accounts? If so, please list below.

Name of Bank	Title Holder	Balance
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Did the Decedent have any savings accounts and/or CDs?
If so, please list below.

Name of Bank	Title Holder	Approximate Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did the Decedent have any stocks, bonds, or mutual funds?
If so, please list below.

Name of Brokerage Firm/Investment Manager:

FMV of Account: _____

Name of Account: _____

Name of Brokerage Firm/Investment Manager:

FMV of Account: _____

Name of Account: _____

Name of Brokerage Firm/Investment Manager:

FMV of Account: _____

Name of Account: _____

Yes No Did the Decedent have any profit sharing,
IRAs, or pension plans?

Name of Brokerage Firm/Investment Manager:

FMV of Account: _____

Name of Account: _____

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Name of Brokerage Firm/Investment Manager:

FMV of Account: _____

Name of Account: _____

Name of Brokerage Firm/Investment Manager:

FMV of Account: _____

Name of Account: _____

Did the Decedent have any life insurance policies? If so, please list below.

Name of Insurance Company:

Choose one: Term Variable Universal Whole Life

Owner: _____

Primary Beneficiary: _____

Secondary Beneficiary: _____

Death Benefit: _____

Cash Value: _____

Name of Insurance Company:

Choose one: Term Variable Universal Whole Life

Owner: _____

Primary Beneficiary: _____

Secondary Beneficiary: _____

Death Benefit: _____

Cash Value: _____

Did the decedent have any other items of particular value such as coin collections, antiques, jewelry, heirlooms, etc.? If so, please list below.

Description: _____

Beneficiary: _____

Description: _____

Beneficiary: _____

Is there a Will? _____ Is there a Codicil? _____
(If so please attach.)

Are there any trust agreements? _____ (If so, please attach)

Who are the executors of the estate?

Who are the trustees of the trusts?

Has a Federal or State estate tax return been filed?

Have any estate assets been distributed, taken, or sold?

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Do you believe there was any:

- a. Undue Influence? If so, please explain.

- b. Lack of Capacity? Did the Decedent lack capacity to make a gift, sell an asset, or sign a Will or Trust? If so, please explain.

- c. Fraud? Was there any fraud in the transference of assets? If so, please explain.

- d. Abuse of Trustee Power? Has an executor or trustee been dilatory or tyrannical? If so please explain.

Have you been represented by an attorney regarding this estate before? _____

If so, by whom?

Why do you seek to make a change of attorney?

