



PROBATE AND TRUST WORKSHEET

(PLEASE COMPLETE THIS PACKET IN INK)

We must have this Worksheet returned to us at least three days prior to our meeting (this will ensure we have enough time to understand the specifics of your situation before our meeting).

If you need assistance completing the information,
call our office (217-726-9200) and we will help you.

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN

WE LOOK FORWARD TO SEEING YOU!

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

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DECEDENT INFORMATION

Name of Deceased _____
(name most often used to title property and accounts)

Also Known As _____ SS# _____
(other names used in military service or to title property or accounts)

Last residence address _____ City _____ State ____ Zip _____

County _____ Place of Death _____

Date of Death _____ Did the deceased have any trusts? Yes No

Did the deceased leave a will? Yes No

If yes, date of Last Will and Testament _____ Location of the original Will? _____

MARRIAGE INFORMATION:

Was the deceased married at the time of death? No Yes

Surviving Spouse's full legal name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail address _____

Birth date _____ SS# _____

Had the deceased been married previously? Yes No

<i>Name of Spouse</i>	<i>Date of Marriage</i>	<i>Date Marriage Ended</i>	<i>Reason Ended (divorce, death)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXECUTOR/ADMINISTRATOR/TRUSTEE INFORMATION

Full name of the person named as Executor/Trustee _____

Relationship to deceased _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail address _____

Social Security Number _____ (Needed to obtain estate Tax ID number)

FINANCIAL INFORMATION

Did the deceased own any real estate (house, farmland, commercial property, time share, condo)? No Yes
 Please list all of the deceased's assets (including real estate and non-real estate property such as bank accounts, stocks, savings bonds, investments, etc) and estimated value (if known)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Did the deceased own any valuable collectibles or personal property (artwork, vehicles, coins, jewelry, antiques)?
 No Yes Estimated value \$ _____

Does the deceased owe any outstanding debts or bills (credit cards, medical bills, mortgages, bank loans, or any overdue or unpaid bills) ? No Yes Estimated value owed \$ _____

FAMILY INFORMATION

Did the deceased have any *living* children? No Yes Please list names and addresses (if known)

NAME	ADDRESS	MINOR?	DISABLED?
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Did the deceased have any *deceased* children? No Yes

NAME	Date of Death	Descendants
_____	_____	_____
_____	_____	_____
_____	_____	_____

If **NO surviving spouse or children**, please list the names and addresses of the deceased's other family members where indicated.

	NAME	ADDRESS	DECEASED?
Mother	_____	_____	<input type="checkbox"/>
Father	_____	_____	<input type="checkbox"/>
Siblings	_____	_____	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>