



BridgeBuilder
Tax + Legal Services

PROBATE CLIENT INFORMATION WORKSHEET

PART I - PERSONAL DATA

NAME of DECEDENT: _____

Alias Names (if any): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Date of Birth: _____

Place of Birth: _____

Date of Death: _____

Place of Death: _____

Social Security Number: _____

Was Decedent Married? Yes: _____ No: _____ Was Decedent Divorced? Yes: _____ No: _____

Was Decedent a U.S. citizen? Yes: _____ No: _____

If naturalized U.S. citizen, Date and Place of Naturalization: _____

Was the Decedent receiving any of the following?

Medicaid _____ Medicare _____ Social Security _____ Disability _____

Location of Will, if any: _____

Date of Will: _____

Location of Codicils, if any: _____

Date of Codicils: _____

NAME of PERSONAL REPRESENTATIVE: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____

Work #: _____ Fax #: _____

E-mail: _____

Social Security Number: _____

Relationship to Decedent: _____

PART II - BENEFICIARIES or HEIRS AT LAW

NAME of SPOUSE/DOMESTIC PARTNER: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ E-mail: _____
Date of Birth: _____
Social Security Number: _____
Date and place of marriage/domestic partnership: _____
Status of Spouse: Living _____ Deceased _____ Under Conservatorship _____
Date of Death: _____

CHILDREN'S INFORMATION:

NAME of CHILD: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ E-mail: _____
Date of Birth: _____
Social Security Number: _____
Married: Yes _____ No _____ Spouse's Name: _____
Status of Child: Living _____ Deceased _____ Under Conservatorship _____
Date of Death: _____

NAME of CHILD: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ E-mail: _____
Date of Birth: _____
Social Security Number: _____
Married: Yes _____ No _____ Spouse's Name: _____
Status of Child: Living _____ Deceased _____ Under Conservatorship _____
Date of Death: _____

NAME of CHILD: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ E-mail: _____
Date of Birth: _____
Social Security Number: _____
Married: Yes _____ No _____ Spouse's Name: _____
Status of Child: Living _____ Deceased _____ Under Conservatorship _____
Date of Death: _____

NAME of CHILD: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ E-mail: _____
Date of Birth: _____
Social Security Number: _____
Married: Yes _____ No _____ Spouse's Name: _____
Status of Child: Living _____ Deceased _____ Under Conservatorship _____
Date of Death: _____

NAME of CHILD: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ E-mail: _____
Date of Birth: _____
Social Security Number: _____
Married: Yes _____ No _____ Spouse's Name: _____
Status of Child: Living _____ Deceased _____ Under Conservatorship _____
Date of Death: _____

NAME of CHILD: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ E-mail: _____
Date of Birth: _____
Social Security Number: _____
Married: Yes _____ No _____ Spouse's Name: _____
Status of Child: Living _____ Deceased _____ Under Conservatorship _____
Date of Death: _____

NAME of CHILD: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ E-mail: _____
Date of Birth: _____
Social Security Number: _____
Married: Yes _____ No _____ Spouse's Name: _____
Status of Child: Living _____ Deceased _____ Under Conservatorship _____
Date of Death: _____

For each child, state the name of the child's other parent, if not decedent's surviving spouse/partner. _____

OTHER DEPENDENTS / BENEFICIARIES, IF ANY:

NAME of DEPENDENT / BENEFICIARY: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ E-mail: _____
Date of Birth: _____
Social Security Number: _____
Married: Yes _____ No _____ Spouse's Name: _____
Status of Beneficiary: Living _____ Deceased _____ Under Conservatorship _____
Date of Death: _____

NAME of DEPENDENT / BENEFICIARY: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ E-mail: _____
Date of Birth: _____
Social Security Number: _____
Married: Yes _____ No _____ Spouse's Name: _____
Status of Beneficiary: Living _____ Deceased _____ Under Conservatorship _____
Date of Death: _____

NAME of DEPENDENT / BENEFICIARY: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ E-mail: _____
Date of Birth: _____
Social Security Number: _____
Married: Yes _____ No _____ Spouse's Name: _____
Status of Beneficiary: Living _____ Deceased _____ Under Conservatorship _____
Date of Death: _____

NAME of DEPENDENT / BENEFICIARY: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ E-mail: _____
Date of Birth: _____
Social Security Number: _____
Married: Yes _____ No _____ Spouse's Name: _____
Status of Beneficiary: Living _____ Deceased _____ Under Conservatorship _____
Date of Death: _____

GRANDCHILDREN'S INFORMATION:

NAME of GRANDCHILD: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ E-mail: _____
Date of Birth: _____
Social Security Number: _____
Married: Yes _____ No _____ Spouse's Name: _____
Status of Grandchild: Living _____ Deceased _____ Under Conservatorship _____
Date of Death: _____

NAME of GRANDCHILD: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ E-mail: _____
Date of Birth: _____
Social Security Number: _____
Married: Yes _____ No _____ Spouse's Name: _____
Status of Grandchild: Living _____ Deceased _____ Under Conservatorship _____
Date of Death: _____

NAME of GRANDCHILD: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ E-mail: _____
Date of Birth: _____
Social Security Number: _____
Married: Yes _____ No _____ Spouse's Name: _____
Status of Grandchild: Living _____ Deceased _____ Under Conservatorship _____
Date of Death: _____

NAME of GRANDCHILD: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ E-mail: _____
Date of Birth: _____
Social Security Number: _____
Married: Yes _____ No _____ Spouse's Name: _____
Status of Grandchild: Living _____ Deceased _____ Under Conservatorship _____
Date of Death: _____

DECEDENT'S PARENTS / SIBLINGS:

NAME of PARENT / SIBLING: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ E-mail: _____
Date of Birth: _____
Social Security Number: _____
Married: Yes _____ No _____ Spouse's Name: _____
Status of Parent / Sibling: Living _____ Deceased _____ Under Conservatorship _____
Date of Death: _____

NAME of PARENT / SIBLING: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ E-mail: _____
Date of Birth: _____
Social Security Number: _____
Married: Yes _____ No _____ Spouse's Name: _____
Status of Parent / Sibling: Living _____ Deceased _____ Under Conservatorship _____
Date of Death: _____

NAME of PARENT / SIBLING: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ E-mail: _____
Date of Birth: _____
Social Security Number: _____
Married: Yes _____ No _____ Spouse's Name: _____
Status of Parent / Sibling: Living _____ Deceased _____ Under Conservatorship _____
Date of Death: _____

NAME of PARENT / SIBLING: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ E-mail: _____
Date of Birth: _____
Social Security Number: _____
Married: Yes _____ No _____ Spouse's Name: _____
Status of Parent / Sibling: Living _____ Deceased _____ Under Conservatorship _____
Date of Death: _____

NAME of PARENT / SIBLING: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ E-mail: _____

Date of Birth: _____

Social Security Number: _____

Married: Yes _____ No _____ Spouse's Name: _____

Status of Parent / Sibling: Living _____ Deceased _____ Under Conservatorship _____

Date of Death: _____

NAME of PARENT / SIBLING: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ E-mail: _____

Date of Birth: _____

Social Security Number: _____

Married: Yes _____ No _____ Spouse's Name: _____

Status of Parent / Sibling: Living _____ Deceased _____ Under Conservatorship _____

Date of Death: _____

NAME of PARENT / SIBLING: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ E-mail: _____

Date of Birth: _____

Social Security Number: _____

Married: Yes _____ No _____ Spouse's Name: _____

Status of Parent / Sibling: Living _____ Deceased _____ Under Conservatorship _____

Date of Death: _____

NAME of PARENT / SIBLING: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ E-mail: _____

Date of Birth: _____

Social Security Number: _____

Married: Yes _____ No _____ Spouse's Name: _____

Status of Parent / Sibling: Living _____ Deceased _____ Under Conservatorship _____

Date of Death: _____

PART III - DECEDENT'S DESIGNEES

TRUSTEE (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)

Name of Trustee: _____

Name of Trust: _____

Address: _____

Hm Phone No.: _____ Wk Phone No.: _____

1st Alternate Trustee: _____

2nd Alternate Trustee: _____

3rd Alternate Trustee: _____

GUARDIAN OF MINOR CHILDREN (i.e. the person who will take physical care of any minor children should both parents die)

Name of Guardian: _____

Address: _____

Hm Phone No.: _____ Wk Phone No.: _____

1st Alternate Guardian: _____

2nd Alternate Guardian: _____

3rd Alternate Guardian: _____

PART IV – IMPORTANT QUESTIONS

(Please check “Yes” “No” or “Uncertain” for your answer)	Yes	No	?
Was decedent (or spouse) receiving social security, disability, or other governmental benefits? <i>Describe</i> _____			
Was decedent (or spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>			
If decedent was married did the decedent and spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>			
Has decedent been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>			
Did decedent ever file federal or state gift tax returns? <i>Please furnish copies of these returns</i>			
Did decedent complete trust, or estate planning? <i>Please furnish copies of these documents</i>			
If married, did decedent ever live in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>			
Is decedent named a beneficiary of anyone else’s trust? <i>If so, please explain below.</i>			
Does decedent’s spouse or any of decedent’s children have special educational, medical, or physical needs?			
Do any of decedent’s children receive governmental support or benefits?			
Did decedent provide primary or other major financial support to adult children or others?			
Was decedent subject to guardianship or conservatorship prior death?			
Was decedent in control of his or her financial and personal affairs prior to death? If the decedent was not in control of his or her financial or personal affairs prior to death, who was in control?			
Was decedent the party to any litigation at the time of death?			

Were decedent's relationships with his or her family good and harmonious prior to death?			
Are you aware of any person who might assert that the decedent was, prior to his or her death, subjected to undue influence in the exercise of financial or personal matters?			

PART V - ASSETS

Describe decedent's property. If known, indicate whether the property is separate property, the surviving spouse's/partner's separate property, or community property. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS: (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.)

CASH

Cash on hand: _____

Traveler's checks: _____

Money orders: _____

ACCOUNTS

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other _____)

Current account balance (as of _____): \$ _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other _____)

Current account balance (as of _____): \$ _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other _____)

Current account balance (as of _____): \$ _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other _____)

Current account balance (as of _____): \$ _____

REAL ESTATE: (include any real property on which decedent and/or decedent's surviving spouse/partner are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

Street address: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of _____): \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

Street address: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of _____): \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

Street address: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of _____): \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

MINERAL INTERESTS: (include any property in which the parties own the mineral estate, separate and apart from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and non-producing oil and gas wells)

Name of mineral interest/lease/well: _____

Type of interest: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____

Current value (as of _____): \$ _____

Name of mineral interest/lease/well: _____

Type of interest: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____

Current value (as of _____): \$ _____

Name of mineral interest/lease/well: _____

Type of interest: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____

Current value (as of _____): \$ _____

Name of mineral interest/lease/well: _____

Type of interest: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____

Current value (as of _____): \$ _____

BROKERAGE /MUTUAL FUND ACCOUNTS:

Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts if any): _____

Account Title: _____

Account number (and numbers of subaccounts if any): _____

Value (as of _____)\$ _____

Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts if any): _____

Account Title: _____

Account number (and numbers of subaccounts if any): _____

Value (as of _____)\$ _____

Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts if any): _____

Account Title: _____

Account number (and numbers of subaccounts if any): _____

Value (as of _____)\$ _____

Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts if any): _____

Account Title: _____

Account number (and numbers of subaccounts if any): _____

Value (as of _____)\$ _____

Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts if any): _____

Account Title: _____

Account number (and numbers of subaccounts if any): _____

Value (as of _____)\$ _____

STOCKS, BONDS & OTHER SECURITIES: (include securities not in a brokerage account, mutual fund, or retirement fund)

Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other _____)
Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Current market value (as of _____): \$ _____

Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other _____)
Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Current market value (as of _____): \$ _____

Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other _____)
Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Current market value (as of _____): \$ _____

Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other _____)
Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Current market value (as of _____): \$ _____

Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other _____)
Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Current market value (as of _____): \$ _____

RETIREMENT BENEFITS: (including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state and local, etc.)

Name of plan: _____

Name and address of plan administrator: _____

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____, OTHER _____)

Employee: _____

Employer: _____

Starting date of creditable service: _____ Percent vested: _____

Account Title: _____

Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current account balance (as of _____): \$ _____

Name of plan: _____

Name and address of plan administrator: _____

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____, OTHER _____)

Employee: _____

Employer: _____

Starting date of creditable service: _____ Percent vested: _____

Account Title: _____

Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current account balance (as of _____): \$ _____

Name of plan: _____

Name and address of plan administrator: _____

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____, OTHER _____)

Employee: _____

Employer: _____

Starting date of creditable service: _____ Percent vested: _____

Account Title: _____

Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current account balance (as of _____): \$ _____

LIFE INSURANCE:

Name of insurance company: _____
Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Date of issue: _____
Type of insurance: [term/whole/universal] Face amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Cash surrender value: \$ _____

Name of insurance company: _____
Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Date of issue: _____
Type of insurance: [term/whole/universal] Face amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Cash surrender value: \$ _____

Name of insurance company: _____
Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Date of issue: _____
Type of insurance: [term/whole/universal] Face amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Cash surrender value: \$ _____

Name of insurance company: _____
Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Date of issue: _____
Type of insurance: [term/whole/universal] Face amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Cash surrender value: \$ _____

ANNUITIES:

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Date of issue: _____
Type of annuity: _____ Face Amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Current value (as of _____): \$ _____

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Date of issue: _____
Type of annuity: _____ Face Amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Current value (as of _____): \$ _____

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Date of issue: _____
Type of annuity: _____ Face Amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Current value (as of _____): \$ _____

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Date of issue: _____
Type of annuity: _____ Face Amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Current value (as of _____): \$ _____

MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC. (including mobile homes, trailers, and recreational vehicles)

Year: _____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____

OTHER MISCELLANEOUS PROPERTY: (including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.)

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

SAFE DEPOSIT BOXES:

Name of depository: _____

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

Name of depository: _____

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

Name of depository: _____

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

INDICATE DOCUMENTS CLIENT SHOULD BRING TO INTERVIEW

- _____ 1. Prior and present Wills, and any codicils
- _____ 2. Death certificate
- _____ 3. Paid funeral bills
- _____ 4. Trust instruments in which client is grantor, trustee, or beneficiary
- _____ 5. Income tax return (most recent)
- _____ 6. Gift tax returns (all)
- _____ 7. Real and personal property tax bills
- _____ 8. Deeds to property
- _____ 9. Mortgages
- _____ 10. Vehicle titles
- _____ 11. Copies of any bills and creditors' addresses
- _____ 12. Government, municipal, and corporate bonds
- _____ 13. Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
- _____ 14. Savings account passbooks, statements relating to certificates of deposit, money market certificates, and liquid daily asset accounts
- _____ 15. Stockholder or partnership agreements
- _____ 16. Pension and profit-sharing plans and summary of current benefits
- _____ 17. Leases
- _____ 18. Instruments under which client has any interest or power of appointment
- _____ 19. Prenuptial, postnuptial, or separation agreements
- _____ 20. Judgments of dissolution of marriage
- _____ 21. Court orders or agreements under which client is obligated to provide support
- _____ 22. Wills of other family members, if pertinent