

Initial Checklist

1. Preliminary Information

Decedent's Full name (include alias): _____

Date of Death: _____ Social Security Number: _____

Domicile: _____ Citizenship: _____

Place of Death: _____

2. Safe Deposit Inventory.

Did the decedent have access to a safe deposit box? ____Yes ____No

Bank location: _____
(address)

Title under whose name? _____

3. Last Will and Testament.

Did the decedent leave a Will? ____Yes ____No

Where is the Will located? _____

4. Trust.

Did the decedent create a Trust? ____Yes ____No

What type of Trust? ____Revocable ____Irrevocable ____Other

Trust Date: _____ Trust Location: _____