

# Personal Representative's Estate Information Sheet

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***Re: Effective and Efficient Estate Administration***

Dear Personal Representative:

If you have been named personal representative in a will, your duties include identifying heirs, collecting and managing assets, preparing an inventory, settling claims, and ultimately distributing assets to beneficiaries. The work involved depends on the location and type of assets of the estate, whether the decedent had a will, and if there are claims in dispute.

The attached information sheet is intended as a tool to assist personal representatives in gathering information needed to administer the estate. You may know some of the information by virtue of your relationship with the decedent. Other information may require extensive investigation and the help of family members or your attorney. Because the facts of each case are different, it is always important to consult with your attorney to determine what information and documentation is necessary to carry out your duties.

Serving as personal representative is both an honor and a responsibility. Fulfilling your duties as personal representative can be done efficiently by identifying challenging issues early on. Completing the attached information sheet is a good starting point.

A handwritten signature in blue ink that reads "Brett B. Gibson". The signature is fluid and cursive, with the first and last names being more prominent.

**Personal Representative's  
ESTATE INFORMATION SHEET**

This information sheet is intended to assist the Personal Representative in gathering the information needed to administer the Estate. Because the facts of each case are different, it is always important to consult with your attorney to determine what information and documentation is necessary to administer the Estate.

**GENERAL INFORMATION:**

Decedent's Full Legal Name: \_\_\_\_\_

Nickname; Also Known As or Formerly Known As: \_\_\_\_\_

Legal Residence (Domicile): \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place and Cause of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Existing Estate Cause Number: \_\_\_\_\_ County/State: \_\_\_\_\_

Guardianship over Decedent: \_\_\_\_\_ Yes \_\_\_\_\_ No

**LAST WILL AND TESTAMENT:**

Did the Decedent have a will? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Were there any amendments or codicils to the Will? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Codicil: \_\_\_\_\_

Did the Will include an attached list of personal property bequests? \_\_\_\_\_ Yes \_\_\_\_\_ No

**DECEDENT'S MARITAL STATUS:**

(Check One)

\_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Legally Separated \_\_\_ Widowed

Date of Marriage: \_\_\_\_\_

Date of Divorce, Separation or Death of Spouse: \_\_\_\_\_

Spouse's Full Legal Name: \_\_\_\_\_

Nickname; Also Known As or Formerly Known As: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**DECEDENT'S CHILDREN:**

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PERSONAL REPRESENTATIVE:**

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Date Appointed: \_\_\_\_\_ Bond Required: \_\_\_\_\_

**SAFETY DEPOSIT BOX:**

Box Number: \_\_\_\_\_ Joint Box Holder: \_\_\_\_\_

Location of Box: \_\_\_\_\_

**BENEFICIARIES (Testate) / HEIRS (Intestate) (Including Charitable Bequests):**

Name and Address                      Social Security Number                      Relationship                      Date of Birth

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
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5. \_\_\_\_\_  
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6. \_\_\_\_\_  
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7. \_\_\_\_\_  
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\_\_\_\_\_

8. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BANK ACCOUNTS:**

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Date of Death Value: \_\_\_\_\_ Jointly Held: \_\_\_\_\_ Yes \_\_\_\_\_ No

Joint Owner: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Date of Death Value: \_\_\_\_\_ Jointly Held: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Joint Owner: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Date of Death Value: \_\_\_\_\_ Jointly Held: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Joint Owner: \_\_\_\_\_

**STOCKS AND BONDS:**

Company Name: \_\_\_\_\_  
Certificate Number: \_\_\_\_\_ Number of Shares: \_\_\_\_\_  
Date of Death Value: \_\_\_\_\_ Jointly Held: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Joint Owner: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Certificate Number: \_\_\_\_\_ Number of Shares: \_\_\_\_\_  
Date of Death Value: \_\_\_\_\_ Jointly Held: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Joint Owner: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Certificate Number: \_\_\_\_\_ Number of Shares: \_\_\_\_\_  
Date of Death Value: \_\_\_\_\_ Jointly Held: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Joint Owner: \_\_\_\_\_

Company Name: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Number of Shares: \_\_\_\_\_

Date of Death Value: \_\_\_\_\_ Jointly Held: \_\_\_\_\_ Yes \_\_\_\_\_ No

Joint Owner: \_\_\_\_\_

**BROKERAGE ACCOUNT:**

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

Account Number: \_\_\_\_\_ Broker Name: \_\_\_\_\_

Date of Death Value: \_\_\_\_\_ Jointly Held: \_\_\_\_\_ Yes \_\_\_\_\_ No

Joint Owner: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Broker Name: \_\_\_\_\_

Date of Death Value: \_\_\_\_\_ Jointly Held: \_\_\_\_\_ Yes \_\_\_\_\_ No

Joint Owner: \_\_\_\_\_

**MOTOR VEHICLES:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Value: \_\_\_\_\_

Jointly Held: \_\_\_\_\_ Yes \_\_\_\_\_ No Joint Owner: \_\_\_\_\_

Lien: \_\_\_\_\_ Yes \_\_\_\_\_ No Lienholder: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_ Value: \_\_\_\_\_  
Jointly Held: \_\_\_\_\_ Yes \_\_\_\_\_ No Joint Owner: \_\_\_\_\_  
Lien: \_\_\_\_\_ Yes \_\_\_\_\_ No Lienholder: \_\_\_\_\_

**MISCELLANEOUS PERSONAL PROPERTY:**

Value of Household Goods: \_\_\_\_\_  
Jointly Held: \_\_\_\_\_ Yes \_\_\_\_\_ No Joint Owner: \_\_\_\_\_  
Value and Description of Jewelry: \_\_\_\_\_  
Value and Description of Artwork; Antiques; Collectibles: \_\_\_\_\_  
Jointly Held: \_\_\_\_\_ Yes \_\_\_\_\_ No Joint Owner: \_\_\_\_\_

**REAL ESTATE:**

Address of Property: \_\_\_\_\_  
Residence: \_\_\_\_\_ Rental: \_\_\_\_\_  
Value: \_\_\_\_\_ Lien: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Lienholder: \_\_\_\_\_ Amount of Lien: \_\_\_\_\_  
Jointly Held: \_\_\_\_\_ Yes \_\_\_\_\_ No Joint Owner: \_\_\_\_\_

Address of Property: \_\_\_\_\_  
Residence: \_\_\_\_\_ Rental: \_\_\_\_\_  
Value: \_\_\_\_\_ Lien: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Lienholder: \_\_\_\_\_ Amount of Lien: \_\_\_\_\_  
Jointly Held: \_\_\_\_\_ Yes \_\_\_\_\_ No Joint Owner: \_\_\_\_\_

**BUSINESS INTERESTS:** \_\_\_\_\_

Was business a Subchapter S or regular corporation, partnership, Limited Liability Company or Limited Partnership? \_\_\_\_\_

Name and address of attorney for business: \_\_\_\_\_

Name and address of accountant for business: \_\_\_\_\_

**LIFE INSURANCE:**

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Face Amount: \_\_\_\_\_

Policy Loans/Amount: \_\_\_\_\_ Beneficiary: \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Face Amount: \_\_\_\_\_

Policy Loans/Amount: \_\_\_\_\_ Beneficiary: \_\_\_\_\_ Yes \_\_\_\_\_ No

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

**ANNUITIES:**

Owner: \_\_\_\_\_

Contract Number: \_\_\_\_\_ Value: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Yes \_\_\_\_\_ No Beneficiary Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Contract Number: \_\_\_\_\_ Value: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Yes \_\_\_\_\_ No Beneficiary Name: \_\_\_\_\_

**INTER VIVOS GIFTS AND TRANSFERS:**

Gifts made within three (3) years of death:

Date of Gift: \_\_\_\_\_ Donee: \_\_\_\_\_

Amount of Gift: \_\_\_\_\_ Donor's Basis: \_\_\_\_\_

Date of Gift: \_\_\_\_\_ Donee: \_\_\_\_\_

Amount of Gift: \_\_\_\_\_ Donor's Basis: \_\_\_\_\_

Date of Gift: \_\_\_\_\_ Donee: \_\_\_\_\_

Amount of Gift: \_\_\_\_\_ Donor's Basis: \_\_\_\_\_

Gift Tax Returns Filed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Years for which returns were filed: \_\_\_\_\_

**TRUST INTERESTS OF DECEDENT:**

Was the decedent the grantor of any trust? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date the Trust was created: \_\_\_\_\_

Did the decedent create any Irrevocable Trusts during lifetime? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date the Trust was created? \_\_\_\_\_

Did the decedent possess any power of appointment? \_\_\_\_\_ Yes \_\_\_\_\_ No

What document created the power? \_\_\_\_\_

Date of exercise? \_\_\_\_\_

Was the power \_\_\_\_\_ general or \_\_\_\_\_ limited?

**RETIREMENT ACCOUNTS:**

Account Name	Type (Circle One)	Beneficiary	Date of Death Value
_____	IRA 401K Pension	_____	_____
_____	IRA 401K Pension	_____	_____
_____	IRA 401K Pension	_____	_____
_____	IRA 401K Pension	_____	_____

**EXPENSES:**

Name and Address of Funeral Home: \_\_\_\_\_

Funeral Expenses: \_\_\_\_\_

Expenses of Last Illness: \_\_\_\_\_

Unpaid bills/credit cards: \_\_\_\_\_

Any other known creditors: \_\_\_\_\_

**ADVISORS:**

Name, Address and Phone Number of Accountant: \_\_\_\_\_

Name, Address and Phone Number of Financial Planner: \_\_\_\_\_

Name, Address and Phone Number of Insurance Agent: \_\_\_\_\_

Name, Address and Phone Number of Broker: \_\_\_\_\_

Name, Address and Phone Number of Banker: \_\_\_\_\_

**MISCELLANEOUS NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## About Your Attorney

Brett B. Gibson represents individuals, families, and businesses with their personal legal needs, throughout the State of Indiana. His office is located at 133 N. 4<sup>th</sup> Street, Suite 73, Lafayette, Indiana. His experience and practice includes:

### Probate Administration and Litigation

- Probate and Transfer of Assets. Representation of personal representatives and heirs in probate proceedings and estate administration. Works closely with personal representatives to assure the efficient distribution of assets to beneficiaries.
- Litigation. Representation of clients in probate litigation, including challenging and defending prenuptial agreements, will and trust contests, tortious interference with inheritance, and obtaining spousal elective shares.

### Estate and Life Planning

- Wills and Trusts. Representation of individuals and families in planning the transfer of assets at their death, while minimizing taxes and administrative burdens.
- Health Care Planning. Assisting clients in preparing for possible incapacitation through the preparation of health care powers of attorney, general durable powers of attorney, and living wills.
- Life Planning. Advising clients on issues of wealth preservation for children, prenuptial and cohabitation agreements, utilizing and funding living trusts, and protecting the interests of children from prior relationships.
- Domestic Partners. Representation of domestic partners in legally defining their relationship, including property rights, cohabitation agreements, living trusts, and powers of attorney.
- Adoptions. Assisting families and step-parents in the adoption of children.
- Business Succession Planning. Representation of clients in business and succession planning and the use of buy-sell agreements, estate planning, and financial planning. Representation of clients in drafting agreements to retain control of closely-held companies in the event of shareholder death, divorce, or disability.

For a complete review of Brett B. Gibson's professional experience and practice areas, including significant jury trial experience, go to [www.bbgyson.com](http://www.bbgyson.com).

\*\*\* Disclaimer: This document is for informational use and should not be considered legal advice. Laws change frequently. You should not rely on this information without the direct advice of an attorney.

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