



*The Elder Law Office of*  
**Olimpi &  
Kramer, LLC**

## **Estate Administration Worksheet**

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ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO APPOINTMENT VIA EMAIL, MAIL, OR FAX.

**The Elder Law Firm of Olimpi & Kramer, LLC**  
396 4th St., Beaver, Pennsylvania 15009  
Phone: (724) 888-2834

**Part I - Personal Information**

Decedent : Legal Name \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As \_\_\_\_\_  
(other names used to title property and accounts)

Date of Death: \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Did the Decedent have a Last Will and Testament? \_\_\_ Yes \_\_\_ No

If Yes, Who is named as the Executor/Executrix? \_\_\_\_\_

Executor/Administrator: Legal Name \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As: \_\_\_\_\_  
(other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address.

**Beneficiaries under the Last Will and Testament of the Decedent or if the Decedent died without a Last Will and Testament the Children and Other Immediate Family Members**

Name and Address	Birth Date	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part II - Property Information**

How the decedent own their property is **extremely important** for purposes of properly determining estate assets. For each property, please indicate how the property is titled. When doing so, please use the following abbreviations:

<b>Owner of Property</b>	<b>Use</b>
If married, Spouse 1's/Partner 1's name alone, with no other person	S1/P1
If married, Spouse 2's/Partner 2's name alone, with no other person	S2/P2
If married, joint ownership with spouse/partner	JS
Joint ownership with someone other than spouse (partner, child, parent, etc.)	JO
If you cannot determine how the property is owned	?

**Real Property**

**TYPE:** Any interest in real estate including the decedent's family residence, vacation home, timeshare, vacant land, etc.

<b>General Description and/or Address</b>	<b>Owner</b>	<b>Market Value</b>	<b>Loan Balance</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<b>Total</b>	_____	_____

**Furniture and Personal Effects**

**TYPE:** List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

<b>Type or Description</b>	<b>Owner</b>	<b>Market Value</b>
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<b>Total</b>	_____

**Automobiles, Boats, and RVs**

**TYPE:** For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

_____
_____
_____
_____

## Bank Accounts

**TYPE:** Checking Account “CA”, Savings Account “SA”, Certificates of Deposit “CD”, Money Market “MM” (*indicate type below*). Do not include IRAs or 401(k)s here \*(**Date of Death Values are preferred**)

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			<i><b>Total</b></i> _____

Note: If Account is in the decedent's name (or spouse's/partner's name) for the benefit of a minor, please specify & give minor's name.

## Stocks and Bonds

**TYPE:** List any and all stocks and bonds the decedent owned. If held in a brokerage account, lump them together under each account. (*indicate type below*) \*(**Date of Death Values are preferred**)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				<i><b>Total</b></i> _____

## Life Insurance Policies and Annuities

**TYPE:** Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, and who is the life insurance agent.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				<i><b>Total</b></i> _____

**Retirement Plans**

**TYPE:** Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

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*Total* \_\_\_\_\_

**Business Interests**

**TYPE:** General and Limited Partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, oil interests, farm, and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, the decedent's ownership in the interests, and the estimated value of the interests.

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*Total* \_\_\_\_\_

**Money Owed To You**

**TYPE:** Mortgages or promissory notes payable to the decedent, or other moneys owed to the decedent.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

**Anticipated Inheritance, Gift, or Lawsuit Judgment**

**TYPE:** Gifts or inheritances that the decedent expected to receive at some time in the future; or moneys that the decedent anticipated receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

**Description** \_\_\_\_\_

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*Total estimated value* \_\_\_\_\_

**Other Assets**

**TYPE:** Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>