



**RE: Probate Information**

Dear Personal Representative:

No doubt you have heard rumor that probate is a very complex and an extremely expensive process. Not to mention, that it can takes months, or years, in some instances, to finalize an estate. On some occasions, all these things can be true. However, preparation and obtaining correct information can usually substantially reduce these difficulties.

Gathering together all the necessary information is sometimes the most difficult dilemma faced by surviving family or friends, as well as, the attorneys involved. Lack of information about the character and value of the estate assets is of great concern. Without this information, the heirs will not know the size of the estate, the attorneys cannot put the estate in order and prepare the essential documents, and consequently the distribution of the assets to the proper persons is delayed.

As a way to assist in gathering the necessary information, we have prepared the attached detailed record of items and information important to locate. No estate will possess each and every item on the record, but it is important to begin immediately to attain as many of the items, and as much of the information as reasonably possible. Please do not be disheartened by the extent of the list or an inability to locate some items, but do begin gathering as much of the information and as many of the documents as possible.

Seldom can all the necessary facts be gathered all at one time, and usually more information is discovered as the probate process proceeds. Most certainly, each situation is unique, as persons almost never process the same assets and liabilities, nor share the same family lineage. On request, our firm will help assemble any life insurance policy and employment or retirement benefits information.

We understand that this is a difficult time for most, and should not be made more difficult for those attempting to carry out the last wishes of a loved one. We are here to help, so please never hesitate to call us with any questions or concerns.

Very truly yours,

PRESTON MADDOUX LLC

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12901 SE 97<sup>th</sup> Avenue, Suite 330  
Clackamas, Oregon 97015

P (503) 666-7114  
F (503) 512-8112



## PROBATE INFORMATION CHECKLIST

Decedent's Full Name:

\_\_\_\_\_  
Decedent's Maiden Name (if applicable):

\_\_\_\_\_  
Please obtain as many of the following described items and as much of this requested information as possible. **Please do not be surprised if you cannot locate all items.**

**PLEASE DO NOT PAY ANY OF DECEDENT'S BILLS BEFORE OUR FIRST APPOINTMENT.**

Please assemble the items in the order below, fill in the answers to the questions and bring this list and the assembled materials to my office. When you have as much as you can furnish, please call our office to make an appointment 503-666-7114 (if you have not already made an appointment).

### **PLEASE LOCATE AND BRING TO APPOINTMENT**

#### **I.**

All signed copies of Decedent's wills and codicils and memoranda concerning disposition of personal property; copies of all trust created by or for the benefit of Decedent or Decedent's spouse; current financial statement for each of those trusts and a list of all beneficiaries with their birth dates; Decedent death certificate (one for each policy of insurance on Decedent's life plus one additional for our file); copy of Decedent's obituary notice and any newspaper articles if Decedent's death was not from natural causes; documents relating to travel clubs, automobile associations, and other organizations if Decedent's death was accidental; copies of will and codicils of Decedent's spouse.

#### **II.**

If Decedent served in the military, bring certificate of discharge or separation and other documents relating to military benefits.

#### **III.**

Deeds and contracts for deeds to all real estate owned or being purchased by Decedent or Decedent's spouse (including oil, gas, and other mineral interest) and, if owned with others, the names and addresses of all co-owners. If the property was leased, bring copies

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of all leases. If plats, street addresses, appraisals, property tax receipts, and title policies are available, bring them also. If real estate was not paid for, bring loan number, payment book and/or loan amortization schedule, and address of mortgage company or other note holder and copies of notes, mortgages, and other documents. If there was a contract for the purchase or sale of real estate by Decedent or Decedent's spouse pending at the date of Decedent's death, bring it too.

#### **IV.**

Original bonds, including Series E bonds and stock certificates owned or registered in the name of Decedent or Decedent's spouse or in combination with others. If securities are held in an account by a broker or a custodian, please furnish most recent statement and name and address of firm where held. If Decedent or Decedent's spouse owned stock in a closely held corporation, please furnish income tax returns, balance sheets, and profit and loss statements for the five (5) most recent years.

#### **V.**

Partnership, stock purchase agreements, employment, franchise, stock purchase, stock option, and other agreements signed by either Decedent or Decedent's spouse. If Decedent or Decedent's spouse owned an interest in a partnership, please furnish income tax returns, balance sheets, and profit and loss statements for the five (5) most recent years.

#### **VI.**

Statements, checks, and deposits for the month before, month of, and month following Decedent's death and checkbooks for one (1) year prior to Decedent's death for each bank, savings and loan, or credit union checking or savings account of Decedent or Decedent's spouse; all passbooks and actual certificates of deposit; statements for safekeeping of valuables; traveler's checks and checks payable to Decedent or Decedent's spouse not cashed at date of Decedent's death - especially Social Security and VA checks; keys to safe deposit boxes; name of Decedent's officer or other person to contact.

#### **VII.**

All notes, accounts, and judgments payable to Decedent or Decedent's spouse, loan amortization schedules, and the name and address of each debtor.

#### **VIII.**

All unpaid premium notices and all policies of insurance, including life, accident, burial, disability, homeowner's, automobile, personal property, fire and extended coverage, casualty, and medical and health insurance in which either Decedent or Decedent's spouse was an owner, including any policy upon the life of another (such as spouse or children).



**IX.**

Royalty agreements, including oil and gas royalties, owned by or paid to Decedent or Decedent's spouse. Bring as much additional information as you can locate, including leases, division orders, financial statements, check stubs for the 12 month period prior to Decedent's death, and statements from royalty payers.

**X.**

Titles to all automobiles, boats, airplanes, and other motor vehicles and mobile homes registered in the name of Decedent or Decedent's spouse and, if subject to a lien, a copy of the note, the loan number, payment book, and name and address of each lien holder.

**XI.**

All documents relating to pensions, profit sharing plans, annuities, franchises, patents, and copyrights.

**XII.**

Copies of Decedent's personal financial statements for the last three (3) years and copies of all notes payable by Decedent or Decedent's spouse; guaranty agreements signed by Decedent or Decedent's spouse.

**XIII.**

Copy of funeral bills including cemetery lot, monuments, obituary notices, long distance telephone charges, floral offerings, memorial services, and any other related expenses.

**XIV.**

Information concerning any estate from which Decedent inherited any property in the last ten (10) years and all documents (particularly the federal estate tax return and audit adjustments for that estate) related to such inheritance.

**XV.**

Copies of last three (3) income tax returns (federal, state and city) filed by Decedent or Decedent's spouse; copy of current declaration of estimated income tax for Decedent or Decedent's spouse and evidence of payment of past installments; and copies of all gift tax returns ever filed by Decedent or Decedent's spouse.

**XVI.**

Agreements between Decedent and Decedent's spouse; copies of property settlement agreements and divorce decrees relating to Decedent's prior marriage(s).



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**XVII.**

Booklets and other information describing present and past employment benefits for Decedent and Decedent’s spouse including most recent statements of Decedent’s individual accounts; all information relating to Individual Retirement Account of HR-10 (KEOGH) Plan for Decedent or Decedent’s spouse; all information relating to Social Security benefits being received by or payable to Decedent or Decedent’s spouse; all information relating to military, civil service or railroad retirement benefits being received by or payable to Decedent or Decedent’s spouse; all information relating to annuities being received by or payable to Decedent or Decedent’s spouse; all information relating to deferred compensation, pensions, and profit sharing plans of Decedent or Decedent’s spouse.

**XVIII.**

Copies of pleadings filed in suits in which Decedent or Decedent’s spouse was a party at the time of Decedent’s death.

PLEASE COMPLETE

Date of Decedent’s Birth: \_\_\_\_\_

Place of Decedent’s Birth: \_\_\_\_\_

Date of Decedent’s Death: \_\_\_\_\_

Decedent’s residence address at time of death (including County): \_\_\_\_\_  
\_\_\_\_\_

Approximate date on which Decedent became an Oregon resident: \_\_\_\_\_

If Decedent and Decedent’s surviving spouse had not resided in Oregon during the entirety of their marriage, list all places of residence and approximate dates:

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

Decedent’s citizenship, if not U.S.: \_\_\_\_\_

Decedent’s Social Security Number: \_\_\_\_\_



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Decedent's Medicare Number: \_\_\_\_\_

Decedent's Military Identification Number: \_\_\_\_\_

Decedent's VA Identification Number: \_\_\_\_\_

Dates and branch of Decedent's military service: \_\_\_\_\_

Decedent's occupation at date of death and the name, address and phone number of employer and of person to contact concerning benefits:

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

If Decedent was self-employed, list Decedent's trade name, business address, and the employer identification number of Decedent's business: \_\_\_\_\_

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

If retired, give Decedent's former occupation, employer, and nature of business: \_\_\_\_\_

\_\_\_\_\_

Club, fraternal and lodge memberships of Decedent or Decedent's spouse:

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

Length of Decedent's last illness: \_\_\_\_\_

Names and addresses of all hospitals in which Decedent was confined in the last three years and dates of confinement:

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\_\_\_\_\_  
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Names and addresses of Decedent's personal physician and of physicians and nurses attending Decedent during Decedent's last illness:

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Names, addresses and phone numbers of the witnesses to Decedent's most recent will and all codicils:

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Name, address and phone number of each personal representative, trustee, custodian, and guardian (including alternates) named in Decedent's last will:

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If Decedent was not survived by either spouse or children, or if Decedent's Will provides benefits to institutions or to persons other than the surviving spouse and children, please furnish name, address, phone number, date of birth, Social Security Number, marital status and name of that person's spouse, and relationship to Decedent for each of those institutions or persons and also for Decedent's surviving parents:

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Date and place of marriage to and name, address, phone number, date of birth, Social Security Number and current income tax bracket of Decedent's surviving spouse:

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Same information with respect to all of Decedent's prior spouses, if any, especially dates and places of those marriages and of termination of prior marriages and whether terminated by death or divorce:

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Name, address, phone number, date and place of birth, Social Security Number, current income tax bracket, marital status and name of spouse of all children ever born to or adopted by Decedent, whether presently living or not, and identify the other parent. If Decedent was not survived by either a spouse or children, please check here \_\_\_\_:

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Name and address of each bank where Decedent maintained or had access to or kept items in a safe deposit box, the box number(s), and the name, address and relationship of all other persons having access to those boxes:

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Name, address and phone number of Decedent's attorneys, accountants, tax return preparers, stockbrokers, life insurance agents, casualty insurance agents, health and accident insurance agents, and other professional advisors:

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Description of any improvements to real estate:

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Style of account, account number and name and location of bank, savings association, and credit union for each checking or savings account or certificate of deposit in the name of Decedent or Decedent's spouse or on which Decedent could sign, and name of officer, if known:

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Detailed description of all motor vehicles including, make, model, year, body type, and major equipment such as air conditioning, automatic transmission, power equipment, sun - roof, stereo, tape deck, CB, CD player, etc.:

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General description of all other property owned by Decedent or Decedent's spouse, including livestock, farm products, leasehold interests, jewelry, household goods and personal effects. With respect to jewelry, household goods and personal effects, itemize only those items of considerable value (\$1,000.00 or more). Bring as much additional information as you can locate, including financial statements, related to these items

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List outstanding accounts, charge or credit card purchases (including account numbers) made but not yet billed, and other debts owed by Decedent or Decedent's spouse on the date of Decedent's death and names, addresses and phone numbers of those creditors:

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Name, address and phone number of funeral home:

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List of expenses of last illness (unpaid at Decedent's death), including names of payees and amounts paid for physicians, nurses, hospitals, medications, sick room equipment, etc.:

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If there is insurance on the life of Decedent that is payable to Decedent's company, partners, fellow stockholders, employees or other, please give their names, addresses and telephone numbers and furnish complete details:

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