UTAH SENIOR PLANNING
ASSET PROTECTION • PUBLIC BENEFITS

PROBATE INFORMATION

DISCLAIMER: THIS FORM IS PURELY INFORMATIONAL AND IS NOT MEANT TO BE LEGAL ADVICE. IF YOU HAVE ANY QUESTIONS, PLEASE CONSULT OUR PROBATE ATTORNEY. THERE'S NOT ALWAYS GOING TO BE A NEED FOR PROBATE. PROBATE IS NEEDED WHEN AN ESTATE HAS ASSETS THAT NEED TO BE LEGALLY SETTLED AND DISTRIBUTED.

PRINT AND BE PRECISE, ESPECIALLY AS TO THE NAMES IN WHICH PROPERTY AND ACCOUNTS ARE HELD (ATTACH ADDITIONAL PAGES IF NECESSARY)

DECEDENT INFORMATION

NAME: _____ SOCIAL SECURITY #: _____

ADDRESS: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____

DID DECEDENT HAVE A WILL? _____ BUSINESS OR OCCUPATION: _____

*IF YES, WE NEED THE ORIGINAL ↵

SPOUSE INFORMATION

NAME: _____ SOCIAL SECURITY #: _____

ADDRESS: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____

EXECUTOR INFORMATION

NAME: _____ SOCIAL SECURITY #: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

ADDRESS: _____

SAFETY DEPOSIT BOX

LOCATION: _____

*ATTACH INVENTROY OF BOX PREPARED BY BANK ↵

BENEFICIARIES NAMED IN WILL, JOINT TENANTS, AND CLOSEST DESCENDANTS, OR NEXT OF KIN IF NO DESCENDANTS

NAME:	DOB:	RELATIONSHIP:	ADDRESS:	SOCIAL SECURITY #:

MOTOR VEHICLES, TRAILER, OR RECREATIONAL VEHICLES

HELD IN THE NAMES OF:	YEAR:	VIN:	DESCRIPTION:	VALUE:

LIFE INSURANCE

COMPANY:	POLICY #:	BENEFICIARY:	FACE VALUE:	DEATH BENEFIT:

*OBTAIN FEDERAL TAX FORM 712 FOR EACH POLICY (FROM LIFE INSURANCE AGENT)

CASH HELD ON DATE OF DECEDENT'S DEATH

CURRENCY: $ _____

SOCIAL SECURITY CHECKS NOT CASHED BUT RECEIVED PRIOR TO DEATH: $ _____

OTHER CHECKS INCLUDING PENSIONS AND TRAVELERS CHECKS RECEIVED BUT NOT CASHED PRIOR TO DEATH: $ _____

CERTIFICATES OF DEPOSIT

HELD IN THE NAMES OF:	VIN:	LOCATION:	VALUE ON DATE OF DEATH:

BANK ACCOUNTS

HELD IN THE NAMES OF:	LOCATION:	SAVINGS OR CHECKING ACCOUNT #:	BALANCE ON DATE OF DEATH:

*PROVIDE STATEMENTS FOR MONTH OF DEATH AND ALLOW FOR WITHDRAWALS AND CHECKS NOT CHARGED TO ACCOUNT BY DATE OF DEATH

INDIVIDUAL RETIREMENT ACCOUNTS

HELD IN THE NAMES OF:	NATURE OF ACCOUNT:	ACCOUNT#	LOCATION:	BALANCE ON DATE OF DEATH:

STOCKS, MUTUAL FUNDS, OR TREASURING BILLS

HELD IN THE NAMES OF:	COMPANY:	SHARES:	CERTIFICATE #:	VALUE ON DATE OF DEATH:

PROVIDE COPIES OF STOCK CERTIFICATES OR ACCOUNT STATEMENTS

U.S. SAVING BONDS

ATTACH A SEPARATE LIST SHOWING THE NAMES ON BOND, BOND SERIAL NUMBER, DENOMINATION, AND DATE OF PURCHASE

REAL ESTATE (IN STATE)

ADDRESS:	INDEBTEDNESS:	TAX VALUATION:	MARKET VALUE:	HOW OWNED (DEED, CONTRACT BUER, CONTRACT SELLER)

REAL ESTATE (OUT OF STATE)

ADDRESS:	INDEBTEDNESS:	TAX VALUATION:	MARKET VALUE:	HOW OWNED (DEED, CONTRACT BUER, CONTRACT SELLER)

HOUSEHOLD GOODS AND FURNISHINGS

CURRENT MARKET VALUE: $ _____

BANK ACCOUNTS

SUCH AS COIN COLLECTIONS, STAMP COLLECTIONS, HEIRLOOMS, JEWELRY, ANTIQUES, ETC.

DESCRIPTION OF PROPERTY:	LOCATION:	MARKET VALUE:

RETIREMENT BENEFITS

ANNUITIES, SUPPLEMENTARY INCOME CONTRACTS, PENSION FUNDS

WAS DECEDENT RECEIVING A MONTHLY PENSION OR ANNUITY? _____

IF YES, DID ALL BENEFITS TERMINATE ON DATE OF DEATH? _____

IF BENEFITS CONTINUED TO A NAMED BENEFICIARY OR IF THERE IS A LUMP SUM DEATH BENEFIT, PLEASE DESCRIBE. (LIST THE COMPANY, DESCRIPTION OF PENSION, OR ANNUITY BENEFICIARIES, AND AMOUNT RECEIVED)

CASH HELD ON DATE OF DECEDENT'S DEATH

DID DECEDENT MAKE ANY GIFTS WITHIN THE LAST 3 YEARS? _____

IF YES, LIST BELOW:

TAX RETURNS

YEAR LAST FEDERAL INCOME TAX RETURN WAS FILED BY DECEDENT: _____

YEAR LAST STATE INCOME TAX RETURN WAS FILED BY DECEDENT: _____

DEBTS

REAL ESTATE TAXES: $ _____

FUNERAL EXPENSES: $ _____

INCLUDE COPY OF FUNERAL BILL ↵

OTHER DEBTS

CREDITOR:	BALANCE DUE ON DATE OF DEATH:	NATURE OF OR REASON FOR DEBT: