



LIFEPLAN NEBRASKA

Your Trusted Estate Planning Partner

Instructions

1. Please complete this worksheet in ink
2. We must have this worksheet returned at least three days prior to our meeting. (This will ensure that we have enough time to understand the specifics of your situation before our meeting.)
3. If you need assistance completing the information, call our office at (402) 558-1404 and we will gladly help you.
4. Don't worry about total accuracy – just do the best you can!

***ALL INFORMATION PROVIDED IS KEPT
STRICTLY CONFIDENTIAL***

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(Please Print)

DECEDENT INFORMATION

Name of Deceased _____
(name most often used to title property and accounts)

Also Known As _____
(other names used in military service or to title property or accounts)

Last residence address _____ City _____ State _____ Zip _____

Date of Death _____ Place of Death _____

Did the deceased leave a will? Yes No

If yes, date of Last Will and Testament _____ Location of the original Will? _____

Did the deceased have any trusts? Yes No

MARRIAGE INFORMATION:

Was the deceased married at the time of death? Yes No

Surviving Spouse's full legal name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Birth date _____ SS# _____

Had the deceased been married previously? Yes No

| <u>Name of Spouse</u> | <u>Date of Marriage</u> | <u>Date Marriage Ended</u> | <u>Reason Ended</u> <i>(divorce, death)</i> |
|-----------------------|-------------------------|----------------------------|--|
|-----------------------|-------------------------|----------------------------|--|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

EXECUTOR/ADMINISTRATOR/TRUSTEE INFORMATION

Full name of the person named as Executor/Trustee _____

Relationship to deceased _____

Home Address _____

Home Phone _____ Cell Phone _____ E-mail _____

Social Security Number _____ (Needed to obtain estate Tax ID number)

FINANCIAL INFORMATION

Did the deceased own any interest in real estate (house, farmland, commercial property, time share, condo)?

Yes No Please list properties and estimated value (if known)

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

What is the total estimated value of the deceased's other assets (cash, bank accounts, investments, CD's, bonds, securities)? \$_____

Did the deceased own any valuable collectibles or personal property (artwork, vehicles, coins, jewelry, antiques)? Yes No Estimated value \$_____

Does the deceased owe any outstanding debts or bills (credit cards, medical bills, mortgages, bank loans, or any overdue or unpaid bills)? Yes No Estimated value \$_____

FAMILY INFORMATION

Did the deceased have any *living* children? Yes No Please list names and addresses (if known)

| <u>NAME</u> | <u>ADDRESS</u> | <u>MINOR?</u> |
|-------------|----------------|--------------------------|
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |

Did the deceased have any *deceased* children? Yes No Please list names and addresses (if known)

| <u>NAME</u> | <u>ADDRESS</u> |
|-------------|----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

If **NO surviving spouse of children**, please list the names and addresses of the deceased's other family members where indicated.

| <u>NAME (and Relationship)</u> | <u>ADDRESS</u> | <u>DECEASED?</u> |
|--------------------------------|----------------|--------------------------|
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |