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DECEDENT ESTATE/TRUST SETTLEMENT WORKSHEET

INFORMATION REGARDING DECEDENT:

First Name	MI	Last Name
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Date of Birth	Date of Death	SSN	EIN (if any)
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Permanent Resident Address Upon Death:

Street	City	County	State	Zip
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Place of Death:

Street or Facility Name	City	County	State	Zip
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*****WHAT IS THE APPROXIMATE VALUE OF THE ESTATE? _____

*****WAS THE DECEDENT EVER ON MEDICAID? _____

*****ARE ANY SURVIVING FAMILY MEMBERS IN THE MILITARY? _____

*****DID THE DECEDENT HAVE A WILL AND/OR TRUST? _____

If so, please provide a signed copy of the trust and the original Will.

*****PLEASE PROVIDE A COPY OF THE DEATH CERTIFICATE*****

*****PLEASE PROVIDE A COPY OF THE PAID FUNERAL BILL*****

INFORMATION REGARDING EXECUTOR/TRUSTEE/CLIENT:

First Name	MI	Last Name
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Spouse's Name	Telephone No.	Alt. Telephone No.
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Address:

Street	City	County	State	Zip
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Date of Birth	SSN	E-mail Address
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DECEDENT'S SPOUSE (even if deceased):

First Name	MI	Last Name	DOB	SSN	DOD
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Address (if living):

Street	City	County	State	Zip
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CHILDREN OF DECEDENT (even if deceased):

Name	DOB	SSN	E-mail Address
Address/Phone		Notes:	

Name	DOB	SSN	E-mail Address
Address		Notes:	

Name	DOB	SSN	E-mail Address
Address/Phone		Notes:	

Name	DOB	SSN	E-mail Address
Address/Phone		Notes:	

CHILDREN OF ANY DECEASED CHILD(REN) – (GRANDCHILDREN):

Name	DOB	SSN	E-mail Address
Address/Phone		Notes/Child of:	

Name	DOB	SSN	E-mail Address
Address/Phone		Notes/Child of:	

Name	DOB	SSN	E-mail Address
Address/Phone		Notes/Child of:	

