



MOGREN, GLESSNER & AHRENS, P.S.

Attorneys At Law

Peter W. Mogren

Ronald E. Glessner

Michelle R. Ahrens

ESTATE INFORMATION SHEET

(Please Print and Fill Out **COMPLETELY**. This information is required by the court.)

1. DECEASED:

Name of Deceased: _____
 Date of Death: _____ Place of Death: _____
 Cause of Death: _____ Will Dated: _____
 Date of Birth: _____ Social Security #: _____

2. SURVIVING SPOUSE:

Name: _____ Phone #: _____
 Address: _____
 Date of Birth: _____ Age: _____ SS#: _____

3. HEIRS: (Named in will or closest relative if no will)

Name: _____ Phone #: _____
 Address: _____
 Date of Birth: _____ Age: _____ SS#: _____
 Relationship to Deceased: _____

Name: _____ Phone #: _____
 Address: _____
 Date of Birth: _____ Age: _____ SS#: _____
 Relationship to Deceased: _____

Name: _____ Phone #: _____
 Address: _____
 Date of Birth: _____ Age: _____ SS#: _____
 Relationship to Deceased: _____

Name: _____ Phone #: _____
 Address: _____
 Date of Birth: _____ Age: _____ SS#: _____
 Relationship to Deceased: _____

Name: _____ Phone #: _____
 Address: _____
 Date of Birth: _____ Age: _____ SS#: _____
 Relationship to Deceased: _____

4. EXECUTOR/ADMINISTRATOR:

Name: _____ Phone #: _____
Address: _____
Date of Birth: _____ Age: _____ SS#: _____
Relationship to Deceased: _____

5. REAL PROPERTY:

Address of Property: _____
Estimated Fair Market Value: \$ _____ Balance Owing: \$ _____
Mortgage Company: _____
(Please attach legal description)

Address of Property: _____
Estimated Fair Market Value: \$ _____ Balance Owing: \$ _____
Mortgage Company: _____
(Please attach legal description)

6. STOCKS, BONDS & MUTUAL FUNDS:

Company: _____ Cert. No(s). _____
No. of shares _____ Date Purchased _____ Purchase Price \$ _____
Present Value \$ _____ Income \$ _____ Face Amount \$ _____
How held? _____ Do you want this? _____

Company: _____ Cert. No(s). _____
No. of shares _____ Date Purchased _____ Purchase Price \$ _____
Present Value \$ _____ Income \$ _____ Face Amount \$ _____
How held? _____ Do you want this? _____

Company: _____ Cert. No(s). _____
No. of shares _____ Date Purchased _____ Purchase Price \$ _____
Present Value \$ _____ Income \$ _____ Face Amount \$ _____
How held? _____ Do you want this? _____

Company: _____ Cert. No(s). _____
No. of shares _____ Date Purchased _____ Purchase Price \$ _____
Present Value \$ _____ Income \$ _____ Face Amount \$ _____
How held? _____ Do you want this? _____

(If other Securities, use back of this form.)

7. **UNITED STATES SAVINGS BONDS:**

Serial Number	Date of Purchase	Face Amount	Present Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional list if necessary)

8. **BANK ACCOUNTS, ETC.**

(a) Cash on hand: \$ _____

(b) Checking Account(s):

Name of Bank _____ Branch _____
Account No. _____ Balance \$ _____
In whose name? _____

Name of Bank _____ Branch _____
Account No. _____ Balance \$ _____
In whose name? _____

(c) Savings Account(s):

Name of Bank _____ Branch _____
Account No. _____ Balance \$ _____
In whose name? _____

Name of Bank _____ Branch _____
Account No. _____ Balance \$ _____
In whose name? _____

(d) Certificate(s) of Deposit:

Name of Bank _____ Branch _____
Account No. _____ Balance \$ _____
In whose name? _____

Name of Bank _____ Branch _____
Account No. _____ Balance \$ _____
In whose name? _____

9. AUTOMOBILES:

Year _____ Make _____ Model _____
License No. _____ Serial No. _____
Title in whose name? _____ Present Value \$ _____
Lien Holder _____ Balance Owing \$ _____

Year _____ Make _____ Model _____
License No. _____ Serial No. _____
Title in whose name? _____ Present Value \$ _____
Lien Holder _____ Balance Owing \$ _____

Year _____ Make _____ Model _____
License No. _____ Serial No. _____
Title in whose name? _____ Present Value \$ _____
Lien Holder _____ Balance Owing \$ _____

10. HOUSEHOLD FURNISHINGS:

Estimated Fair Market Value: \$ _____ Balance Owing: \$ _____
Lien Holder: \$ _____

11. OTHER ASSETS OR INVESTMENTS:

Item	Fair Market Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

12. LIFE INSURANCE: (Insuring both the decedent and surviving spouse)

Company _____ Policy No. _____
Insured _____ Beneficiaries _____
Type _____ Face Amount \$ _____
(Term, whole life, universal life) Surrender Value \$ _____

13. ESTATE SIZE:

Estimated fair market value of gross estate: \$ _____
Estimated value of all debts (including cost of probate): \$ _____