

Bearman Law

David A. Bearman
Attorney at Law

Dated _____

Estate and trust administration worksheet

Client name _____
Street _____
City/state/zip _____
Phone _____
Email _____
Relationship to decedent _____
Gender _____
Age _____

Decedent name _____
Street _____
City/state/zip _____
County _____
Phone _____
Email _____
Gender _____
Date of birth _____
Social security number _____
State of permanent residence Oregon Other _____
Age and date of birth _____
Place of birth _____
Location died _____
Date of death _____

Mailing Address
388 Liberty Street SE, Suite 470
Salem, OR 97301
503-363-4459/503-364-7618

Facsimile 503-363-7137

Lake Oswego Office
4800 SW Meadows Rd, Suite 300
Lake Oswego, OR 97035
800-873-1991

Do you have the following original documents? If “yes”, bring to the appointment

- | | | |
|-------------------|------------------------------|-----------------------------|
| Death certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Living Trust | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other issues

- | | | |
|--|------------------------------|-----------------------------|
| Is the decedent a US Citizen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there a wrongful death claim issue? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there debt on residence that exceeds FMV? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there an ongoing business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the decedent receive Medicaid benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the decedent receive Veteran’s benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Value of the estate (sum of all)

(USE ONLY APPROXIMATE VALUES)

- | | |
|---------------------------------|----------|
| Real property in Oregon | \$ _____ |
| Real property outside of Oregon | \$ _____ |
| Checking accounts | \$ _____ |
| Savings accounts | \$ _____ |
| Certificates of Deposit | \$ _____ |
| Other non-retirement investment | \$ _____ |
| Retirement investments | \$ _____ |
| Life insurance death benefit | \$ _____ |
| Accounts made payable on death | \$ _____ |

Other issues

- | | |
|-----------------------------|-------|
| Disclaimer by heirs | _____ |
| Assign inheritance by heirs | _____ |

THOSE WHO WILL INHERIT

Heirs who are currently alive: spouse, children, grandchildren, parents, siblings,
nieces/nephews, grandparents, aunts/uncles, cousins.

Devises who are currently alive: those identified in the Will/Trust and who are not heirs

Name _____
Street _____ City _____
State _____ Zip _____ Home (_____) _____ Cell (_____) _____
Relationship _____ Date of Birth _____

Name _____
Street _____ City _____
State _____ Zip _____ Home (_____) _____ Cell (_____) _____
Relationship _____ Date of Birth _____

Name _____
Street _____ City _____
State _____ Zip _____ Home (_____) _____ Cell (_____) _____
Relationship _____ Date of Birth _____

Name _____
Street _____ City _____
State _____ Zip _____ Home (_____) _____ Cell (_____) _____
Relationship _____ Date of Birth _____

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Street _____ City _____
State _____ Zip _____ Home (_____) _____ Cell (_____) _____
Relationship _____ Date of Birth _____

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Street _____ City _____
State _____ Zip _____ Home (_____) _____ Cell (_____) _____
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Street _____ City _____
State _____ Zip _____ Home (_____) _____ Cell (_____) _____
Relationship _____ Date of Birth _____

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State _____ Zip _____ Home (_____) _____ Cell (_____) _____
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State _____ Zip _____ Home (_____) _____ Cell (_____) _____
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Street _____ City _____
State _____ Zip _____ Home (_____) _____ Cell (_____) _____
Relationship _____ Date of Birth _____

Name _____
Street _____ City _____
State _____ Zip _____ Home (_____) _____ Cell (_____) _____
Relationship _____ Date of Birth _____

ADVISORS

Attorney: Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Phone (____) _____ - _____ Facsimile (____) _____ - _____
Email _____

Business Attorney: Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Phone (____) _____ - _____ Facsimile (____) _____ - _____
Email _____

Accountant: Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Phone (____) _____ - _____ Facsimile (____) _____ - _____
Email _____

Financial Planner: Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Phone (____) _____ - _____ Facsimile (____) _____ - _____
Email _____

Stock Broker: Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Phone (____) _____ - _____ Facsimile (____) _____ - _____
Email _____

Stock Broker: Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Phone (____) _____ - _____ Facsimile (____) _____ - _____
Email _____

Life Insurance Agent: Name _____
Name of Firm _____
Street _____
City _____ State _____ Zip: _____
Phone (____) _____ - _____ Facsimile (____) _____ - _____
Email _____
Web site: _____

Corporate Trustee: Name _____
Name of Bank _____
Street _____
City _____ State _____ Zip: _____
Phone (____) _____ - _____ Facsimile (____) _____ - _____
Email _____

Physician (client): Name _____
Name of Clinic _____
Street _____
City _____ State _____ Zip: _____
Phone (____) _____ - _____ Facsimile (____) _____ - _____
Email _____

Physician (spouse): _____
Name of Clinic _____
Street _____
City _____ State _____ Zip: _____
Phone (____) _____ - _____ Facsimile (____) _____ - _____
Email _____

CREDITORS (INCLUDING MORTGAGE DEBT)

Creditor: Name _____
Street _____
City _____ State _____ Zip: _____
Phone (____) _____ - _____ Facsimile (____) _____ - _____
Amount owed _____
Is the debt secured? Yes No

Creditor: Name _____
Street _____
City _____ State _____ Zip: _____
Phone (____) _____ - _____ Facsimile (____) _____ - _____
Amount owed _____
Is the debt secured? Yes No

Creditor: Name _____
Street _____
City _____ State _____ Zip: _____
Phone (____) _____ - _____ Facsimile (____) _____ - _____
Amount owed _____
Is the debt secured? Yes No

Creditor: Name _____
Street _____
City _____ State _____ Zip: _____
Phone (____) _____ - _____ Facsimile (____) _____ - _____
Amount owed _____
Is the debt secured? Yes No

Creditor: Name _____
Street _____
City _____ State _____ Zip: _____
Phone (____) _____ - _____ Facsimile (____) _____ - _____
Amount owed _____
Is the debt secured? Yes No

