**Client To-Do List – Asset Collection**

*as of November 21, 2024*

We have requested date-of-death values from the relevant institutions for the assets for which we have account numbers; however, we still need the following items from you. Please forward these items to our office as soon as is convenient. We can then proceed with the administration process. Please feel free to check off each item as it is completed.

1. **REAL ESTATE: REAL ESTATE ADDRESS, CITY STATE ZIP**

Please (i) obtain an appraisal for the above-listed property from a STATE state-certified appraiser as of DATE OF DEATH; and (ii) provide us with a mortgage statement indicating the date-of-death value of the mortgage as of DATE OF DEATH.

2. **BANK ACCOUNT: NAME OF INSTITUTION TYPE OF ACCOUNT - Account #\_\_\_\_\_\_\_\_\_**

Please provide us with a letter indicating: (i) the date-of-death value of this account as of DATE OF DEATH (or a copy of a statement covering DATE OF DEATH which itemizes every withdrawal and deposit occurring during the statement period); (ii) the full name(s) of the owner(s) on the account; and (iii) the account number.

3. **CERTIFICATE OF DEPOSIT: NAME OF INSTITUTION Certificate of Deposit - Account #\_\_\_\_\_\_\_\_\_**

Please provide us with a document indicating: (i) the date-of-death value of this account including accrued interest as of DATE OF DEATH; (ii) the full name(s) of the owner(s) on the account; (iii) the beneficiary designations as of DATE OF DEATH, if applicable; and (iii) the account number.

4. **INVESTMENT ACCOUNT: NAME OF INSTITUTION TYPE OF ACCOUNT - Account #\_\_\_\_\_\_\_\_\_**

Please provide us with a document indicating: (i) the date-of-death value of this account as of DATE OF DEATH; (ii) the full name(s) of the owner(s) on the account; and (iii) the account number.

5. **TIMESHARE: NAME OF TIMESHARE COMPANY Timeshare at TIMESHARE ADDRESS, CITY STATE ZIP**

Please provide us with the value of the timeshare as of DATE OF DEATH; as well as a copy of the deed for the timeshare which reflects: (i) the APN number; (ii) the property address, (iii) the name(s) of all timeshare owner(s); and (iv) the current form of ownership.

6. **STOCK: NAME OF INSTITUTION TYPE OF ACCOUNT - Account #\_\_\_\_\_\_\_\_\_**

Please provide us with (i) a copy of the stock certificate that includes (ii) the CUSIP number, (iii) the full name(s) of the owner(s) of the stock certificate; and (iv) the number of shares of stock.

7. **ANNUITY (QUALIFIED OR NON-QUALIFIED): NAME OF INSTITUTION Annuity - Account #\_\_\_\_\_\_\_\_\_**

Please provide us with a statement indicating: (i) the date-of-death value of this account as of DATE OF DEATH; (ii) the full name of the annuitant; (iii) the full name(s) of the owner(s) of the annuity; (iii) the beneficiary designations of the annuity as of DATE OF DEATH; and (iv) the account number.

8. **SAVINGS/TREASURY BONDS: NAME OF INSTITUTION Bond Account - Account #\_\_\_\_\_\_\_\_\_**

Please provide us with (i) a copy of the savings bond that includes (ii) the series type (e.g. EE series); (iii) the denomination of the bond; (iv) the serial number of the bond; (v) the full name(s) of the owner(s) of the bond; and (vi) the bond’s issue date.

9. **RETIREMENT ACCOUNT: NAME OF INSTITUTION TYPE OF ACCOUNT - Account #\_\_\_\_\_\_\_\_\_**

Please provide us with a document indicating: (i) the date-of-death value of the account as of DATE OF DEATH; (ii) the name of the owner of the account; (iii) the beneficiary designations of the account as of DATE OF DEATH; and (iv) the account number.

10. **LIFE INSURANCE: NAME OF INSTITUTION Life Insurance - Policy #\_\_\_\_\_\_\_\_\_**

Please provide us with a statement indicating: (i) the death benefit amount of the policy; (ii) the name of the policy owner; (iii) the name of the insured; (iv) the beneficiary designation of the policy as of DATE OF DEATH; and (v) the policy number.

11. **PROMISSORY NOTE/DEED OF TRUST: PROMISSORY NOTE / DEED OF TRUST, dated \_\_\_\_\_\_\_\_\_**

Please provide us with (i) the [promissory note/deed of trust] document, which details (ii) the name of the debtor/loanee; (iii) the name of the lender; (iv) the date of the loan; (v) the amount of the loan; and (vi) the number of payments remaining.

12. **PARTNERSHIP/BUSINESS: NAME OF BUSINESS/PARTNERSHIP, TYPE OF ORGANIZATION**

Please provide us with (i) the operating agreement, or document creating the organization, which provides (ii) a breakdown of the percentage interests; and (iii) obtain an appraisal of the above-listed organization from a STATE state-certified business appraiser as of DATE OF DEATH.

13. **PENSION: NAME OF INSTITUTION Pension - Account #\_\_\_\_\_\_\_\_\_**

Please provide us with a statement indicating: (i) the date-of-death valuation of the pension; (ii) the name of the owner of the pension; (iii) the beneficiary designations of the pension as of DATE OF DEATH; and (iv) the account number.

14. **HOME EQUITY LOAN/MORTGAGE: NAME OF INSTITUTION HOME EQUITY LOAN/MORTGAGE - Account #\_\_\_\_\_\_\_\_\_**

Please provide us with a document indicating: (i) the amount of the loan as of DATE OF DEATH; (ii) the full name of the debtor/loanee; and (iii) the account number.

15. **PERSONAL PROPERTY, FURNITURE, AND FIXTURES**

Please complete the enclosed “Fiduciary Statement” of personal property and forward the same to our office.

Should you have questions regarding any of the above, please contact us.