

Estate of: _____

Date of Death: _____

Checking Accounts:

Institution/Acct. #:	Owners:	Power to Sign:	Beneficiary Designation:	Value	What is to be done with this account?
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		

Estate of: _____

Saving Accounts:

Institution/Acct. #:	Owners:	Power to Sign:	Beneficiary Designation:	Value	What is to be done with this account?
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		

Estate of: _____

Certificates of Deposit (Non-IRA):

Institution/Acct. #:	Owners:	Power to Sign:	Beneficiary Designation:	Value	What is to be done with this account?
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		

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Mutual Funds, DRIP Accounts, and Brokerage Accounts (Non-IRA):

Institution/Acct. #:	Owners:	Power to Sign:	Beneficiary Designation:	Value	What is to be done with this account?
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		

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Annuities:

Company and Policy. #:	Owners:	Power to Sign:	Beneficiary Designation:	Value	What is to be done with this account?
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		

Life Insurance Policies:

Company and Policy. #:	Owners:	Power to Sign:	Beneficiary Designation:	Value	What is to be done with this account?
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		
			Primary:		
			Contingent:		

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Other:

Asset Type/ Account #:	Owners:	What is to be done with this asset?:
Car/Boat: Year: _____ Make: _____ Model: _____ Serial No.: _____	Owner: Co-Owners: _ TOD Beneficiary:	
Car/Boat: Year: _____ Make: _____ Model: _____ Serial No.: _____	Owner: Co-Owners: _ TOD Beneficiary:	
Car/Boat: Year: _____ Make: _____ Model: _____ Serial No.: _____	Owner: Co-Owners: TOD Beneficiary:	
Trailers: Year: _____ Make: _____ Model: _____ Serial No.: _____	Owner: Co-Owners: TOD Beneficiary:	
Frequent Flyer On-Line Account:	Owner: Co-Owners: TOD Beneficiary:	
	Owner: Co-Owners: TOD Beneficiary:	
	Owner: Co-Owners: TOD Beneficiary:	

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Other:

Asset Type/ Account #:	Owners:	What is to be done with this asset?:
	Owner: Co-Owners: _ TOD Beneficiary:	
	Owner: Co-Owners: _ TOD Beneficiary:	
	Owner: Co-Owners: TOD Beneficiary:	
	Owner: Co-Owners: TOD Beneficiary:	
	Owner: Co-Owners: TOD Beneficiary:	
	Owner: Co-Owners: TOD Beneficiary:	
	Owner: Co-Owners: TOD Beneficiary:	

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Real Estate:

Property Address/Description/ Value	Type of Ownership	Name of Co-owners/ Percentage Interest	Leased and Tenant name	TOD Beneficiary
	<input type="checkbox"/> Tenants in Common <input type="checkbox"/> Survivorship <input type="checkbox"/> Estate by the Entireties <input type="checkbox"/> Life Estate <input type="checkbox"/> Remainder	Name: _____ Percentage Interest: ____% Name: _____ Percentage Interest: ____% Name: _____ Percentage Interest: ____% Name: _____ Percentage Interest: ____%	Tenant Name: _____ <input type="checkbox"/> Oral Lease <input type="checkbox"/> Written Lease <input type="checkbox"/> Not Applicable	Name: _____ Name: _____ Name: _____ Name: _____
	<input type="checkbox"/> Tenants in Common <input type="checkbox"/> Survivorship <input type="checkbox"/> Estate by the Entireties <input type="checkbox"/> Life Estate <input type="checkbox"/> Remainder	Name: _____ Percentage Interest: ____% Name: _____ Percentage Interest: ____% Name: _____ Percentage Interest: ____% Name: _____ Percentage Interest: ____%	Tenant Name: _____ <input type="checkbox"/> Oral Lease <input type="checkbox"/> Written Lease <input type="checkbox"/> Not Applicable	Name: _____ Name: _____ Name: _____ Name: _____
	<input type="checkbox"/> Tenants in Common <input type="checkbox"/> Survivorship <input type="checkbox"/> Estate by the Entireties <input type="checkbox"/> Life Estate <input type="checkbox"/> Remainder	Name: _____ Percentage Interest: ____% Name: _____ Percentage Interest: ____% Name: _____ Percentage Interest: ____% Name: _____ Percentage Interest: ____%	Tenant Name: _____ <input type="checkbox"/> Oral Lease <input type="checkbox"/> Written Lease <input type="checkbox"/> Not Applicable	Name: _____ Name: _____ Name: _____ Name: _____

What is to be done with each of these parcels of real estate?