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PROBATE INFORMATION PACKET

ESTATE OF____

LATE OF ____

DATE OF DEATH ______________________ DATE OF CONFERENCE ________________

DATE OF BIRTH ______________________ SOCIAL SECURITY NO. ________________

DATE OF WILL ______________________ ME. RESIDENT SINCE ________________

LOCATION OF SAFE DEPOSIT BOX:______________________________

INFORMATION ON SPOUSE AND HEIRS*

NAME AND ADDRESS	TEL. NO.	RELATIONSHIP TO DECEDENT	AGE	SS. NO.

* Heirs include spouse, registered domestic partner, children, and others who would inherit if decedent left no will.

Is spouse a U.S. Citizen? _________________

INFORMATION ON OTHER DEVISEES[**]

NAME & ADDRESS	RELATIONSHIP TO DECEDENT	AGE	SS. NO.[***]

OTHER RELEVANT FAMILY INFORMATION

[**] A "devisee" is any person receiving property pursuant to the Will.

[***] Needed only for residuary devisees, unless Form 706 will be filed in which case SS No. is needed for each devisee.

CONFLICT OF INTEREST INFORMATION

If you are involved in litigation, or a dispute, or in any other situation where your interests are adverse to those of another person or entity, please provide us with the name of each such adverse party so that we can (1) confirm that this firm does not already represent that party and (2) reflect in our records that we cannot undertake representation of that party so long as we are representing you.

ADVERSE PARTY	ADDRESS
______________________________	______________________________
	______________________________
______________________________	______________________________
	______________________________
______________________________	______________________________
	______________________________
______________________________	______________________________
	______________________________

(Add additional page if necessary)

ASSET INFORMATION

(Obtain data on contribution re jointly-owned property if other owner is not spouse)

(1) REAL ESTATE

LOCATION	FORM OF OWNERSHIP	APPROX. FMV	APPROX. MORTGAGE	MORTGAGEE

Obtain copies of deeds, leases, etc. If decedent was tenant, give prompt notice of termination.

Should LeBlanc & Young perform a title search? Yes ________ No ___________

If so, then in which counties? ____

____

(2) TANGIBLE PERSONAL PROPERTY

Auto: Year ______________ Make______________ V.I.N. ___________________

Furniture:

Jewelry:

Miscellaneous:

Cash on Hand:

(3) BANK ACCOUNTS

BANK	ACCT. NO.	FORM OF OWNERSHIP	TYPE OF ACCT.	APPROX. BALANCE

(4) STOCKS, BONDS & OTHER SECURITIES

(a) Investment Accounts: ____

____

(b) Individually-Owned Securities: ______________________________________

____

(c) Other: ____

____

(Obtain data on contribution re jointly-owned property if other owner is <u>not</u> spouse.)

(5) CLOSELY-OWNED BUSINESS: (Obtain recent business tax returns)

______PARTNERSHIP ____________CORPORATION ______PROPRIETORSHIP

______S CORPORATION ____________LIMITED LIABILITY COMPANY

Firm Name:____

Address:____

Employer I.D. No.____

Decedent's interest:____

Buy-Sell Agreement:____

Valuation of interest:____

Successor Management:____

Is there an ESOP?____

Other Information: ____

(6) LIFE INSURANCE

COMPANY	POLICY NO.	FACE AMOUNT	LOAN AMOUNT	BENEFICIARY	OWNER

Insurance advisor:____

Any life insurance through credit cards, automobile clubs, credit unions, or fraternal organizations?

Any insurance payable to estate or trust?

(7) EMPLOYEE BENEFIT PLAN(S) AND IRA'S

NAME OR TYPE OF PLAN	QUALIFIED?	CONTRIB.%	PAYOUT TERMS	BENEFICIARY

Contact person:____

Check on rollover options or other elections available. Any benefits payable to estate or trust? Benefits subject to "qualified domestic relations order"? Yes ______________ No ___________

(8) OTHER MISCELLANEOUS ASSETS (list on separate page)

(9) NON-EXCLUDABLE GIFTS TO ANY RECIPIENT WITHIN THREE YEARS OF DECEDENT'S DEATH. (use separate page, if necessary)

DATE	ASSET	RECIPIENT

(10) POST-1976 FEDERAL TAXABLE GIFTS? GIFT TAX RETURNS FILED?

Obtain copies of any gift tax returns.

(11) Did decedent acquire any assets through another estate during prior ten years? Obtain details, including name of attorney or fiduciary for that other estate.

EXPENSE INFORMATION (Estimates)

1. Funeral expenses:

2. Hospital expenses:

3. Other medical expenses:

4. Unpaid income tax:

5. Unpaid real estate tax:

6. Household, etc.:

7. Maine Health and Human Services:

8. Other indebtedness. List all known creditors and provide their current addresses. Notices may have to be sent to them by the Personal Representative.

Medical Insurance:
Other comments:

INCOME TAX INFORMATION

Final 1040 due:__________________ Preparer:______________________________________

Beneficiary income tax information:

NAME	TAX BRACKET	SPECIAL NEEDS

Obtain copies of last three years income tax returns.
Should request for prompt audit be filed?________________
Estate Form 1041. Fiscal Year: __________________ Preparer:______________________________

NOTE: Generally, we should act as the clearinghouse for the financial transactions of the estate if we are expected to prepare estate accounts or fiduciary income tax returns. That is, we should manage the estate checkbook (only the personal representative will have check-signing authority), and all receipts and disbursements of the estate should go through the estate checkbook.

SUGGESTED APPRAISERS

Residential real estate:

Commercial real estate:

Furnishings:

Jewelry:

Securities:

Closely-Held Business Interests:

OTHER COMMENTS