



Brown & Brown, P.C. – Probate Estate Worksheet

Date: _____

Decedent (Deceased Person):

Full Name _____

Last Known Address _____

Date of Birth _____ Date of Death: _____

Social Security Number ____ - ____ - ____

Spouse of Decedent (if applicable):

Full Name _____

Last Known Address _____

Date of Birth _____ Date of Death (if applicable): _____

Social Security Number ____ - ____ - ____ Phone Number (____) _____

Personal Representative of the Estate:

Full Name _____

Mailing Address _____

Physical Address _____

Date of Birth _____ Phone Number (____) _____

Social Security Number ____ - ____ - ____

Email Address: _____

Children of Decedent:

1. Full Name _____ Social Security Number ____ - ____ - ____

Address _____ Date of Birth _____

_____ Date of Death _____

Phone Number (____) _____ Email _____

2. Full Name _____ Social Security Number ____ - ____ - ____
Address _____ Date of Birth _____
_____ Date of Death _____
Phone Number (____) _____ Email _____
3. Full Name _____ Social Security Number ____ - ____ - ____
Address _____ Date of Birth _____
_____ Date of Death _____
Phone Number (____) _____ Email _____
4. Full Name _____ Social Security Number ____ - ____ - ____
Address _____ Date of Birth _____
_____ Date of Death _____
Phone Number (____) _____ Email _____
5. Full Name _____ Social Security Number ____ - ____ - ____
Address _____ Date of Birth _____
_____ Date of Death _____
Phone Number (____) _____ Email _____

Other: (step-children, siblings and other heirs, if any)

1. Full Name _____ Social Security Number ____ - ____ - ____
Address _____ Date of Birth _____
_____ Date of Death _____
Phone Number (____) _____ Relationship _____
2. Full Name _____ Social Security Number ____ - ____ - ____
Address _____ Date of Birth _____
_____ Date of Death _____
Phone Number (____) _____ Relationship _____
3. Full Name _____ Social Security Number ____ - ____ - ____
Address _____ Date of Birth _____
_____ Date of Death _____
Phone Number (____) _____ Relationship _____
4. Full Name _____ Social Security Number ____ - ____ - ____
Address _____ Date of Birth _____
_____ Date of Death _____
Phone Number (____) _____ Relationship _____
5. Full Name _____ Social Security Number ____ - ____ - ____
Address _____ Date of Birth _____
_____ Date of Death _____
Phone Number (____) _____ Relationship _____

A. ASSETS OF DECEDENT

Cash or Cash Equivalent Accounts

Real Property

Tangible Personal Property

Insurance

Life Insurance _____ Death Benefit _____ Cash Value _____

Vehicles: _____

Other: _____

B. INCOME

Income Type

Earned Income	_____
Social Security	_____
Retirement	_____
Other	_____

C. Transfers (gifts) of Assets Within Previous 60 Months

<u>Asset Transferred</u>	<u>Date</u>	<u>To Whom</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Creditors of the Decedent's Estate

<u>Creditor</u>	<u>Amount Due</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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Long Term Care Planning*



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- Information provided to us by your other advisors, such as accountants, life insurance agents, and investment advisors.

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- The disclosure is permitted or required by law.

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If you have any questions regarding our policy regarding the professional standards of confidentiality and/or the privacy of information you provide to us, please do not hesitate to contact us.