The Law Office of
Brown & Brown, P.C.
Estate, Trust, Tax and Long Term Care Planning

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

Asset Transferred	Date	To Whom

D. Creditors of the Decedent's Estate

Creditor	Amount Due

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Privacy Notice

Attorneys, like other professionals who advise on personal financial matters, are now required by a new federal law, the Gramm-Leach-Bailey Act, to inform our clients of our policies regarding privacy of client information. By providing estate and tax planning services, financial and economic advisory services, and by preparing tax returns, we receive significant personal financial information from our clients. Attorneys have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by this new law. Therefore, we have, and will in the future, always protect your right to privacy.

Information We Collect

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- Information we receive from you, including information on forms that we ask you to complete; and
- 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.

❖ Fellow, American College of Trust & Estate Counsel
◆ National Academy of Elder Law Attorneys