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**III. Decedent's Marital History**

A. Decedent's Marital Status at Time of Death

**Married**

Date of Marriage to Surviving Spouse: \_\_\_\_\_

**Widow or Widower**

Name of Deceased Spouse: \_\_\_\_\_

Date of Death of Deceased Spouse: \_\_\_\_\_

Social Security Number of Deceased Spouse: \_\_\_\_\_

Was the estate probated?  Yes  No

Name of Court: \_\_\_\_\_

**Single**

**Legally Separated**

Name of Legally Separated Spouse: \_\_\_\_\_

**Divorced – Include All Previous Marriages**

Name of Former Spouse: \_\_\_\_\_

Current Residence of Former Spouse: \_\_\_\_\_

Street

City

State

Zip

Date Divorce Became Final: \_\_\_\_\_

B. If the Decedent was ever married, was there a pre-marital agreement or other written agreement between Decedent and Decedent's spouse governing their property?

Yes  No If yes, please attach a copy

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**IV. Safe Deposit Box(es)**

A. List all safe deposit boxes in the Decedent's name or to which the Decedent had a key or where the Decedent's name was on the signature card.

1. Location: \_\_\_\_\_

2. Number: \_\_\_\_\_

3. Person Who Now Has the Keys: \_\_\_\_\_

4. Keys Held  individually, or  jointly, with \_\_\_\_\_

B. Is there any property in any safe deposit box of the Decedent which you believe should not be declared as Decedent's property?  Yes  No

If yes, please state the reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

C. If there is any property in Decedent's safe deposit box which is *not* listed anywhere else on this form, please list the property here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## INSTRUCTIONS FOR COMPLETION OF THE REMAINDER OF THIS FORM

### 1. **Community/Separate Property** (*married or legally separated decedents only*)

(a) If an asset was community property, list the entire community interest and the value of the entire community interest on this form. We will make any appropriate adjustments and reductions when we file the Inventory and the Estate and Inheritance Tax Returns. Mark any community property asset "**CP**".

(b) Mark any asset which was separate property of the Decedent as "**SP**".

(c) If you don't know whether an asset was community or separate property, mark that asset "**DN**".

(d) Some general rules to help you determine whether an asset was community property or separate property.

(i) If the asset was owned by the Decedent at the time of death, and the Decedent was married at the time of death, it is presumed to be community unless you have information otherwise.

(ii) If the asset was owned by the Decedent before marriage or acquired after marriage by gift, devise, or inheritance, it is probably separate property.

(iii) If the property was acquired through income or earnings, and the Decedent was married at the time of death, it is probably community property.

(iv) If the property was purchased with the sales proceeds of separate property, it is probably separate property.

(v) You must list property which is in the name of the husband, which is in the name of the wife, and also property which is held in joint names.

2. **Attachments:** Attach to this form as much supporting information as you have with respect to each asset. If you are listing real property, copies of deeds, notes, deeds of trust, tax statements, and the like, will help us to list the property correctly. If you are listing tangible personal property such as jewelry, an insurance appraisal would be helpful. For bank accounts of all types (money market, savings, certificate of deposit, etc.), attach a copy of the bank statement which includes the date of death. For certificates of deposit, attach a copy of the certificate. For stocks and bonds, attach a copy of the share certificate or bond if possible and the broker's statement of account which includes the date of death. For partnerships, attach a copy of the partnership agreement and the most recent K-1 (tax form from the partnership). For other property, attach copies of whatever papers are available.

3. **Questions:** As you are filling out the form, if you have questions, call the attorney or make a note in the margin of the form. If you are having trouble deciding whether to list something or not to list it, do list it, and make an appropriate note in the margin.

4. **Partnerships and Other Non-Readily Tradeable Interests:** It is often difficult to place an exact valuation on non-publicly traded partnership interests, stock, etc. Although the partner's capital account (as shown on the latest K-1) is sometimes an appropriate beginning place for assigning a value to a partnership interest, often a partner's capital account bears little, if any, relation to the actual value of the partnership interest.

Where an estate is not expected to be taxable (either by reason of the estate being under \$1,000,000.00 in value or because of the availability of the federal estate tax marital deduction), partnership interests should generally be valued near the higher end of the range of supportable values. By the term "supportable" values, we are referring to values at which a partnership interest would, in fact, change hands between a willing buyer and a willing seller, taking into account factors such as whether the interest is a controlling interest or a non-controlling interest, whether the interest is readily transferable, and other relevant factors. Often, the general partner of the partnership will be willing to give his opinion of the valuation of the partnership interest.

In the case of other entities (such as limited liability companies, closely held corporations, etc.), the same general considerations apply. Often, the president or manager will have a good opinion as to the value of the stock or other interests.

Since property included in an estate takes on a new income-tax basis based on its value for federal estate tax purposes (or its value on the date of death for a non-taxable estate), care should be taken in valuing these interests. An increase in income-tax basis for partnership interests, etc. may be perceived to be desirable - but please be aware that claiming a value which is too high may result in penalties (based on over-valuation) if the interest is later sold.

**V. Assets**

**A. Real Property** (*Get Copies of Deeds*)

1. List each parcel of real estate owned by Decedent at the time of his or her death or in which the Decedent owned any interest (and state the fractional interest owned by the Decedent). Attach a copy of a Deed or other document containing the *legal description* for each listing. Please also attach a copy of the most current tax statement(s) from the county assessor.

<i>Description of Property</i>	<i>Alternate Value</i>	<i>Date of Death (D.O.D.) Value</i>
Legal Description:    Physical Address:	\$ _____	\$ _____
Legal Description:    Physical Address:	\$ _____	\$ _____

*\*Attach additional pages as needed*

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**B. Stock and Bonds**

1. Name, address, and telephone number of Decedent's stockbroker(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Describe all stocks and bonds owned by the Decedent. Please *attach copies of stock certificates, bonds, etc.*, if possible, as well as any *brokerage statements* received for the period covering the date of death (attach more pages if necessary).

(a) **Stocks**

(i) Name of Company: \_\_\_\_\_  
Number of Shares Held: \_\_\_\_\_  
CUSIP Number: \_\_\_\_\_  
Where Traded (NYSE, AMEX, OTC): \_\_\_\_\_  
Value per Share (on Date of Death): \_\_\_\_\_  
Total Value (on Date of Death): \_\_\_\_\_

(ii) Name of Company: \_\_\_\_\_  
Number of Shares Held: \_\_\_\_\_  
CUSIP Number: \_\_\_\_\_  
Where Traded (NYSE, AMEX, OTC): \_\_\_\_\_  
Value per Share (on Date of Death): \_\_\_\_\_  
Total Value (on Date of Death): \_\_\_\_\_

(iii) Name of Company: \_\_\_\_\_  
Number of Shares Held: \_\_\_\_\_  
CUSIP Number: \_\_\_\_\_  
Where Traded (NYSE, AMEX, OTC): \_\_\_\_\_  
Value per Share (on Date of Death): \_\_\_\_\_  
Total Value (on Date of Death): \_\_\_\_\_

(iv) Name of Company: \_\_\_\_\_  
Number of Shares Held: \_\_\_\_\_  
CUSIP Number: \_\_\_\_\_  
Where Traded (NYSE, AMEX, OTC): \_\_\_\_\_  
Value per Share (on Date of Death): \_\_\_\_\_  
Total Value (on Date of Death): \_\_\_\_\_

(v) Name of Company: \_\_\_\_\_  
Number of Shares Held: \_\_\_\_\_  
CUSIP Number: \_\_\_\_\_  
Where Traded (NYSE, AMEX, OTC): \_\_\_\_\_  
Value per Share (on Date of Death): \_\_\_\_\_  
Total Value (on Date of Death): \_\_\_\_\_

(b) **Bonds**

(i) Name of Issuer: \_\_\_\_\_  
Face Amt of Bond: \_\_\_\_\_  
Date of Issue: \_\_\_\_\_  
Maturity Date: \_\_\_\_\_  
Rate of Interest: \_\_\_\_\_  
CUSIP Number \_\_\_\_\_  
Value Per \$1000 (on Date of Death): \_\_\_\_\_  
Total Value on Bond (on Date of Death): \_\_\_\_\_

(ii) Name of Issuer: \_\_\_\_\_  
Face Amt of Bond: \_\_\_\_\_  
Date of Issue: \_\_\_\_\_  
Maturity Date: \_\_\_\_\_  
Rate of Interest: \_\_\_\_\_  
CUSIP Number \_\_\_\_\_  
Value Per \$1000 (on Date of Death): \_\_\_\_\_  
Total Value on Bond (on Date of Death): \_\_\_\_\_

(iii) Name of Issuer: \_\_\_\_\_  
Face Amt of Bond: \_\_\_\_\_  
Date of Issue: \_\_\_\_\_  
Maturity Date: \_\_\_\_\_  
Rate of Interest: \_\_\_\_\_  
CUSIP Number \_\_\_\_\_  
Value Per \$1000 (on Date of Death): \_\_\_\_\_  
Total Value on Bond (on Date of Death): \_\_\_\_\_

(iv) Name of Issuer: \_\_\_\_\_  
Face Amt of Bond: \_\_\_\_\_  
Date of Issue: \_\_\_\_\_  
Maturity Date: \_\_\_\_\_  
Rate of Interest: \_\_\_\_\_  
CUSIP Number \_\_\_\_\_  
Value Per \$1000 (on Date of Death): \_\_\_\_\_  
Total Value on Bond (on Date of Death): \_\_\_\_\_

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**C. Mortgages, Notes, Other Receivables, and Cash**

1. **Mortgages.** (*payable to Decedent*) State original amount of Note, balance of Note *owing to the Decedent* at the time of Decedent's death, and recordation data as to Mortgage or Deed of Trust. Please attach a copy of the Note and Deed of Trust.

\_\_\_\_\_  
\_\_\_\_\_

2. **Notes.** (*payable to Decedent*) State original amount of Note and balance of Note *owing to the Decedent* at the time of Decedent's death. Please attach a copy of the Note.

\_\_\_\_\_  
\_\_\_\_\_

3. **Other Receivables.** (*owing to Decedent*) State amounts receivable and other debts *owing to the Decedent* at the time of Decedent's death and state who owed debt.

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4. **Checking and Savings Accounts.** (*Please attach Statements which include transactions on the date of death*).

(a) Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name(s) on Acct: \_\_\_\_\_  
Balance on Date of Death: \_\_\_\_\_

(b) Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name(s) on Acct: \_\_\_\_\_  
Balance on Date of Death: \_\_\_\_\_

(c) Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name(s) on Acct: \_\_\_\_\_  
Balance on Date of Death: \_\_\_\_\_

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**D. Insurance on Decedent's Life**

(a) Name of Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Owner of Policy \_\_\_\_\_  
Name of Insured \_\_\_\_\_  
Name of Beneficiary: \_\_\_\_\_  
Face Amt. of Policy: \_\_\_\_\_  
Amt of Benefits Rec'd: \_\_\_\_\_  
Assignment to cover funeral expenses  Yes  No

(b) Name of Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Owner of Policy \_\_\_\_\_  
Name of Insured \_\_\_\_\_  
Name of Beneficiary: \_\_\_\_\_  
Face Amt. of Policy: \_\_\_\_\_  
Amt of Benefits Rec'd: \_\_\_\_\_  
Assignment to cover funeral expenses  Yes  No

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**E. Jointly Owned Property**

Did Decedent, at the time of Decedent's death, own any property as a joint-tenant with right of survivorship or as a tenant-by-the-entirety? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, state the name and address of each surviving co-tenant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**F. Pension and/or Profit Sharing and/or Keogh Plan and/or IRA benefits**

Amount	Company	Beneficiary	Type of Plan
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**G. Other Miscellaneous Assets**

1. Did the Decedent, at the time of Decedent's death, own any interest in a partnership or unincorporated business? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, state business name, address, nature, and amount of interest owned by Decedent.

\_\_\_\_\_  
\_\_\_\_\_

2. Did the Decedent, at the time of Decedent's death, own any articles or collections having either artistic or intrinsic value, such as jewelry, furs, paintings, antiques, rare books, coins, or stamps? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, state full details.

\_\_\_\_\_  
\_\_\_\_\_

3. Was there any insurance which the Decedent owned on the life of another (e.g., on the life of a surviving spouse)? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please state the following:

- (a) Name of Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Name of Beneficiary: \_\_\_\_\_  
Face Amt. of Policy: \_\_\_\_\_  
Amt of Benefits Rec'd: \_\_\_\_\_  
Assignment to cover funeral expenses \_\_\_\_\_Yes \_\_\_\_\_No



4. Has the Decedent Estate, the Decedent's spouse, or any other person received (or will receive) any bonus or award as a result of Decedent's employment or Decedent's death? \_\_\_\_Yes \_\_\_\_No  
*If yes, give full details.*

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5. **Automobiles.** Describe the year, make, model, VIN, and retail value of any automobile owned at Decedent's death.

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6. **Health Insurance.** (Medicare, Medicare supplements, Blue Cross, Blue Shield, etc.)

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7. **Brokerage Accounts.** State names and addresses of Brokers of Decedent.

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8. **Household Goods and Personal Effects.** State approximate combined value of Decedent's household furnishings, fixtures, etc., and personal effects (i.e., \$5,000). Do not include any items which may have been listed in Item (G)(2)

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9. From what sources other than principal business or employment did Decedent receive income?

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10. Was Decedent acting in any fiduciary capacity (i.e., trustee or guardian) at the time of Decedent's death? \_\_\_\_Yes \_\_\_\_No  
*If yes, give full details.*

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11. Within ten (10) years preceding the Decedent's death, did the Decedent inherit property from any other person or has property been left to Decedent within two (2) years after the Decedent's death? \_\_\_\_Yes \_\_\_\_No  
*If yes, please state all information known to you:*

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12. Did the Decedent, at the time of Decedent's death, own any other miscellaneous property not previously referred to in this form? (e.g., lawsuits against others, interest in estates or trusts, etc.)  Yes  No

If yes, please state all details as to type, location, and estimated value of property:

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## H. Annuities

1. Was the Decedent, immediately before Decedent's death, receiving any annuity?  Yes  No
2. If "yes", was the annuity paid pursuant to a plan which pays benefits to a designated beneficiary following the death of the Decedent pursuant to a contract or agreement (a) which is not a policy of life insurance on the life of Decedent, (b) which contract or agreement was entered into after March 3, 1931, (c) which annuity is receivable by the beneficiary because he or she survived Decedent, (d) which contract or agreement provided that the annuity was payable to Decedent (or Decedent possessed the right to receive the annuity) either alone or in conjunction with another, for Decedent's life or for any period not ascertainable without reference to the Decedent's death or for any period that did not, in fact, end before the Decedent's death?  
 Yes  No
3. If the answer to (2) above is yes, state the ratio of the Decedent's contribution to the total purchase price of the annuity: \_\_\_\_\_
4. If Decedent was employed at the time of death, did an annuity (which could be described as a contract or agreement which was entered into by Decedent and Decedent's employer, under which at the Decedent's death, before retirement or before the expiration of a stated period of time, an annuity was payable to a designated beneficiary, if surviving Decedent) become payable to any beneficiary because the beneficiary survived the Decedent?  Yes  No
5. If yes, please describe the ratio of Decedent's contribution to the total purchase price of the annuity: \_\_\_\_\_
6. Did an annuity under an Individual Retirement Account, annuity, or bond become payable to any beneficiary because the beneficiary survived the Decedent?  Yes  No
7. If yes, is the annuity payable to the beneficiary for life or for at least thirty-six (36) months following Decedent's death?  Yes  No
8. If "yes", please state the ratio of the amount paid for the IRA, annuity, or bond that was not allowable as an income tax deduction (other than a rollover contribution) to the total amount paid for the IRA, annuity, or bond:

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C. **Lease Obligations:** If Decedent was liable as a tenant or guarantor under any lease please state details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Obligations as a **guarantor** or **endorser:** If Decedent was a guarantor or endorser of any notes, bonds, or other obligations, please state details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**VII. List of Heirs**

A. Heirs should be listed in order of priority under the will. Only the surviving spouse, children, parents and siblings of the deceased are legally entitled to notice of any probate proceeding. Other individuals not included in the will, for example nieces, nephews, etc., do not need to be included in this list.

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Heir # \_\_\_\_\_  
Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
SSN: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

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Heir # \_\_\_\_\_  
Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
SSN: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

Heir # \_\_\_\_\_  
Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
SSN: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

Heir # \_\_\_\_\_  
Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
SSN: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

Heir # \_\_\_\_\_  
Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
SSN: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

Heir # \_\_\_\_\_  
Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
SSN: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

**B. Surviving Spouse**

1. Name (including maiden name) \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. Social Security Number: \_\_\_\_\_
5. Does Surviving Spouse have property or income in own right?  
\_\_\_\_\_  
\_\_\_\_\_

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**C. Tax Data**

1. Number of children qualifying as dependents: \_\_\_\_\_
2. Number and relationship of other dependents:  
\_\_\_\_\_  
\_\_\_\_\_
3. Did dependents reside with Decedent? \_\_\_\_\_
4. Were income tax returns filed for the last 3 years? \_\_\_\_\_
5. Previous year's tax paid in full? \_\_\_\_\_
6. Has a declaration of estimated tax been filed for the current year? \_\_\_\_\_  
(please attach copies)
7. Name of person or firm who assisted Decedent in tax returns  
\_\_\_\_\_  
\_\_\_\_\_

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**X. Trusts, Inheritance, and Prior Gifts**

- A. Was the Decedent ever a beneficiary of any trust? If so, please attach a copy of the trust instrument and the most recent trust income tax return.  
\_\_\_yes \_\_\_no
- B. Did the Decedent ever establish a trust or contribute property to a trust? If so, please attach a copy of the trust instrument and the most recent trust income tax return. \_\_\_yes \_\_\_\_\_no
- C. Did the Decedent ever make one or more gifts of cash or property valued at more than \$3,000 (or a combination of cash and property of combined value of \$3,000 or more) to one person (including trusts for that person's benefit) in any year prior to 1981? If so, please attach complete details.  
\_\_\_yes \_\_\_\_\_no

- D. Did the Decedent ever make one or more gifts of cash or property valued at more than \$10,000 (or a combination of cash and property of combined value of \$10,000 or more) to one person (including trusts for that person's benefit) in any year after 1980? If so, please attach complete details.   
 \_\_\_\_yes \_\_\_\_\_no
- E. Did the Decedent ever make a gift of any amount where the Decedent retained the right to use the property given or otherwise retained any sort of direct or indirect control over the property given? If "yes", please attach complete details. \_\_\_\_\_yes \_\_\_\_\_no
- F. Did the Decedent ever make a gift of any amount where the property could return to the Decedent upon the passage of time or upon the happening (or failure to happen) of any event? If "yes", please attach complete details.   
 \_\_\_\_yes \_\_\_\_no
- G. Did the Decedent ever file a Federal Gift Tax Return? If so, please attach a copy of the Return. \_\_\_\_yes \_\_\_\_\_no
- H. To your knowledge, did the Decedent ever make any gift where a Federal Gift Tax Return should have been filed, but no Return was, in fact, filed? If "yes", please attach complete details. \_\_\_\_yes \_\_\_\_no

**VIII. Subscribing Witnesses**

- A. Please list the names and addresses of the subscribing witnesses to the Will,

Subscribing Witness # _____ Name _____ Address: _____ City/State: _____ Work Phone: _____ Home Phone: _____ Relationship to Decedent: _____	Subscribing Witness # _____ Name _____ Address: _____ City/State: _____ Work Phone: _____ Home Phone: _____ Relationship to Decedent: _____
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**IX. Witnesses**

- A. Please list names and addresses of the any witness to the Will,

Witness # _____ Name _____ Address: _____ City/State: _____ Work Phone: _____ Home Phone: _____ Relationship to Decedent: _____	Witness # _____ Name _____ Address: _____ City/State: _____ Work Phone: _____ Home Phone: _____ Relationship to Decedent: _____
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The information given in this Probate Information Form is true, correct, and complete to the best of the knowledge and belief of the undersigned.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Client

*(For office use only)*

Last Will and Testament:  Yes  No  Lost

Approximate value of total estate \$ \_\_\_\_\_

Mail To: 423 Rogers Avenue, Suite 104 OR Fax to: 303.749.2313  
Fort Smith, Arkansas 72901