

**Van Gilder & Trzynka, P.C.**  
436 East Wayne Street  
Fort Wayne, Indiana  
Phone: (260) 424-8132  
Fax: (260) 960-5361

**ESTATE ADMINISTRATION**

Decedent's Full Name: \_\_\_\_\_

Address at time of death: \_\_\_\_\_

County: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Decedent's Social Security number: \_\_\_\_\_

Did decedent have a Will? \_\_\_\_\_

If "Yes":

Date of Will: \_\_\_\_\_

Names and addresses of witnesses:

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

**Personal Representative**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Business telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

**Beneficiaries**

Name of Decedent's spouse: \_\_\_\_\_

Marital status at time of death: \_\_\_\_\_

Date of marriage: \_\_\_\_\_

Date of separation, divorce, or death of spouse: \_\_\_\_\_

Beneficiaries under Will or Heirs at Law:

<u>Name</u>	<u>Address</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Probate Property (Individually Held)**

Lock box? \_\_\_\_\_ Location: \_\_\_\_\_

Real estate: \_\_\_\_\_

Business interests: \_\_\_\_\_

*Bank accounts:*

Bank Name	Account Type	Account Number	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Stocks and bonds:*

Issuer	Number of Shares	Certificate Number	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Motor vehicles:*

Make	Model	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Jointly Held Property**

Lock box? \_\_\_\_\_ Location: \_\_\_\_\_

Real estate: \_\_\_\_\_

Business interests: \_\_\_\_\_

*Bank accounts:*

Bank Name	Account Type	Account Number	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Stocks and bonds:*

Issuer	Number of Shares	Certificate Number	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Motor vehicles:*

Make	Model	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Expenses and Charges**

Name and address of funeral home: \_\_\_\_\_

Funeral expenses: \_\_\_\_\_

Unpaid expenses of last illness: \_\_\_\_\_

Balance due on mortgages: \_\_\_\_\_

Unpaid bills or other charges: \_\_\_\_\_

**Other Information**

*Life Insurance:*

Insurer	Policy Number	Face Amount	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Annuities:*

Owner

Contract Number

Value

Beneficiary

---

---

---

---

---

---

---

---

---

---

---

---