

NICHOLE Y. SHAFER
NÉE NICHOLE Y. JOHNSON
NICHOLE@LEESCHROEDER.COM

LEE R. SCHROEDER
LEE@LEESCHROEDER.COM



LEESCHROEDER.COM
100 SOUTH HIGH STREET, SUITE A
COLUMBUS GROVE, OHIO 45830

OFFICE LINE: (419) 659-2058
FAX LINE: (419) 659-2062
TEXT LINE: (419) 969-2979

ESTATE INFORMATION

First, please accept the condolences on the loss of your loved one from all of us at Schroeder Law LLC. Below, is information that will be required regarding your loved one's estate. If, at any time there is insufficient room in any section of this worksheet, please feel free to utilize the back of any sheet in this packet. Thank you.

GENERAL INFORMATION ABOUT THE DECEDENT

First Name	Middle Name	Last Name	
Street	City	State	Zip

How long was the decedent at this address? _____

Decedent's Occupation: _____

Social Security Number: _____ Location of Will: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Cause of Death: _____

What was the decedent's marital status at the time of death?

- Married Date of Marriage: _____ Spouse's Name: _____
- Widowed Date of Marriage: _____ Spouse's Name: _____
- Separated Date of Marriage: _____ Spouse's Name: _____
- Divorced Date of Divorce: _____ Spouse's Name: _____
- Single

RELATIVES

First:

First Name	Middle Name	Last Name	
Street	City	State	Zip Code
Mobile Phone	Email Address		
Date of Birth	Relationship	Social Security Number	

Second:

First Name	Middle Name	Last Name	
Street	City	State	Zip Code
Mobile Phone	Email Address		
Date of Birth	Relationship	Social Security Number	

Third:

First Name	Middle Name	Last Name	
Street	City	State	Zip Code
Mobile Phone	Email Address		
Date of Birth	Relationship	Social Security Number	

Fourth:

First Name	Middle Name	Last Name	
Street	City	State	Zip Code
Mobile Phone	Email Address		
Date of Birth	Relationship	Social Security Number	

BANK AND SAVINGS ACCOUNTS

TYPE: Checking Account (CA), Savings Account (SA), Certificates of Deposit (CD), Money Market (MM)
Do not include IRAs or 401(k)s here

Note: If Account is in Decedent's name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

Banking Institution and Address	Account Number	Type of Account	Balance	Beneficiary/POD

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K).

Company and Address	Owner	Account/Policy Number	Type of Plan	Value	Beneficiary/POD

INVESTMENTS

List any and all stocks, bonds, or investment accounts the Decedent owned. If held in a brokerage account, lump them together under each account and provide brokerage firm's information.

Company/Broker And address	Owner	Account/Policy Number	Type of Account	Value	Beneficiary/POD

AUTOMOBILES, BOATS, AND RVS

List the make, model, year, VIN #, how titled, market value and the amount of any outstanding loan on each titled vehicle.

Make, Model, Year, and VIN	Owner/Titled	Market Value	Outstanding Loan Amount

FURNITURE AND PERSONAL EFFECTS

List major personal effects (ex. Jewelry, collections, antiques, etc.) and please give estimated values.

Description	Owner	Approximate Market Value

FARM MACHINERY AND EQUIPMENT

List major farm machinery and equipment, and tools, and please give estimated values.

Description	Owner	Approximate Market Value

MONEY OWED TO THE DECEDENT

Mortgages or promissory notes payable to the decedent, or other moneys owed to the decedent.

Name of Debtor	Date of Note	Maturity Date	Owed To	Current Balance

PENDING LAWSUIT (IF ANY)

OTHER ASSETS/ BUSINESS INTERESTS

Other property that you have that does not fit into any listed category.

EXAMPLES INCLUDE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, farm and ranch interests. Please give a description of the interests, your ownership in the interests, and the estimated value of the interests.

ADDITIONAL INFORMATION

Where is it Located?

- | | |
|----------------------------|-------|
| 1. Birth Certificate | _____ |
| 2. Car Title(s) | _____ |
| 3. Income Tax Records | _____ |
| 4. Social Security Cards | _____ |
| 5. Credit Cards | _____ |
| 6. Employee Benefits | _____ |
| 7. Real Estate Titles | _____ |
| 8. Life Insurance Policies | _____ |

Other documents/Items

Where Is It Located:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____