

Estate of: _____

Office File No.: _____

**FLORIDA BAR PROBATE SYSTEM
MINI-MASTER INFORMATION LIST (MM)**

Before the Will can be admitted to probate and so proper preparation can be made for the conference, the following information must be supplied. If any question does not apply, please indicate. If you have questions, please call Colleen White. If additional space is required, attach a separate sheet.

CAUTION: It is **STRONGLY** recommended that you not enter the safe deposit box unless either a bank officer or a representative of this office is present, and a complete inventory should then be made and signed by the observer.

I. PERSONAL REPRESENTATIVE

1.01 Name _____

1.02 Residence Street Address _____

1.03 a.) City _____

b.) County _____

c.) State _____

d.) Zip _____

1.04 Telephone: Home _____ Business _____ Other _____

1.05 Relationship to decedent _____

1.06 Interest in estate _____

II. WILL

2.01 Location of original Will _____

2.02 Prepared by whom _____

2.03 Date of: Will _____ All Codicils _____

Separate Writing _____

2.04 Place of signing Will: City _____

County _____ State _____

2.05 If Will is self-proving, name of
Notary _____

2.06

Witness to Will: *(Circle letter of witness, if know, who could most conveniently travel to the courthouse to swear to the execution of the Will, if required)*

A

Name: _____

Address: _____

City, State: _____

B

Name: _____

Address: _____

City, State: _____

C

Name: _____

Address: _____

City, State: _____

Note: For witnesses to Codicil, use separate sheet and place check here ()

2.07

Special burial, funeral, or anatomical donation instructions contained in Will of other instructions:

III. DECEDENT

3.01 Full name (as shown in Will) _____

Any other name(s) (or indicate "none") used by decedent in legal documents (deeds, etc.)

3.02 Place of death (hospital name, etc.): a) _____

b) City _____

c) County _____ d) State _____

3.03 Date of death _____ (please attach copy of death certificate, if available)

3.04 Domicile (residence): Year Florida residence established _____
(attach declaration of domicile, if available)

a) Last residence street address _____

b) City _____

c) County _____ d) State _____ e) Zip _____

3.05 Age of death _____ Date of birth _____

3.06 a) Social Security No. _____ b) Medicare No. _____

3.07 Names, ages, and addresses of all children (living or deceased) and any surviving spouse. (Indicate by note any person who is deceased, has been declared incapacitated, or is in the armed services, or any minor whose disabilities have been removed.)

<u>Name</u>	<u>Age*</u>	<u>Relationship</u>	<u>Address</u>
a) _____	_____	<u>Surviving Spouse</u>	_____
b) _____	_____	_____	_____
c) _____	_____	_____	_____
d) _____	_____	_____	_____
e) _____	_____	_____	_____

* Birth date, if minor

3.08 Names, ages, addresses, and social security numbers of estate beneficiaries (also include any named in 3.07 above who are beneficiaries). Indicate by note any person who is deceased, has been declared incapacitated, or is in the armed services, or any minor whose disabilities have been removed).

Name & Relationship to decedent	Age*	Address	Social Security Number
a) _____	_____	_____	_____
b) _____	_____	_____	_____
c) _____	_____	_____	_____
d) _____	_____	_____	_____
e) _____	_____	_____	_____

* Birth date, if minor

3.09 How was title to decedent's home or apartment (homestead) held as shown on deed, title policy, or tax bill? _____

3.10 Safe deposit box (*see CAUTION on page 1*):

- a) Name of bank _____ b) Box No. _____
 Location: c) City _____ d) State _____
 e) Joint signatory (if any) _____

3.11 Did decedent own (if so, attach description):

Assets subject to rapid or severe deterioration or perishable property: Yes _____ No _____

Assets especially susceptible to theft, Destruction, damage, or injury: Yes _____ No _____

An interest in a partnership: Yes _____ No _____

An interest in a sole proprietorship: Yes _____ No _____

An interest in a small business corporation: Yes _____ No _____

Substantial obligations due within the next 30 days: Yes _____ No _____

3.12 Name and address of decedent's accountant:

Name _____

Address _____

City and State _____ Zip _____

Telephone _____

3.13 Name and address of decedent's stockbroker:

Name _____

Address _____

City and State _____ Zip _____

Telephone _____ Account No. _____

3.14 If decedent was engaged actively in operation of his or her own business, describe business operation and person now operating business:

3.15 The last personal income tax return (IRS form 1040) filed by decedent was for income received during the year _____ and the return was filed on or about _____, _____. (Please furnish a copy to the attorney)

3.16 Was decedent required to, and did decedent, file with the state of Florida intangible personal property tax returns for any of the preceding 3 years? If so, what years were filed: _____; _____; _____. (Please furnish copies to the attorney)

3.17 Was decedent at the time of death regularly required to file tax returns with any other state or country? (If so, give state and due date of next return.)

		Due
a) Personal income tax return	Yes ____ No ____	Date _____
State _____		

		Due
b) Intangible personal property tax return	Yes ____ No ____	Date _____
State _____		

c) Tangible or commercial property tax return Yes ____ No ____ Due Date _____
State _____

d) Other Yes ____ No ____ Due Date _____

3.18 What is the approximate value of all assets belonging to decedent above (not jointly owned), including life insurance payable to decedent's estate (rather than to a named beneficiary)? _____

3.19 Did decedent have a company pension or profit-sharing plan, an annuity, a Kehoe plan, or an Individual Retirement Account (IRA)? Yes ____ No ____
If yes, describe on Summary of Assets attached. **NOTE:** *It is important that no election or term payment or lump sum payment of proceeds be made before the attorney can consider the estate tax and income tax consequences of such election.*

3.20 Was there a mortgage on any property in which decedent owned an interest? Yes ____ No ____ . Did decedent own any other obligation (other than charge accounts) which required periodic payments? Yes ____ No ____

Name of mortgage or note holder _____

Address _____

City and State _____ Zip _____

Loan number _____

Payable (monthly, quarterly, etc.) _____ Next payment due _____

Amount of payment _____ Approximate balance _____

Description of property mortgaged _____

3.21 If decedent did not operate his or her own business (see 3.14), list decedent's occupation or, if retired, his or her former occupation:

3.22 Notes, comments, questions, or pending items:

Please also complete and return to attorney the Summary of Assets enclosed herewith.

NOTE: This information must be supplied initially in order that the attorney can insert a summary of this information in the original petition for administration that must be filed with the court to commence administration of the estate.

SUMMARY OF ASSETS

APPROXIMATE VALUE AND NATURE OF ASSETS OWNED BY DECEDENT INDIVIDUALLY OR JOINTLY. As to each asset, indicate form of ownership as "J" (joint), "I" (individually) or "UK" (unknown). ATTACH SUPPLEMENTAL SHEETS AS NECESSARY.

1. REAL ESTATE: (indicate, J, I, UK)

Brief legal description (indicate county)	If mortgaged, approx. Vacant or type of building or improvements	Approx. amount and date of next payment due	market value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. STOCKS AND BONDS: (indicate J, I, or UK)

Name of Company	No of shares	Approx. value per share	Total value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. MORTGAGES AND NOTES RECEIVABLE: (indicate J, I, or UK)

Maker	Date	Next payment date and amount	Approximate present balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. BANK ACCOUNTS OR CERTIFICATES OF DEPOSIT: (indicate J, I, or UK)

Bank & number of account (if joint, name of joint owner)	Checking, savings, or CD	Approximate balance
_____	_____	_____
_____	_____	_____

5. CASH: (belonging to decedent)

Location	Approximate amount

6. INSURANCE ON DECEDENT'S LIFE:

Company	Policy number	Beneficiary	Location of original policy	Expected proceeds

7. AUTOMOBILES: (indicate J, I, or UK)

Make	Model	Year	If financed, name of lender, date and amount of next beneficiary	Approx. value

8. JEWELRY, ART OBJECTS, ANTIQUES, FURS, AND OTHER VALUABLE ITEMS:

Description	Location	Insurance coverage	Approx value

9. MISCELLANEOUS OR OTHER PROPERTY NOT DESCRIBED ABOVE:
(indicate J, I, UK)

Description	Location	Value
Clothes (if value nominal, indicate)		
Furniture		

10. INSURANCE (OTHER THAN LIFE INSURANCE) COVERAGE:
(indicate J, I, or UK)

	Company	Policy No.	Limits	Paid through
<u>Automobile</u>				
<u>Homeowners</u>				
Others				

11. TRUSTS IN WHICH DECEDENTS HAD ANY INTEREST:
(if available, provide a copy)

Trustee	Address	Trust date	Approx. asset value

12. ANNUITIES OR PENSIONS:

Company	Address	Type	Death benefit amount