ESTATE ADMINISTRATION CHECKLIST

This is a checklist of the information and documents needed in order to assist you in the Estate or Trust Administration:

1. A completed Estate Administration Data Sheet (attached) - it covers much of the basic information and provides a summary of assets.

Assets (all values are to be as of date of death):

1. **Copies** of (no matter how titled-individually, joint, in Trust, etc.):
   
   A. Deeds and lease agreements to all real properties
   B. Promissory notes (notes receivable) and amount owed to the decedent
   C. Contracts for sale or purchase of real property-currently being sold/purchased
   D. Business agreements or documents (Corporations, Partnerships, Limited Liability Companies), Shareholder or Buy-Sell Agreements
   E. Stock certificates, US Savings Bonds, Limited Partnership interests - where the decedent had physical possession of the item
   F. Titles to automobiles, boats, planes, etc.
   G. Last year’s income tax return and any past Gift tax returns.

2. **Most recent copies** of statements for (no matter how titled-individually, joint, in Trust, etc.):
   
   A. Checking and savings accounts
   B. Money market and mutual fund accounts
   C. Brokerage/investment accounts
   D. IRAs, 401k, 403(b) and other retirement plan accounts

3. **Copies** of information for all life insurance policies (recent annual summary or benefits summary page from insurance policy) where the decedent was either:
   
   A. The insured or
   B. The owner
Liabilities (all amounts are to be as of date of death):

1. **Copies** of the paid bills and checks for funeral, memorial, headstone, flowers, minister, music, and anything else related to funeral and burial services.

2. **Copies and amounts** of all outstanding bills the decedent owed at time of death:
   
   A. Credit cards and other loans
   B. Medical bills from last illness
   C. Real estate tax bills from before death, utility bills, and any other bills associated with the residence or real property
   D. Income taxes owed (and not yet paid or paid in) - federal and state

Information on all Safe Deposit boxes - title and contents.

The **originals** of all Wills and Trusts (with amendments).

Several **original** death certificates

*With these items we can get started with the following:

1. A review of the legal documents, assets, values, etc.
2. An analysis of whether a probate is needed.
3. An analysis of whether a Federal Estate Tax return is required or necessary.
4. Preparation of any Oklahoma Estate Tax return, or other out-of-state estate tax returns.
5. Recommendations or necessary counsel on documents, distributions, establishment of testamentary trusts, etc.

Thank you for your assistance.
DATE _____________________ REFERRED BY ________________________________

I.  DECEDENT:

NAME _______________________________________________________________________

RESIDENCE AT DEATH _______________________________________________________

CITY ___________________________ STATE _____________ ZIP ______________

DATE OF DEATH ___________ DATE OF BIRTH ___________ AGE AT DEATH __

SOCIAL SECURITY NUMBER ___________________________ CITIZENSHIP ______

WHEN DID DECEDENT BECOME A RESIDENT OF THAT STATE?___________________

EMPLOYER __________________________________________________________________

EMPLOYER ADDRESS _________________________________________________________

EMPLOYER TELEPHONE ______________________________________________________

II. DECEDENT'S FAMILY:

SPOUSE ________________________________ DATE OF BIRTH_____________________

SOCIAL SECURITY NUMBER ___________________________ CITIZENSHIP ______

HOME ADDRESS ___________________________________________________________

CITY ___________________________ STATE ___________ ZIP ______________

HOME TELEPHONE (____)__________________ EMAIL _____________________________

WORK TELEPHONE (____)__________________ CELL PHONE (____)_________________

EMAIL _______________________________________________________________________

EMPLOYER __________________________________________________________________

EMPLOYER ADDRESS _________________________________________________________
III. CHILDREN:

1. NAME ___________________________  EMAIL ___________________________
   HOME PHONE _______ WORK PHONE _______ CELL PHONE _______
   ADDRESS __________________________________________
   EMAIL ____________________________________________
   SOCIAL SECURITY NUMBER _________________________  DATE OF BIRTH ______

2. NAME ___________________________  EMAIL ___________________________
   HOME PHONE _______ WORK PHONE _______ CELL PHONE _______
   ADDRESS __________________________________________
   EMAIL ____________________________________________
   SOCIAL SECURITY NUMBER _________________________  DATE OF BIRTH ______

3. NAME ___________________________  EMAIL ___________________________
   HOME PHONE _______ WORK PHONE _______ CELL PHONE _______
   ADDRESS __________________________________________
   EMAIL ____________________________________________
   SOCIAL SECURITY NUMBER _________________________  DATE OF BIRTH ______

4. NAME ___________________________  EMAIL ___________________________
   HOME PHONE _______ WORK PHONE _______ CELL PHONE _______
   ADDRESS __________________________________________
   EMAIL ____________________________________________
   SOCIAL SECURITY NUMBER _________________________  DATE OF BIRTH ______
5. NAME _________________________ EMAIL _________________________
HOME PHONE __________ WORK PHONE __________ CELL PHONE __________
ADDRESS ________________________________________________________
EMAIL ____________________________________________________________
SOCIAL SECURITY NUMBER __________________ DATE OF BIRTH __________

6. NAME _________________________ EMAIL _________________________
HOME PHONE __________ WORK PHONE __________ CELL PHONE __________
ADDRESS ________________________________________________________
EMAIL ____________________________________________________________
SOCIAL SECURITY NUMBER __________________ DATE OF BIRTH __________
ARE THESE CHILDREN FROM THIS MARRIAGE? [ ] YES [ ] NO
IF NO, PLEASE EXPLAIN: ____________________________________________
ARE ANY CHILDREN OR GRANDCHILDREN ADOPTED?

ARE THERE SPECIAL NEEDS FOR ANY CHILD? [ ] YES [ ] NO
IF YES, PLEASE EXPLAIN: ____________________________________________

IV. DOCUMENTS: PLEASE BRING TO THE FIRST CONFERENCE AS MANY OF
THE FOLLOWING DOCUMENTS AS ARE APPLICABLE TO THE
DECEDENT:

[ ] Existing Wills, Codicils or Trust Agreements;
[ ] Life Insurance Policies;
[ ] Divorce Decrees and Property Settlement Agreements;
[ ] Deeds and Lease Agreements for Real Estate;
[ ] Appraisals for all Real Estate;
[ ] Employee Benefit and Retirement Plans;
[ ] Corporation Documents and Shareholder Agreements;
[ ] Partnership Agreements;
[ ] Deeds of Trust and Notes for Money Owed to Decedent;
[ ] Last Year's Income Tax Returns;
[ ] Gift Tax Returns;
[ ] Information on any safe-deposit boxes that decedent had;
[ ] Any other information that might be important.
V. INVENTORY OF ASSETS (PLEASE COMPLETE WITH FULL INFORMATION):

*TITLE:  D-DECEDEENT  S-SPOUSE  J-JOINT TENANCY W/ SURVIVORSHIP  
TC-TENANTS IN COMMON  C-COMMUNITY PROPERTY  
RLT-REVOCABLE LIVING TRUST

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<tr>
<th>STATE</th>
<th>*TITLE</th>
<th>MARKET VALUE</th>
<th>DEBTS</th>
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<td>PERSONAL PROPERTY</td>
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<td>CHECKING ACCOUNTS</td>
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<td>SAVINGS ACCOUNTS</td>
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<td>STOCKS &amp; BONDS</td>
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INVENTORY OF ASSETS - Continued

________________________________________________________
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T-BILLS, CDs

________________________________________________________
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MUTUAL FUNDS

________________________________________________________
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MONEY MARKET FUNDS

________________________________________________________
________________________________________________________
________________________________________________________

NOTES TO YOU

________________________________________________________
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OTHER

________________________________________________________
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**RETIREMENT PLANS:**  INCLUDES: IRAs, 401Ks, PROFIT SHARING PLANS, 403Bs

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<tr>
<th>OWNER</th>
<th>TYPE</th>
<th>DEATH BENEFICIARY</th>
<th>DEATH VALUE</th>
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**LIFE INSURANCE:**  (*TYPE: T-TERM WL-WHOLE LIFE G-GROUP TERM*)

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<th>OWNER</th>
<th>*TYPE</th>
<th>INSURED</th>
<th>BENEFICIARY</th>
<th>FACE VALUE</th>
<th>CASH VALUE</th>
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INVENTORY OF ASSETS - Continued

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BUSINESSES: Please give complete information.

*TYPE: C-CORPORATION  S-S CORPORATION  SP-SOLE PROPRIETORSHIP
P-PARTNERSHIP  PC-PROFESSIONAL CORPORATION
LLC- LIMITED LIABILITY COMPANY

#1. NAME OF BUSINESS: ________________________________________________________

WHAT DOES BUSINESS DO?

_____________________________________________________

*TYPE  SHAREHOLDERS/PARTNERS  OWNERSHIP  VALUE

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

WHO WILL CONTINUE THE BUSINESS UPON RETIREMENT OR DEATH? ____________

IS THERE A BUY-SELL AGREEMENT FOR THE BUSINESS? _________________
IS THERE KEY-MAN AND/OR DISABILITY INSURANCE? _________________
#2. NAME OF BUSINESS: _______________________________________________________
WHAT DOES BUSINESS DO? __________________________________________________

*TYPE  SHAREHOLDERS/PARTNERS  OWNERSHIP  VALUE
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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WHO WILL CONTINUE THE BUSINESS UPON RETIREMENT OR DEATH? __________
____________________________________________________________________________

IS THERE A BUY-SELL AGREEMENT FOR THE BUSINESS? ______________________
IS THERE KEY-MAN AND/OR DISABILITY INSURANCE? __________________________

#3. NAME OF BUSINESS: _______________________________________________________
WHAT DOES BUSINESS DO? __________________________________________________

*TYPE  SHAREHOLDERS/PARTNERS  OWNERSHIP  VALUE
____________________________________________________________________________
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WHO WILL CONTINUE THE BUSINESS UPON RETIREMENT OR DEATH? __________
____________________________________________________________________________

IS THERE A BUY-SELL AGREEMENT FOR THE BUSINESS? ______________________
IS THERE KEY-MAN AND/OR DISABILITY INSURANCE? __________________________
**INTERESTS IN TRUSTS:** (WHERE DECEDENT IS NAMED AS A BENEFICIARY)

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<tr>
<th>NAME OF TRUST</th>
<th>INTEREST HELD</th>
<th>VALUE</th>
<th>WHEN TO RECEIVE</th>
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**OTHER DEBTS:**

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<th>TYPE OF DEBT</th>
<th>WHEN INCURRED</th>
<th>AMOUNT</th>
<th>CREDITOR</th>
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**NET ESTATE SUMMARY:**

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<th>INTERESTS IN TRUSTS</th>
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<td>BUSINESSES:</td>
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<td>LIFE INSURANCE:</td>
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<td>RETIREMENT PLANS:</td>
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<td>ALL OTHER:</td>
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<td>GROSS ESTATE:</td>
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<td>LESS DEBTS:</td>
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<td>NET ESTATE VALUE</td>
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**COMMENTS:**

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VI. ESTATE ADMINISTRATION DETAILS:

A. WILL [ ] OR NO WILL [ ]
B. DATE OF QUALIFICATION
C. CITY/COUNTY COURT
D. INVENTORY DUE
E. FEDERAL ESTATE TAX RETURN DUE
F. STATE ESTATE TAX RETURN DUE
G. EXECUTOR
   ADDRESS/PHONE
   EXECUTOR
   ADDRESS/PHONE
H. REVOCABLE LIVING TRUST OR TESTAMENTARY TRUST [ ]
I. TRUSTEE
   ADDRESS/PHONE
   TRUSTEE
   ADDRESS/PHONE

VII. DISTRIBUTIONS FROM WILL OR TRUST:

A. TO SPOUSE:
   SPECIFIC ASSETS   PERCENTAGE
   OUTRIGHT BEQUESTS
   MARITAL TRUST [ ]  CREDIT SHELTER TRUST [ ]

B. TO OTHERS:
   NAME   SPECIFIC ASSETS   PERCENTAGE
   ________________________________________________
   ________________________________________________
   ________________________________________________
   ________________________________________________

[ ] INTO TRUST FOR CHILDREN (COMPLETE "C" BELOW)
C. TRUST DISTRIBUTIONS FOR CHILDREN:

1. AGES & PERCENTAGES:  _________% AT _________ YEARS
   _________% AT _________ YEARS
   _________% AT _________ YEARS

2. SPECIAL PROVISIONS:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

VIII. BACKGROUND INFORMATION:

A. PREVIOUS MARRIAGES:
   FORMER SPOUSE: ____________________________________________________________
   DATE & PLACE OF MARRIAGE: ________________________________________________
   HOW TERMINATED: __________________________________________________________

B. DIVORCE OBLIGATIONS (PAY/RECEIVE):
   CHILD SUPPORT: ____________________________________________________________
   ALIMONY: _________________________________________________________________
   LIFE INSURANCE: __________________________________________________________
   OTHER TERMS: ______________________________________________________________

C. DO YOU SUPPORT OR EXPECT TO SUPPORT ANYONE ELSE SUCH AS A
   PARENT OR OTHER PERSON? [ ] YES [ ] NO
   IF YES, PLEASE EXPLAIN: ________________________________________________

D. MILITARY SERVICE: (BRANCH, RANK, SERIAL #, DATES):

______________________________________________________________________________
______________________________

E. NAME & ADDRESS OF PHYSICIAN: ____________________________________________
F. Has decedent ever lived in a community property state? (AZ, CA, TX, ID, LA, NM, NV, WA & WI) __________________________________________

G. Previous residences: (States) __________________________________________
_______________________________________________________________________
_______________________________________________________________________

H. Any name changes: [ ] Yes [ ] No

I. Any gifts made prior to 1982 in excess of $3,000? [ ] Yes [ ] No

   After 1982 in excess of $10,000? [ ] Yes [ ] No

J. Forgive any loans at death? [ ] Yes [ ] No

K. Specific instructions for burial? [ ] Yes [ ] No

L. Any recently inherited assets? [ ] Yes [ ] No

M. Any pre-nuptial agreements? [ ] Yes [ ] No

IX. PARENTS:

   NAME          ADDRESS          PHONE
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

X. ADVISORS:

   NAME          ADDRESS          PHONE

   A. Accountant: _________________________________________________________
   B. Attorney: ___________________________________________________________
   C. Stockbroker: _________________________________________________________
   D. Financial Planner: ___________________________________________________
   E. Life Insurance Agent: ________________________________________________
   F. Other Advisors: ______________________________________________________

12
R. THOMAS IRWIN
Attorney at Law

Thom is the founder of **Irwin Law Firm, P.C.**, located in Tulsa, Oklahoma, specializing in the areas of Estate Planning, Charitable Gift Planning, Business Planning and Tax. He assists clients by helping them avoid probate, plan for incompetency and disability, reduce estate, gift and other taxes, as well as plan for the proper distribution of assets to the family or other beneficiaries. He uses trusts extensively, including Revocable Living Trusts, Charitable Remainder Trusts, Charitable Lead Trusts, Irrevocable Life Insurance Trusts and Children's Trusts.

Thom also assists clients with their Business Planning, including Corporations, Limited Liability Companies, Partnerships and Non-Profit entities, as well as preparing Buy-Sell Agreements, Employment Agreements and other business-related documents.

Presently an adjunct professor teaching Estate Planning at **Northeastern State University**, Broken Arrow, Oklahoma, Thom believes in education based planning, with the goal being to educate his clients in their planning options and to allow them to make informed decisions.

Upon graduation from Oral Roberts University Law School in 1982, Thom worked in the Estate and Planned Giving Department of the Christian Broadcasting Network in Virginia Beach, Virginia, assisting people in the planning of their estates. He taught at the **Regent University School of Law**, formerly full-time and as an adjunct professor, and taught Estate Planning for the Professional Financial Planning program at **Old Dominion University** in Norfolk, Virginia.

Thom conducts seminars for churches, charitable organizations, business owners, professionals and others in the areas of Estate Planning, Planned Giving and Business Planning.