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CONFIDENTIAL

Decedent's Estate Administration Form
Executor / Administrator

Prepared by ______________________________________ ***Date*** _______________________________

- The Executor / Administrator must qualify in the city or county where the decedent lived (includes an assisted living facility, but **does not include** a skilled nursing facility). If the decedent had no Virginia residence, then probate is possible where the decedent owned eal estate, where the decedent died, or where the decedent had any asset in his or her sole name

- If the decedent left a will, you must provide the court with **the original will (and any codicils).** Please bring **the original will and any codicils** to your initial consultation so that we may advise on any additional paperwork that may be necessary for the court to admit the will to probate (especially if the first-named executor or trustee is not the person who is probating the will). ***Photocopies of a will are generally unacceptable.***

- If the decedent left no will, or if the will does not name a living or a competent person as executor or trustee, please complete the information for the person who is willing to act as the executor, the administrator, or the trustee.

- If the executor/administrator/trustee does not live in Virginia, a surety bond is required by law. Upon request, we may serve as the estate's Registered Agent.

- **You must provide an original of the decedent's death certificate.** These are usually provided during final arrangements, upon your request, by the funeral home. Additional copies can be ordered from the vital records division for the state in which the decedent died. After qualification, the executor will also need one additional original death certificate for each institution that holds property.

- The beneficiaries under the will are not necessarily the heirs at law. We must identify all heirs at law, even if they are estranged from the family or actually disinherited under the will.

Part 1: Decedent's Information	
Full name	
Social security number	
Other names by which decedent was known	
Residence address	
City/County	
Date of Birth, Place of Birth, and Age	
Marital Status	
Date of Death and City/County of Death	

Part 2: Proposed Fiduciary (Executor / Administrator / Trustee)			
The court may require the fiduciary to have a surety bond. The following questions help determine the fiduciary's ability to obtain that bond. All information in this section will be disclosed to our third-party bondsperson to determine if they are willing to underwrite the probate bond.			
Full name of fiduciary			
Residence address			
Home phone number		*Work phone number*	
Date of birth		*Relationship*	
Employer		*Occupation*	
Social security number		*Have you ever been convicted of a felony?*	YES NO
Do you have any judgments?	YES NO	*Have you ever been declared incapacitated?*	YES NO
Do you have any accounts in collections	YES NO	*Have you ever declared bankruptcy?*	YES NO
Do you authorize White & McCarthy to submit this personal identifying information to a credit reporting agency or insurance company in order to determine whether or not you are bondable?			

Part 3: Heirs at Law (Please indicate if any of the below named are under the age of eighteen (18). Please indicate if any of the decedent's children are from a prior relationship.)		
Relationship to Decedent:	*Full Name:*	*Address:*
Spouse		
Child (or their children, if child is deceased)		
Child (or their children, if child is deceased)		
Child (or their children, if child is deceased)		
Child (or their children, if child is deceased)		
IF ANY OF THE ABOVE RELATIVES ARE LIVING, STOP HERE AND GO TO THE NEXT PAGE		
Mother (if living)		
Father (if living)		
Sibling (or their children, if deceased)		
Sibling (or their children, if deceased)		
Sibling (or their children, if deceased)		
Sibling (or their children, if deceased)		

Part 4: Assets Owned <u>by Decedent Only</u> **(not jointly owned property, not property payable on death to another party as beneficiary)**	
Real Estate and Time Shares	*Tax Assessed Value*
Address:	
Address:	
Other Assets: Please identify the bank, brokerage house, or insurance company	*Value on the Date of Death*
Checking Account	
Savings Account	
Brokerage Account	
IRA / 401(k) / Deferred Profit Share / "Qualified" Annuities *Payable to the Estate or with no beneficiary:*	
Stocks outside of brokerage account	
Privately owned business, corporation, or partnership	
Bonds outside of brokerage account	
Vehicles / Boats / Trailers / Farm Implements	*Tax assessed value:*
	Tax assessed value:
Life Insurance *Payable to the estate or with no beneficiary*	*Death benefit:* *Loan??*
	Death benefit: *Loan??*
Other	

Part 5: Assets Owned by Decedent and by Another Person (Include spouses, trustees of trusts, co-owners of accounts, and beneficiaries of accounts)		
Real Estate and Time Shares	*Tax Assessed Value*	*Name of Co-Owner/Beneficiary*
Address:		
Address:		
Other Assets: Please identify the bank, brokerage house, or insurance company	*Value on the Date of Death*	
Checking Account		
Savings Account		
Brokerage Account		
IRA / 401(k) / Deferred Profit Share / "Qualified" Annuities *Payable to a named beneficiary:*		
Stocks outside of brokerage account		
Privately owned business, corporation, or partnership		
Bonds outside of brokerage account		
Vehicles / Boats / Trailers / Farm Implements	*Tax assessed value:*	
	Tax assessed value:	
Life Insurance *Payable to a named beneficiary:*	*Death benefit: ____________* *Loan??*	
	Death benefit ____________ *Loan??*	
Other		

Part 6: Gifts and Family Loans Made By Either Decedent or Spouse in Excess of $10,000.00 Per Year				
Date	***Recipient***	***Amount***	***Gift or Loan?***	***Reason for Gift or Loan***

Part 7: Debts of Decedent			
Owed to Whom	***Name of Co-Debtor***	***Amount***	***Due Date***