

# ESTATE INTERVIEW CHECK LIST

**Date of Interview:** \_\_\_\_\_

Name of Deceased \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Deceased was a resident of \_\_\_\_\_  
 Heirs: Spouse \_\_\_\_\_ Children \_\_\_\_\_  
       Brothers or sisters \_\_\_\_\_  
       Any predeceased heirs \_\_\_\_\_  
       Any heirs in military service \_\_\_\_\_  
 Estate Recovery Program involved \_\_\_\_\_

► Preparer \_\_\_\_\_  
 ► Date of Death \_\_\_\_\_  
 ► Is there a will \_\_\_\_\_ **If so, please bring original**  
 Parents \_\_\_\_\_  
 Minors or Incompetents \_\_\_\_\_  
 If so, did they have children \_\_\_\_\_  
  
 (Family Care Benefit, MA, Aid, or Long Term Community Support Services)

ASSETS ON HAND AS OF DATE OF DEATH	PROPERTY SUBJECT TO ADMINISTRATION INDICATE MONEY VALUE	JOINTLY OWNED /PAYABLE ON DEATH, TRANSFER ON DEATH, ETC. WITH WHOM INDICATE MONEY VALUE
REAL ESTATE Address: _____		
CHECKING ACCOUNT		
SAVINGS ACCOUNTS		
SAFETY DEPOSIT BOX		
SAVINGS CERTIFICATES/ CD's		
MONEY MARKETS		
STOCKS		
BONDS/MUTUAL FUNDS		
RETIREMENT FUNDS		
NOTES OR LOANS		
CARS/TRUCKS/FARM EQUIPMENT		
OTHERS (BOATS, ATV, CAMPERS, ETC.)		
COLLECTIONS/JEWELRY/GUNS/TOOLS		
HOUSEHOLD FURNISHINGS		
ANY OTHER ITEMS OF VALUE		

Life Insurance \_\_\_\_\_ Who is beneficiary \_\_\_\_\_  
**Any other assets of value:** \_\_\_\_\_

**WHEN COMPLETED PLEASE CALL THE PROBATE OFFICE (715) 839-4823 FOR AN APPOINTMENT WITH THE REGISTER IN PROBATE.**