

HAVENS & MILLER, P.L.L.C.
PROBATE MINI-MASTER INFORMATION LIST (MINI-MIL)

Estate of _____ Office File No. _____

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 the attorney. 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 E-mail address: _____

1.06 Relationship to decedent _____

1.07 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: a) City _____
b) County _____ c) State _____

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

2.06 Witnesses (Circle letter of witness, if known, who could most conveniently travel to the courthouse to swear to the execution of the Will, if required)

	A	B	C
Name	_____	_____	_____
Address	_____	_____	_____
City, State	_____	_____	_____
Zip	_____	_____	_____
Telephone	_____	_____	_____

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

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

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 _____ (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 at 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.)

Name	Age*	Relationship	Address
a) Surviving Spouse	_____	_____	_____
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*	Addresses	Social Security No.
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 of brokerage house _____
 Address _____
 City and State _____
 Zip _____
 Telephone _____ Account No. _____

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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 _____, 20____. (A copy of the return should be furnished 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: 20____; 20____; 19____. (Copies should be furnished 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.)

a) Personal income tax return	Yes _____	No _____	Due Date _____
State _____			Due Date _____
b) Intangible personal property tax return	Yes _____	No _____	Due Date _____
State _____			Due Date _____
c) Tangible or commercial property tax return	Yes _____	No _____	Due Date _____
State _____			Due Date _____
d) Other	Yes _____	No _____	Due Date _____

3.18 What is the approximate total 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 Keohoe plan, or an Individual Retirement Account (IRA)? Yes _____ No _____

If yes, describe on Summary of Assets attached. NOTE: It is important that no election of 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 owe 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 above), 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.

HAVENS & MILLER, P.L.L.C.

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• <http://www.truststatelaw.net> •

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, or UK)

Brief legal description (indicate county)	Vacant or type of buildings or improvements	If mortgaged, approx. amt. and date of next payment due	Approx. 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 amt.	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 C.D.	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 amt. of next pymt. & approx. outstanding balance	Approx. value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Description	Location	Insurance coverage	Approx. value
_____	_____	_____	_____
_____	_____	_____	_____

HAVENS & MILLER, P.L.L.C.

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

Description	Location	Approximate value
Clothes (if value nominal, indicate)	-----	-----
Furniture	-----	-----

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

	Company	Policy number	Limits	Paid through
Automobile	-----	-----	-----	-----
Homeowners	-----	-----	-----	-----
Other	-----	-----	-----	-----

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

Trustee	Address	Trust date	Approx. asset value
-----	-----	-----	-----
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12. ANNUITIES OR PENSIONS:

Company	Address	Type	Death benefit amt.
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