

HOWES & ANDERSON, P.C.

ATTORNEYS AT LAW

4401 Westown Parkway,
Neptune Bldg., Suite 302
West Des Moines, IA 50266

RONALD L. ANDERSON
E-MAIL: RLA@IALAWFIRM.COM
RICHARD J. HOWES
E-MAIL: RICHARD@IALAWFIRM.COM
MOLLY K. ANDERSON
E-MAIL: MOLLY@IALAWFIRM.COM

TELEPHONE
(515) 225-9000
FACSIMILE
(515) 225-9360
WEBSITE: IALAWFIRM.COM

PROBATE INFORMATION

Fill in requested information (Attach additional pages if necessary)

Name of Decedent _____ Social Security # _____

Address of Decedent _____ Age _____

Date of Birth _____ Place of Birth _____

Date of Death _____ Place of Death _____

Date of Marriage _____ How Long Lived in Iowa _____

Spouse's Name _____ Social Security # _____ Age _____

Spouse's Current Address _____

If Spouse is deceased:

(1) Date of Death _____

(2) Date of Birth _____

(3) Social Security # _____

Did Decedent leave a Will? _____ Decedent's Occupation _____

Name of Executor _____ Social Security # _____

Executor's Date of Birth _____ Phone _____

Executor's Address _____

BENEFICIARIES NAMED IN WILL, JOINT TENANTS, AND CLOSEST RELATIVES

<u>Name</u>	<u>DOB</u>	<u>Relationship</u>	<u>Address</u>	<u>Social Security #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIFE INSURANCE:

<u>Company</u>	<u>Policy #</u>	<u>Beneficiary</u>	<u>Face Value</u>	<u>Death Benefit</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CASH HELD ON DATE OF DECEDENT'S DEATH:

1. Cash \$ _____
2. Checks received before death but not cashed \$ _____

CERTIFICATES OF DEPOSIT (C.D.'s):

<u>Name(s) on C.D. & How Titled</u>	<u>C.D. #</u>	<u>Issuer</u>	<u>Value on date of death</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BANKS (Provide statements)

<u>Name(s) on Account & How Titled</u>	<u>Savings or Checking Account #</u>	<u>Bank of Issuer</u>	<u>Balance on date of death</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INDIVIDUAL RETIREMENT ACCOUNT(S) (IRA's):

<u>Name on Account</u>	<u>Traditional or Roth</u>	<u>Account #</u>	<u>Location</u>	<u>Balance on date of death</u>	<u>Designated Beneficiary</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**STOCKS, MUTUAL FUNDS OR TREASURY BILLS:
(Provide copies of Stock Certificates or Account Statements)**

<u>Names & How Titled</u>	<u>Company</u>	<u>Number of Shares</u>	<u>Certificate #</u>	<u>Value on date of death</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

U.S. SAVINGS BONDS: Attach list showing the names on bond, bond serial number, denomination, and date of purchase.

REAL ESTATE:

<u>Address</u>	<u>Indebtedness</u>	<u>Tax Valuation</u>	<u>Market Value</u>	<u>Owner(s) & How Titled</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Out of State Real Estate: _____

HOUSEHOLD GOOD AND FURNISHINGS: Current Market Value \$ _____

INDIVIDUAL PERSONAL PROPERTY: (Such as coin collections, stamp collections, heirlooms, jewelry, antiques, etc.)

<u>Description of Property</u>	<u>Location</u>	<u>Market Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

RETIREMENT BENEFITS (Annuities, Income Contracts, Pension Funds)

Was decedent receiving a monthly Pension or Annuity? _____

If yes, did all benefits terminate on date of death? _____

If benefits continued to a named beneficiary or there is a lump sum death benefit, please describe. (List company, description of pension, or annuity beneficiaries, and amount received).

TAX RETURNS:

Last year Federal Income Tax return was filed by decedent? _____

Last year Iowa Income Tax return was filed by decedent? _____

DEBTS:

Real Estate Taxes \$ _____ Funeral Expenses \$ _____

(Include copies of bills)

OTHER LIABILITIES:

<u>Creditor</u>	<u>Balance Due on the Date of Death</u>	<u>Describe Debt</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____