

Estate of: \_\_\_\_\_

Office File No.: \_\_\_\_\_

**FLORIDA BAR PROBATE SYSTEM  
MINI-MASTER INFORMATION LIST (MM)**

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: \_\_\_\_\_

May we send confidential information to this address? Yes \_\_\_ No \_\_\_

**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: City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_

**2.05** If Will is self-proving, name of Notary \_\_\_\_\_

**2.06** Witness to Will: *(Circle letter of witness, if know, who could most conveniently travel to the courthouse to swear to the execution of the Will, if required)*

A

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

B

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

C

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_ (please 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 of 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.)

<u>Name</u>	<u>Age*</u>	<u>Relationship</u>	<u>Address</u>
a) _____	_____	<u>Surviving Spouse</u>	_____
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).

	<b>Name &amp; Relationship to decedent</b>	<b>Age*</b>	<b>Address</b>	<b>Social Security Number</b>
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 \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Account No. \_\_\_\_\_

**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\_\_\_\_. (Please furnish a copy 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 \_\_\_\_; 20 \_\_\_\_.  
(Please furnish copies 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.)

		Due
a) Personal income tax return	Yes ____ No ____	Date _____
State _____		

		Due
b) Intangible personal property tax return	Yes ____ No ____	Date _____
State _____		

c) Tangible or commercial property tax return      Yes \_\_\_ No \_\_\_      Due Date \_\_\_\_\_

State \_\_\_\_\_

d) Other      Yes \_\_\_ No \_\_\_      Due Date \_\_\_\_\_

**3.18**      What is the approximate 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 or 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 own 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 \_\_\_\_\_

\_\_\_\_\_

**3.20b** Please list all potential creditors of the estate (credit cards, medical services, loans, hospital bills, etc.):

Creditor	Amount Owed
_____	_____
_____	_____
_____	_____
_____	_____

**3.21** If decedent did not operate his or her own business (see 3.14), list decedents 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.

***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, UK)**

Brief legal description (indicate county)	Vacant or type of building or improvements	If mortgaged, approx. amount 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 amount	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 CD	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 amount of next beneficiary	Approx. value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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

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

Description	Location	Value
Clothes (if value nominal, indicate) _____	_____	_____
Furniture _____	_____	_____
_____	_____	_____
_____	_____	_____

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

	Company	Policy No.	Limits	Paid through
<u>Automobile</u>	_____	_____	_____	_____
<u>Homeowners</u>	_____	_____	_____	_____
<u>Others</u>	_____	_____	_____	_____

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

Trustee	Address	Trust date	Approx. asset value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**12. ANNUITIES OR PENSIONS:**

<b>Company</b>	<b>Address</b>	<b>Type</b>	<b>Death benefit amount</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____