

## **Estate Tax Checklist (mini)**

Name of the	decedent:	U	Death Cert	ificate
□ Will	ID Number of estate and/or trus	st 🔲	Letters Tes Trust Docu	stamentary iments (if applicable
Inventory of assets owned at time of death. Please provide a list of furniture, equipment, jewelry, vehicles, cash, homes and other assets with fair market value and how the value was determined.				
valuation	zed list of all stocks or other se date. (Broker can provide this) vidends payable at time of death	must show cusip	# and numb	er of shares held at
<ul> <li>□ Annuities – need date of death value.</li> <li>□ Date of death value and bank statement support for all accounts in the decedents name or co-owned with another.</li> <li>□ Appraisals of Real estate with legal description and street address. Percentage of ownership of each parcel.</li> <li>□ Appraisals of Business interests and percentage of ownership (# shares owned)</li> <li>□ Fair market value of any personal property owned by the decedent.</li> </ul>				
	Furniture and equipment Vehicles	☐ Jewelry ☐ Equipment	: •	Any other assets
<ul> <li>□ Debts of</li> <li>□ Mortgag</li> <li>□ Commun</li> <li>□ Attorney</li> <li>□ Estate ac</li> <li>□ Bank sta</li> <li>□ Copies of</li> <li>□ Value of</li> </ul>	I Estate Beneficiaries names and the decedent paid after death. ges, Notes, and Cash balances as nity Property agreement if apply, accountant and appraisal fees dministration expenses attements and check registers for of all Gift tax forms filed by the Life insurance for policies own Costs / medical bills	s of date of death icable — indicate wheth the estate or true decedent (Form	n. her estimated est accounting n 709)	or final fees paid.