

Master Information List

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[Reserved]

TEXAS PROBATE SYSTEM MASTER INFORMATION LIST (MIL)

CLIENT _____
 ESTATE OF _____
 DATE OF DEATH _____
 COURT DOCKET NUMBER _____
 _____ COURT OF _____ COUNTY

TYPE OF PROCEEDINGS:

- Testate**
 - INDEPENDENT ADMINISTRATION
 - INDEPENDENT ADMINISTRATION BY AGREEMENT
 - MUNIMENT OF TITLE
 - ADMINISTRATION WITH WILL ANNEXED
 - ADMINISTRATION WITH DEPENDENT EXECUTOR
 - ANCILLARY PROBATE
 - RECORDING WILL PROBATED ELSEWHERE
- Intestate**
 - SMALL ESTATE
 - PROCEEDINGS TO DECLARE HEIRSHIP
 - TEMPORARY DEPENDENT ADMINISTRATION
 - REGULAR DEPENDENT ADMINISTRATION
 - INDEPENDENT ADMINISTRATION BY AGREEMENT

PERSONS TO RECEIVE COPIES OF DOCUMENTS:

- (1) Name _____
 Address _____
 City, state, zip _____
 E-mail _____
 Phone no. _____
 Fax no. _____
- (2) Name _____
 Address _____
 City, state, zip _____
 E-mail _____
 Phone no. _____
 Fax no. _____
- (3) Name _____
 Address _____
 City, state, zip _____
 E-mail _____
 Phone no. _____
 Fax no. _____

Check box when section is completed. Cross through those that do not apply.

- Decedent (D)** 1.0
- D's Will, Estate, and Personal Representatives** 2.0
- D's Family and Devisees** 3.0
- Safe Deposit Box** 4.0
- D's Professional Advisors** 5.0
- Court Proceedings** 6.0
- Real Estate** 7.0
- U.S. Government Savings Bonds** 8.0
- Marketable Securities** 9.0
- Closely Held Corporations** 10.0
- Cash** 11.0
- Judgments, Notes, Accounts Receivable, and Sales under Contract for Deed** 12.0
- Insurance on D's Life** 13.0
- Insurance on Life of Others** 14.0
- Other Insurance** 15.0
- Unincorporated Business Interests** 16.0
- Transportation Equipment** 17.0
- Personal, Household, and Miscellaneous Assets** 18.0
- Employee and Government Benefits and Annuities** 19.0
- Taxable but Unusual Items** 20.0
- Debts and Claims** 21.0
- Funeral Expenses** 22.0
- Expenses of Last Illness** 23.0
- Previously Taxed Property** 24.0
- Expenses of Administration** 25.0
- Taxes for D and for D's Estate** 26.0

This Master Information List (MIL) has spaces to record all information necessary to prepare all documents to be filed in court, various tax forms, and a simple federal estate tax return; to transfer assets to ultimate beneficiaries; and to prepare related correspondence.

[Reserved]

1.0 DECEDENT (D)

1.01 D’s name as shown on will _____

1.02 D’s full name _____

1.03 D’s maiden name _____

1.04 Other names by which known _____

1.05 Date of D’s birth _____

1.06 Place of D’s birth:
City _____ County _____ State _____
Country if other than U. S. _____

1.07 Date of D’s death _____

1.08 Time of day of D’s death _____

1.09 Place of D’s death:
Address _____
City _____ County _____ State _____

1.10 D’s age at death in whole years _____

1.11 D’s domicile at death (see Item 6.08):
Street _____
City _____ County _____ State _____ Zip _____
Country if other than U.S. _____

1.12 Date on which above domicile was established _____

1.13 Number of years D resided at address shown in Item 1.11 _____

1.14 Date on which current Texas domicile was established _____

1.15 Cause of D’s death _____

1.16 - 1.18 (Reserved)

1.19 D’s Social Security number _____

1.20 D’s employer identification number _____

1.21 Branch of D’s military service:
 None Army Navy Air Force Coast Guard Marine Corps

1.22 Dates of D’s service, or N/A _____

1.23 D’s military ID number _____

1.24 D’s VA number _____

1.25 D's sex: Male Female

1.26 D's citizenship or nationality at death if not U.S. _____

1.26A Country of D's habitual residence if not U.S. _____

1.26B Country issuing D's passport if not U.S. _____

1.27 County in which D's principal property is located _____

1.28 D's occupation or business _____

1.29 D's employment status: Self Retired Employee Unemployed

1.30 If self-employed, D's business name, address, and type of business _____

1.31 If retired, D's former occupation _____

1.32 If employed, name and address of D's employer and nature of D's occupation _____

1.33 Name, address, and phone number of person to contact concerning D's current employment, pay, W-2 forms, and benefits _____

1.34 Name, address, and phone number of person to contact concerning D's prior employment, pay, W-2 forms, and benefits _____

1.35 Will D’s spouse, estate, or any other person receive a bonus or award as a result of D’s employment or death? Yes No If yes, complete Items 19.44 through 19.56 and summarize here _____

1.36 Did D have options to acquire stock of current or prior employer? Yes No If yes, complete Items 19.48 and 9.195 through 9.229 if stock is publicly traded and give details here (in format to be used on probate documents or estate tax return) _____

1.37 Name of issuing authority and number of D’s death certificate _____

2.0 D’S WILL, CODICIL, ESTATE, AND PERSONAL REPRESENTATIVES

- 2.01 Did D leave a will? Yes No If no, complete Items 2.43 through 2.44A concerning anyone who will waive and renounce the right to letters, complete Item 6.11A, and skip to Item 2.73.
- 2.02 Date of D’s will _____
- 2.02A Was will **probated** or otherwise established in a foreign jurisdiction, that is, **another state or a foreign country**? Yes No If yes, complete Items 6.48 through 6.67 for each other personal representative and attorney in a foreign jurisdiction.
- 2.02B Was D domiciled in Texas at death (see Item 1.11)? Yes No If yes, skip to Item 2.04.
- 2.02C Date will admitted to probate in foreign jurisdiction _____
- 2.02D Date of qualification of executor in foreign proceeding _____
- 2.02E Style of proceedings in foreign court _____
- 2.02F Name of foreign court _____
- 2.02G Name of clerk of foreign court _____
- 2.02H Address _____
- 2.02I City, state or province, zip or postal code, and country _____
- 2.02J Foreign jurisdiction, for example, “Louisiana” or “Province of Quebec, Canada” _____
- 2.02K Will recording of a will previously probated elsewhere be sought? Yes No If yes, skip the remainder of this Section 2.0.
- 2.02L Will ancillary probate in Texas of a foreign will be sought? Yes No If yes, complete Items 2.45 through 2.64B and Item 2.85 and then skip to Item 2.130.
- 2.03 Is will **self-proved**? Yes No If yes, skip to Item 2.10. Complete Item 6.12 regardless of answer.
- 2.04 Is will **holographic**? Yes No If no, skip to Item 2.10. If yes, complete Item 6.11B and, if will is not attested, complete Items 2.05 through 2.08B for *two* people who can testify as to D’s handwriting and signature. If proof is to be by testimony in open court, indicate by the letters “T/C”; if proof is to be by written deposition, indicate by the letters “T/D.”

	(A)	(B)
2.05 Name	_____	_____
2.05A Dear	_____	_____
2.06 Address	_____	_____
2.07 City, state, zip	_____	_____
2.08 Phone number	_____	_____
2.08A Fax number	_____	_____
2.08B E-mail	_____	_____
2.09 (Reserved)		

2.10 Is will **attested by witnesses**? Yes No If yes, complete Item 6.11C and complete Items 2.11 through 2.15B for all **attesting witnesses**. If will is not self-proved, will attesting witness(es) be available to prove the will? Yes No If yes, indicate by the letter “T” the witness(es) who will prove the will. If proof is to be by testimony in open court, indicate by the letter “C”; if proof is to be by written deposition, indicate by the letter “D” (e.g., T/C or T/D). If no, complete Items 2.05 through 2.08B for two witnesses who can testify as to D’s handwriting and signature **and/or** Items 2.160 through 2.167 for two witnesses who can testify as to the handwriting and signature of an attesting witness **or** for at least one witness in each category, indicating by the letters “T/C” if proof is to be by testimony in open court and by the letters “T/D” if proof is to be by written deposition.

	(A)	(B)	(C)
2.11 Name	_____	_____	_____
2.12 Dear	_____	_____	_____
2.13 Address	_____	_____	_____
2.14 City, state, zip	_____	_____	_____
2.15 Phone number	_____	_____	_____
2.15A Fax number	_____	_____	_____
2.15B E-mail	_____	_____	_____

2.16 Did D leave a **codicil**? Yes No If no, skip to Item 2.27. If yes, complete Items 2.17 through 2.25B.

2.17 Date of D’s codicil _____

2.18 Is codicil self-proved? Yes No If yes, skip to Item 2.20.

2.19 Is codicil holographic? Yes No If yes, and if codicil is not attested, complete Items 2.05 through 2.08B for two people who can testify as to D’s handwriting and signature. If proof is to be by testimony in open court, indicate by the letters “T/C”; if proof is to be by written deposition, indicate by the letters “T/D.”

2.20 Is codicil attested by witnesses? Yes No If yes, complete Items 2.21 through 2.25B for all **attesting witnesses**. If codicil is not self-proved, will attesting witness(es) be available to prove the codicil? Yes No If yes, indicate by the letter “T” the witness(es) who will prove the codicil. If proof is to be by testimony in open court, indicate by the letter “C”; if proof is to be by written deposition, indicate by the letter “D” (e.g., T/C or T/D). If no, complete Items 2.05 through 2.08B for two witnesses who can testify as to D’s handwriting and signature **and/or** Items 2.170 through 2.177 for two witnesses who can testify as to the handwriting and signature of an attesting witness **or** for at least one witness in each category, indicating by the letters “T/C” if proof is to be by testimony in open court and by the letters “T/D” if proof is to be by written deposition.

	(A)	(B)	(C)
2.21 Name	_____	_____	_____
2.22 Dear	_____	_____	_____
2.23 Address	_____	_____	_____
2.24 City, state, zip	_____	_____	_____
2.25 Phone number	_____	_____	_____

2.25A Fax number _____

2.25B E-mail _____

2.26 (Reserved)

2.27 Is there a need for administration of the estate? (There may be no need for administration (1) if D did not owe (or at the time of filing application, D's estate will not owe) any debts that are not secured by liens on real estate or (2) for some other reason.) Yes No If yes, muniment of title proceeding is not available. Skip Items 2.28 through 2.40B. If no, muniment of title proceeding is available, and one of the following alternatives should be indicated here and at Item 6.15:

A. No debts at all.

B. No debts except those secured by liens on real estate.

C. Other reason there is no necessity for administration: _____

2.28 Is D's will to be filed as a **muniment of title** only? Yes No If no, skip to Item 2.41. If yes, complete Items 2.29 through 2.40B plus Item 2.140 concerning the person who will be the applicant, and skip Items 2.41 through 2.64B.

2.29 Name _____

2.30 Dear _____

2.31 Address _____

2.32 City, state, zip _____

2.33 County of domicile _____

2.34 Phone number _____

2.34A Fax number _____

2.34B E-mail _____

2.34C Driver's license number _____

2.34D Social Security number _____

2.35 Can the applicant named in Item 2.29 also testify as to lack of debts or other reason administration is not necessary? Yes No If no, complete Items 2.36 through 2.40B for the person who can. Is this the same person described in Item 3.83? Yes No

2.36 Name _____

2.37 Dear _____

2.38 Address _____

2.39 City, state, zip _____

2.40 Phone number _____

2.40A Fax number _____

2.40B E-mail _____

- 2.41 If will is not to be filed as a muniment of title, does D's will name an executor? Yes No If yes, complete Items 2.42 through 2.44A for each executor named. If no, skip to Item 2.44B.
- 2.42 Is any executor named in the will deceased; unable, unwilling, or unqualified to act as such; or waiving and renouncing the right to letters? Yes No
- 2.43 Name _____
- 2.44 Relationship to D _____
- 2.44A Deceased? Yes No Able to serve? Yes No Willing to serve? Yes No Qualified to serve? Yes No Waiving and renouncing rights to letters? Yes No Filing affidavit of inability or unwillingness to serve? Yes No
- 2.44B Does D's will grant someone **authority to designate** an administrator? Yes No If yes, complete Items 2.44C through 2.44K for the person granted authority and Items 2.44L through 2.44N for the designation.
- 2.44C Name _____
- 2.44D Dear _____
- 2.44E Address _____
- 2.44F City, state, zip _____
- 2.44G Phone number _____
- 2.44H Fax number _____
- 2.44I E-mail _____
- 2.44J Name, office, and/or function by which identified in the will: _____
- 2.44K Deceased? Yes No Willing and able to designate? Yes No
- 2.44L Designation of administrator Has been made Will be made Will not be made
- 2.44M Name of designated administrator _____
- 2.44N Deceased? Yes No Disqualified? Yes No Refuses to serve? Yes No

If an executor named in the will or a designated administrator will serve, complete Items 2.45 through 2.60 for the person(s) or corporate fiduciary who will serve as primary executor(s) or administrator(s), listing individuals first and corporate fiduciaries second.

- | | (A) | (B) |
|------|-------------------------|-------|
| 2.45 | Name _____ | _____ |
| 2.46 | Dear _____ | _____ |
| 2.47 | Address _____ | _____ |
| 2.48 | City, state, zip _____ | _____ |
| 2.49 | Phone number _____ | _____ |
| 2.50 | Relationship to D _____ | _____ |

2.51 Social Security or employer ID number _____

2.51A Driver's license number _____

2.52 County of domicile _____

2.53 Fax number _____

2.53A E-mail _____

2.54 If a corporate fiduciary, check type of entity Bank Trust Company Bank Trust Company

2.55 Independent executor or administrator? Yes No Yes No

2.56 Qualified? Yes No Yes No

2.57 Bond required? Yes No Yes No

2.58 Where will oath be signed? Court Notary Court Notary

2.59 (Reserved)

2.60 Was a corporate fiduciary named or designated as the primary executor or administrator? Yes No
If no, skip to Item 2.65. If yes, complete Items 2.61 through 2.64B.

2.61 Name of responsible officer _____

2.62 Dear _____

2.63 Title _____

2.64 Direct phone number _____

2.64A Direct fax number _____

2.64B E-mail _____

2.65 Does D's will provide for alternate executors or administrators or for trustees or for guardians? Yes No
If no, skip to Item 2.85. If yes, complete Items 2.66 through 2.72.

	1st Alternate Executor/ Administrator (A)	Primary Trustee (B)	Primary Guardian (C)
2.66 Name	_____	_____	_____
2.67 Address	_____	_____	_____
2.68 City, state, zip	_____	_____	_____
2.69 Phone number	_____	_____	_____

2.69A Fax number _____

2.69B E-mail _____

2.70 Relationship to D _____

2.71 Social Security or
employer ID
number _____

2.71A Driver's license
number _____

2.72 County of
domicile _____

2.73 Is a **temporary dependent administration** necessary? Yes No If no, continue to Item 2.74. If yes, complete Items 2.76 through 2.85.

2.74 If D died **without a will**, is an **administration necessary**? Yes No If no, skip to Item 2.85. If yes, answer Item 2.75.

2.75 Will there be an **independent administration by agreement**? Yes No If no, complete Items 2.76 through 2.85. If yes, complete Items 2.45 through 2.60 above for the person(s) or corporate fiduciary who will serve as independent administrator(s), listing individuals first and corporate fiduciaries second, and complete Item 2.85.

2.76 Name of applicant _____

2.77 Dear _____

2.78 Address _____

2.79 City, state, zip _____

2.80 Phone number _____

2.81 County of residence _____

2.82 Relationship to D _____

2.83 Social Security number _____

2.83A Driver's license number _____

2.84 Fax number _____

2.84A E-mail _____

2.85 Which of the following is the title of D's personal representative?

- A. None
- B. Independent Executor
- C. Administrator
- D. Executor
- E. Administrator with Will Annexed
- F. Temporary Administrator
- G. Independent Administrator
- H. Independent Administrator with Will Annexed
- I. Other _____

2.86 - 2.88 (Reserved)

2.89 If D had a will, is this to be an **administration with will annexed (AWA)** or an **independent administration with will annexed by agreement (TBA)**? Yes No If no, skip to Item 2.100. If yes, complete Items 2.45 through 2.60 above for the person(s) or corporate fiduciary who will serve as (inde-

pendent) administrator(s) with will annexed, listing individuals first and corporate fiduciaries second, and complete Item 2.85.

2.90 (Reserved)

2.91 Name of applicant _____

2.92 Dear _____

2.93 Address _____

2.94 City, state, zip _____

2.95 Phone number _____

2.96 Relationship to D _____

2.97 Social Security number _____

2.97A Driver’s license number _____

2.98 County of residence _____

2.99 Fax number _____

2.99A E-mail _____

2.100 Is this to be a **proceeding to declare heirship**? Yes No If no, skip to Item 2.115. If yes, complete Items 2.101 through 2.109.

2.101 Name of applicant _____

2.102 Dear _____

2.103 Address _____

2.104 City, state, zip _____

2.105 Phone number _____

2.105A Fax number _____

2.105B E-mail _____

2.106 Relationship to D _____

2.107 Social Security number _____

2.107A Driver’s license number _____

2.108 County of residence _____

2.109 Share of D’s estate _____

2.110 - 2.114 (Reserved)

2.115 Is this to be a **small estate proceeding**? Yes No If no, skip to Item 2.125. If yes, complete Items 2.116 through 2.124.

2.116 Name of applicant _____

2.117 Dear _____

2.118 Address _____

2.119 City, state, zip _____

2.120 Phone number _____

2.120A Fax number _____

2.120B E-mail _____

2.121 Relationship to D _____

2.122 Social Security number _____

2.122A Driver's license number _____

2.123 County of residence _____

2.124 Share of D's estate _____

2.125 Is this to be an **affidavit of heirship**? Yes No If no, go back to the Probate Pathfinder (Worksheet 1) and start over. If yes, complete Items 2.126 through 2.126H and Items 2.180 through 2.188.

2.126 Name of affiant _____

2.126A Dear _____

2.126B Address _____

2.126C City, state, zip _____

2.126D Phone number _____

2.126E Fax number _____

2.126F E-mail _____

2.126G Relationship to D _____

2.126H Knew D how many years? _____

2.127 - 2.129 (Reserved)

2.130 Does D's will or codicil provide for a gift to D's surviving spouse of "qualified terminable interest property (**Q-TIP**)"? Yes No If yes, complete Items 2.131 and 2.132.

2.131 Description and value of those assets _____

2.132 Will D's executor or administrator make the irrevocable election to deduct the value of this gift? Yes No

2.133 If D's will or codicil is dated prior to September 13, 1981, and provides for a "maximum marital deduc-

tion” gift under the “transitional rule” of the Economic Recovery Tax Act of 1981, give details _____

2.134 Will D’s surviving spouse receive other benefits that qualify for a marital deduction (either outright or in trust)? Yes No If yes, give details, including description and value _____

2.135 Is there anyone whose life expectancy may affect the value of the residuary interest passing to D’s surviving spouse? Yes No If yes, give details, including name, date of birth, and sex of each person

2.136 Does D’s will create a charitable remainder trust? Yes No If yes, give details, including whether or not trust will be treated as a nondeductible terminable interest _____

2.137 Will there be an “election out” of Q-TIP treatment for any joint and survivor annuities? Yes No If yes, give details _____

2.138 Approximate value of all items qualifying for the marital deduction _____

2.139 (Reserved)

2.140 Name and Social Security number of person who will sign federal estate tax return in a muniment of title proceeding _____

2.141 Name of lawyer designated to handle D’s trust, escrow, or IOLTA account _____

2.142 Address _____

2.143 City, state, zip _____

2.144 Phone number _____

2.145 Fax number _____

2.146 E-mail _____

2.147 State Bar card number _____

2.148 - 2.159 (Reserved)

See Item 2.10. If appropriate, complete Items 2.160 through 2.167 for witness(es) who can testify as to the handwriting and signature of an attesting witness to will. If proof is to be by testimony in open court, indicate by the letter "C"; if proof is to be by written deposition, indicate by the letter "D" (e.g., T/C or T/D).

	(A)	(B)
2.160 Name	_____	_____
2.161 Dear	_____	_____
2.162 Address	_____	_____
2.163 City, state, zip	_____	_____
2.164 Phone number	_____	_____
2.165 Fax number	_____	_____
2.166 E-mail	_____	_____
2.167 Name of attesting witness	_____	_____

2.168 - 2.169 (Reserved)

See Item 2.20. If appropriate, complete Items 2.170 through 2.177 for witness(es) who can testify as to the handwriting and signature of an attesting witness to codicil. If proof is to be by testimony in open court, indicate by the letter "C"; if proof is to be by written deposition, indicate by the letter "D" (e.g., T/C or T/D).

	(A)	(B)
2.170 Name	_____	_____
2.171 Dear	_____	_____
2.172 Address	_____	_____
2.173 City, state, zip	_____	_____
2.174 Phone number	_____	_____
2.175 Fax number	_____	_____
2.176 E-mail	_____	_____
2.177 Name of attesting witness	_____	_____

2.178 - 2.179 (Reserved)

See Item 2.125. If appropriate, complete Items 2.180 through 2.188 for two witnesses who can swear to the family history and facts of heirship of D. It is preferable to have one witness who knew D for at least fifteen years and another witness who knew D for at least twenty-five years.

	(A)	(B)
2.180 Name	_____	_____
2.181 Dear	_____	_____
2.182 Address	_____	_____
2.183 City, state, zip	_____	_____
2.184 Phone number	_____	_____
2.185 Fax number	_____	_____
2.186 E-mail	_____	_____
2.187 Relationship to D	_____	_____
2.188 Knew D how many years?	_____	_____

3.0 D'S FAMILY AND DEVISEES

3.01 D's marital status at death:

- Never married Married Divorced or marriage otherwise dissolved Legally separated Pending dissolution Widow Widower

3.01A Total times D was married _____

If D was never married, skip to Item 3.35.

3.02 If D was not married at death, skip to Item 3.20. If D was married at death, complete Items 3.03 through 3.19 for D's surviving spouse (including spouse from whom legally separated or involved in pending divorce or other dissolution).

3.03 Name _____

3.04 Address _____

3.05 City, state, zip _____

3.06 Phone number _____

3.06A Fax number _____

3.06B E-mail _____

3.06C Dear _____

3.07 Social Security number _____

3.07A Driver's license number _____

3.08 Highest income tax bracket _____

3.09 Date of birth _____

3.09A Place of birth _____

3.10 Date of this marriage _____

3.11 Place of this marriage _____

3.12 D's domicile at time of this marriage _____

3.13 Date of establishing Texas domicile for D _____; for D's spouse _____

If not Texas residents throughout marriage, give details, including dates and places of other residences

3.13A Was spouse a U.S. citizen? Yes No If no, of what country is spouse a citizen? _____

3.13B Was spouse a naturalized citizen? Yes No If yes, when did spouse acquire citizenship? _____

In which country is spouse's habitual residence? _____

Country issuing spouse's passport if not U.S. _____

3.14 Share of D's estate by percentage and value and give details _____

3.15 Sex of spouse: Male Female

3.16 Was spouse pregnant on date of D's death? Yes No If yes, give details _____

3.17 Was there a marital property agreement involving D and D's spouse? Yes No

3.18 Will spouse disclaim any interest in D's estate? Yes No If yes, give details _____

3.19 Will any property pass to spouse as the result of a qualified disclaimer? Yes No If yes, give details _____

3.20 Had a marriage of D ever been dissolved by divorce, annulment, or a declaration that the marriage was void? Yes No If no, skip to Item 3.29. If yes, complete Items 3.21 through 3.28 for each dissolved marriage:

	(A)	(B)
3.21 Name of spouse	_____	_____
3.22 Sex of spouse	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
3.23 Social Security number	_____	_____
3.24 Date of marriage to D	_____	_____
3.25 Type of dissolution proceeding	_____	_____
3.25A Date of court order dissolving marriage	_____	_____
3.25B Is this date later than date of D's will (2.02)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.26 Place of proceeding	_____	_____

3.27 Was D obligated to make support or alimony payments to any of these former spouses? Yes No Yes No

If yes, indicate which one(s) and obtain copies of relevant documents. _____

3.28 Was D receiving any support or alimony payments from any of these former spouses? Yes No Yes No

If yes, indicate which one(s) and obtain copies of relevant documents. _____

3.29 Did any of D's spouses die during marriage to D? Yes No If no, skip to Item 3.35. If yes, complete Items 3.30 through 3.34 for each such spouse.

(A)

(B)

3.30 Name of spouse _____

3.30A Sex of spouse Male Female Male Female

3.31 Social Security number _____

3.32 Date of marriage to D _____

3.33 Date of death _____

3.34 Probate docket no., name of court, etc. _____

3.35 Did D ever have or adopt children? Yes No If no, skip to Item 3.53.

3.36 If yes, state total number including deceased children _____ and how many survived D _____. Complete Items 3.37 through 3.52 for each child and indicate the identity of the other parent by referring

to Items 3.03, 3.21, and 3.30 as applicable.

(Attach additional sheets if necessary.)

	(A)	(B)	(C)
3.37 Name	_____	_____	_____
3.37A Deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.37B Date of death	_____	_____	_____
3.38 Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
3.39 Married?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.39A Name of child's spouse	_____	_____	_____
3.40 Address	_____	_____	_____
3.41 City, state, zip	_____	_____	_____
3.41A Remaining with D's family?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.41B Incapacitated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.42 Phone number	_____	_____	_____
3.42A Fax number	_____	_____	_____
3.42B E-mail	_____	_____	_____
3.43 Date of birth	_____	_____	_____
3.43A Minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.43B Child's (natural or other) guardian	_____	_____	_____
3.43C Dear	_____	_____	_____
3.44 Place of birth	_____	_____	_____
3.45 Social Security number	_____	_____	_____
3.45A Driver's license number	_____	_____	_____
3.46 Highest income tax bracket	_____	_____	_____
3.47 Natural/adopted	_____	_____	_____
3.48 Share of D's estate by percentage and value and give details	_____ _____	_____ _____	_____ _____

3.49 Did this child have a living parent at D's death? Yes No Yes No Yes No

3.50 Will any property pass to this child as a result of a qualified disclaimer? Yes No Yes No Yes No

3.51 Were any of the children born or adopted after the date of D's will or codicil(s) (see Items 2.02, 2.17, and 6.13)? Yes No If yes, write their names here _____

3.52 If any children named in Item 3.51 survived D, write their names here _____

3.53 Does D's will provide for a gift to charity, the State of Texas, or a governmental agency of the State of Texas? Yes No If yes, state whether it was a specific bequest or payable out of the residue of D's estate _____

3.54 (Reserved)

3.55 Will any property pass to a charity, the State of Texas, or a governmental agency of the State of Texas as the result of a qualified disclaimer? Yes No

3.56 Description and value of gifts to charities, the State of Texas, or a governmental agency of the State of Texas, including the names, dates of birth, and sex of all life tenants and annuitants, the length of whose lives may affect the value of any such gift _____

3.57 Will persons or entities other than spouse and children (**including charities, the State of Texas, and a governmental agency of the State of Texas**) receive benefits from D either by will or codicil, insurance, or otherwise? Yes No If yes, complete Items 3.58 through 3.70 for each.

	(A)	(B)	(C)
3.58 Name	_____	_____	_____
3.59 Address	_____	_____	_____
3.60 City, state, zip	_____	_____	_____
3.61 Phone number	_____	_____	_____

3.61A Person to contact if not an individual _____

3.61B Dear _____

3.61C Type of entity if not an individual _____

3.61D Fax number _____

3.61E E-mail _____

3.62 Date of birth _____

3.63 Sex Male Female Male Female Male Female

3.64 Relationship to D _____

3.65 Social Security or employer ID number _____

3.65A Driver's license number _____

3.66 Highest income tax bracket _____

3.67 Name of person's spouse _____

3.68 Nature of benefit or share of D's estate and give details, including character of institution if a charity _____

3.69 Value of benefit (if to a charity, reduce by amount shown in Items 26.58 through 26.60) _____

3.70 Dependent of D? Yes No Yes No Yes No

3.71 Are there other heirs, relatives, or other parties interested in this estate? Yes No If yes, complete Items 3.72 through 3.82 for each.

	(A)	(B)	(C)
3.72	Name	_____	_____
3.73	Address	_____	_____
3.74	City, state, zip	_____	_____
3.75	Phone number	_____	_____
3.75A	Fax number	_____	_____
3.75B	E-mail	_____	_____
3.76	Date of birth	_____	_____
3.77	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
3.78	Relationship to D	_____	_____
3.79	Social Security number	_____	_____
3.80	Highest income tax bracket	_____	_____
3.81	Name of spouse	_____	_____
3.82	Nature of interest or share of D's estate by percentage and value and give details	_____ _____	_____ _____

Complete Items 3.83(A) through 3.87B(A) for person, often applicant, who will testify to D's death, afterborn children, divorces or other marital dissolutions, venue facts, qualification of administrator or executor and, if applicable, lack of revocation of will. For muniment of title proceeding, see also Item 2.35. For proceeding to declare heirship, complete Items 3.83(B) through 3.87B(B) and 3.83(C) through 3.87B(C) for the two disinterested witnesses who must testify. For small estate proceeding, complete those items for both witnesses who will sign the affidavit.

	(A)	(B)	(C)
3.83	Name	_____	_____
3.84	Dear	_____	_____
3.85	Address	_____	_____
3.86	City, state, zip	_____	_____
3.87	Phone number	_____	_____
3.87A	Fax number	_____	_____
3.87B	E-mail	_____	_____

3.88 Did any heir or beneficiary die within five days (120 hours) after the time and date of D's death? Yes
 No If yes, give details and specify whether D's will contains provisions overriding this statutory survivorship requirement _____

3.89 Is any heir or beneficiary a minor or an incompetent? Yes No If yes, write "M" for minor or "I" for incompetent next to that person's name in Section 2.0 or 3.0 of this MIL and give details _____

3.90 Did any heir, devisee, or legatee (particularly those named in D's will) predecease D? Yes No
If yes, give details _____

4.0 SAFE DEPOSIT BOX

- 4.01 Did D maintain or have access to one or more safe deposit boxes, either alone or with another person?
 Yes No If no, skip the rest of this Section 4.0. If yes, complete Items 4.02 through 4.14 with respect to each safe deposit box.
- 4.02 Name of institution _____
- 4.03 Address _____
- 4.04 City, state, zip _____
- 4.05 Phone number _____
- 4.06 Officer to contact _____
- 4.07 Box number _____
- 4.08 Name of joint holder/depositor _____
- 4.09 Address of joint holder/depositor _____
- 4.10 City, state, zip _____
- 4.11 Phone number _____
- 4.11A Fax number _____
- 4.11B E-mail _____
- 4.12 Relationship to D _____
- 4.13 Court order needed for entry? Yes No If no, skip to Item 4.19. If yes, complete Items 4.14 through 4.18B.
- 4.14 Contents of box _____

- 4.15 Name of person filing motion to open safe deposit box _____
- 4.16 Address _____
- 4.17 City, state, zip _____
- 4.18 Phone number _____
- 4.18A Fax number _____
- 4.18B E-mail _____
- 4.19 Has inventory of box been made? Yes No
- 4.20 When copy of inventory has been obtained, check here

4.21 If any of the contents did not belong to D or if they will not be included in D's federal estate tax return, explain _____

5.0 D'S PROFESSIONAL ADVISORS

D'S ATTORNEY—FOR PROBATE PROCEEDINGS

- 5.01 Name of firm _____
- 5.02 Responsible attorney _____
- 5.03 State Bar card number _____
- 5.04 Probate staff assistant _____
- 5.05 Address _____
- 5.06 City, state, zip _____
- 5.07 Phone number _____
- 5.08 Fax number _____
- 5.08A E-mail _____
- 5.09 CAF number from IRS _____
- 5.10 Employer identification number for firm _____
- 5.11 Social Security number of responsible attorney _____
- 5.12 Past legal work done for D and D's closely held businesses _____

5.13 - 5.20 (Reserved)

D'S OTHER ATTORNEYS

- | | (A) | (B) |
|-------------------------------|-------|-------|
| 5.21 Name of firm | _____ | _____ |
| 5.22 Responsible attorney | _____ | _____ |
| 5.23 Dear | _____ | _____ |
| 5.24 Address | _____ | _____ |
| 5.25 City, state, zip | _____ | _____ |
| 5.26 Phone number | _____ | _____ |
| 5.27 Fax number | _____ | _____ |
| 5.27A E-mail | _____ | _____ |
| 5.28 Nature of representation | _____ | _____ |

5.29 - 5.30 (Reserved)

D'S ACCOUNTANTS

		Estate	Other
5.31	Name of firm	_____	_____
5.32	Person responsible	_____	_____
5.33	Dear	_____	_____
5.34	Address	_____	_____
5.35	City, state, zip	_____	_____
5.36	Phone number	_____	_____
5.37	Fax number	_____	_____
5.37A	E-mail	_____	_____
5.38	Nature of representation	_____	_____
5.39 - 5.40 (Reserved)			

OTHER ADVISORS

		Estate	Other
5.41	Name	_____	_____
5.42	Firm	_____	_____
5.43	Dear	_____	_____
5.44	Address	_____	_____
5.45	City, state, zip	_____	_____
5.46	Phone number	_____	_____
5.47	Fax number	_____	_____
5.48	E-mail	_____	_____
5.49	Nature of representation	_____	_____

6.0 COURT PROCEEDINGS

- 6.01 Court docket number _____
- 6.02 D’s name to be used in probate proceedings _____
- 6.03 Name of court in which filed _____
- 6.04 County in which court is located _____
- 6.05 Address of court, including building name, room number, city, state, zip _____

- 6.06 Name of judge _____
- 6.07 Title of judge: Probate Judge County Judge
- 6.07A Phone number _____
- 6.07B Fax number _____
- 6.07C E-mail _____
- 6.07D Website _____
- 6.07E Judge’s assistant _____
- 6.08 Was D domiciled in county in which application is being filed? Yes No (see Item 1.11) If no, refer to Special Instruction 15 relating to jurisdiction and venue and make indicated change in application and in testimony of witness.
- 6.09 What description is to be used to describe the nature of D’s estate?
 - A. Both real and personal property described generally as _____

 - B. Personal property only described generally as _____

- 6.10 D’s estate has a probable value in excess of \$ _____
- 6.11 Which of the following describes D’s will?
 - A. No will (see Item 2.01)

- B. Holographic (see Item 2.04)
- C. Witnessed (see Item 2.10)
- 6.12 Was will self-proved? Yes No (see Item 2.03)
- 6.13 Which of the following describes children born to or adopted by D?
- A. (Reserved)
- B. None (see Item 3.35)
- C. One born or adopted (see Item 3.36)
- D. More than one born or adopted (see Item 3.36)
- E. If any surviving children were born to or adopted *after* the date of D's will, specify which one(s) here (see Item 3.52) _____

- 6.14 If D left a will (see Item 2.01), state which of the following describes D's divorces (or other dissolutions of D's marriages).
- A. No marriage of D was ever dissolved by divorce, annulment, or declaration that the marriage was void (see Item 3.20).
- B. One or more of D's marriages had been dissolved (see Items 3.20 through 3.28), and date and place are known.
- C. One or more of D's marriages had been dissolved (see Items 3.20 through 3.28), but date and place are not known.
- If D did *not* leave a will (see Item 2.01), state which of the following describes D's divorces.
- D. D was never divorced (see Item 3.20).
- E. D had been divorced (see Items 3.20 through 3.28), and date and place are known.
- F. D had been divorced (see Items 3.20 through 3.28), but date and place are not known.
- 6.15 If will is being filed as a muniment of title, see Item 2.27 and state which of the following describes D's estate:
- A. No debts at all
- B. No debts except those secured by liens on real estate
- C. Other reason there is no necessity for administration: _____
- 6.16 Name of clerk of court _____
- 6.17 Mailing address _____
- 6.18 City, state, zip _____
- 6.19 Phone number _____
- 6.19A Fax number _____

- 6.19B E-mail _____
- 6.19C Website _____
- 6.20 Does clerk prepare citation? Yes No
- 6.21 What officer will post citation? Sheriff Constable
- 6.22 Name of that officer _____
- 6.23 Date of filing application or small estate affidavit _____
- 6.23A E-filing envelope number _____
- 6.23B Date of filing original will _____
- 6.24 Date of scheduled hearing _____
- 6.25 Date of actual hearing _____
- 6.26 Date of signing order or judgment _____
- 6.27 Is bond required for personal representative? Yes No
- 6.28 If yes, state amount of the bond and complete Items 6.29 through 6.37 \$ _____
- 6.29 Name of surety _____
- 6.30 Address _____
- 6.31 City, state, zip _____
- 6.32 Phone number _____
- 6.32A Fax number _____
- 6.32B E-mail _____
- 6.33 Person to contact _____
- 6.34 Will surety's co-signature be required for checks, etc.? Yes No
- 6.35 Date of obtaining bond _____
- 6.36 Date of filing bond _____
- 6.37 Date of approval of bond by judge _____
- 6.38 Date of filing oath _____
- 6.39 Date of qualification (the latest of Items 6.36, 6.37, and 6.38) _____
- 6.40 Were letters testamentary or letters of administration granted? Yes No
If yes, on what date were letters first issued? _____
- 6.40A Date set by court for expiration of temporary administration _____
- 6.41 Were appraisers appointed? Yes No If no, skip to Item 6.47. If yes, complete Items 6.42 through 6.46.

	(A)	(B)	(C)
6.42 Name	_____	_____	_____
6.43 Address	_____	_____	_____
6.44 City, state, zip	_____	_____	_____
6.45 Phone number	_____	_____	_____
6.45A Fax number	_____	_____	_____
6.45B E-mail	_____	_____	_____

6.46 How many appraisers must act? Any one Any two All three

6.47 Is ancillary administration in another jurisdiction required? Yes No If yes, determine whether D’s Texas personal representative may so act.

If original probate was had or is anticipated in another jurisdiction, and ancillary probate in Texas is possible, complete Items 2.02A through 2.02L.

Complete Items 6.48 through 6.67 for each other personal representative and for each attorney representing the estate in other states or foreign countries.

	(A)	(B)	(C)
6.48 State or foreign country for which required	_____	_____	_____
6.49 Name of personal representative	_____	_____	_____
6.50 Dear	_____	_____	_____
6.51 Address	_____	_____	_____
6.52 City, state, zip	_____	_____	_____
6.53 Phone number	_____	_____	_____
6.53A Fax number	_____	_____	_____
6.53B E-mail	_____	_____	_____
6.54 Title of personal representative	_____	_____	_____
6.55 Original/ancillary	_____	_____	_____
6.56 - 6.59 (Reserved)			
6.60 Name of attorney	_____	_____	_____
6.61 Dear	_____	_____	_____
6.62 Address	_____	_____	_____
6.63 City, state, zip	_____	_____	_____
6.64 Phone number	_____	_____	_____

6.65 Fax number _____

6.66 E-mail _____

6.67 Name of firm _____

6.68 (Reserved)

6.69 Date for notice to beneficiaries _____

6.70 Will anyone **disclaim benefits** under D’s will or under statute of descent and distribution? Yes
 No If no, skip to Item 6.85. If yes, complete Items 6.71 through 6.84B.

	(A)	(B)
6.71 Name of disclaimant	_____	_____
6.72 Dear	_____	_____
6.73 Address	_____	_____
6.74 City, state, zip	_____	_____
6.75 Phone number	_____	_____
6.75A Fax number	_____	_____
6.75B E-mail	_____	_____
6.76 Relationship to D	_____	_____
6.77 Nature of interest being disclaimed	_____	_____
6.78 Name of person or entity receiving interest being disclaimed	_____	_____
6.79 Dear	_____	_____
6.80 Address	_____	_____
6.81 City, state, zip	_____	_____
6.82 Phone number	_____	_____
6.82A Fax number	_____	_____
6.82B E-mail	_____	_____
6.83 Relationship to D	_____	_____
6.84 Is this entity a charity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.84A Character of institution or charity	_____	_____
6.84B Value of benefit	_____	_____
6.85 Due date for inventory	_____	

6.86 Extended due date for inventory _____

6.87 Date inventory was filed _____

6.88 Date inventory was approved _____

6.89 Date affidavit in lieu of inventory was filed _____

6.90 Is sale of **personal property** to be made by order of the court? Yes No If no, skip to Item 6.106. If yes, complete Items 6.91 through 6.99.

6.91 Date of order of sale _____

6.92 “Date of sale,” “date of concluding sale,” or “date of finalizing contract for sale” _____

6.93 Name of purchaser _____

6.94 Total sales price _____

6.95 Costs and expenses of sale _____

6.96 Net sales price (Item 6.94 minus Item 6.95) _____

6.97 Terms of sale _____

6.98 Date of filing report of sale or report of contract for sale _____

6.99 Date of order confirming or approving sale _____

6.100 - 6.105 (Reserved)

6.106 Is sale of **real property** to be made by order of the court? Yes No If no, skip to Item 6.120. If yes, complete Items 6.107 through 6.116.

6.107 Date of order of sale _____

6.108 “Date of sale,” “date of concluding sale,” or “date of finalizing contract for sale” _____

6.109 Place of sale _____

6.110 Date of filing report of sale or report of contract of sale _____

6.111 Name of purchaser _____

6.112 Total sales price _____

6.113 Costs and expenses of sale _____

6.114 Net sales price (Item 6.112 minus Item 6.113) _____

6.115 Terms of sale _____

6.116 Date of order confirming or approving sale _____

6.117 - 6.119 (Reserved)

- 6.120 Is **mineral lease** to be made by order of the court? Yes No If no, skip to Item 6.125. If yes, complete Items 6.121 through 6.123.
- 6.121 Name of lessee _____
- 6.122 Consideration for lease _____
- 6.123 Date of order granting application to lease _____
- 6.124 Date of filing heirship application in RDA and IBA _____
- 6.124A Date of scheduled hearing on heirship application in RDA and IBA _____
- 6.125 Was an **attorney ad litem** appointed for the unknown heirs? Yes No If no, skip to Item 6.135. If yes, complete Items 6.126 through 6.133.
- 6.126 Name _____
- 6.127 State Bar card number _____
- 6.128 Dear _____
- 6.129 Address _____
- 6.130 City, state, zip _____
- 6.131 Phone number _____
- 6.132 Fax number _____
- 6.133 E-mail _____
- 6.134 (Reserved)
- 6.135 Is a **guardian ad litem** to be appointed for minor or incompetent heirs and beneficiaries? Yes No If no, skip to Item 6.144. If yes, complete Items 6.136 through 6.142.
- 6.136 Name _____
- 6.137 Dear _____
- 6.138 Address _____
- 6.139 City, state, zip _____
- 6.140 Phone number _____
- 6.141 Fax number _____
- 6.142 E-mail _____
- 6.143 (Reserved)
- 6.144 Due dates for filing **annual accounts** (one year and sixty days from date shown in Item 6.40 and anniversaries thereof):
- A. First year _____
- B. Second year _____
- C. Third year _____

6.145 Ending dates for **coverage of annual accounts** (one year from date shown in Item 6.40 and anniversaries thereof):

A. First year _____

B. Second year _____

C. Third year _____

6.146 Date of filing final account _____

6.147 Date and time for scheduled consideration of final account _____

6.148 Place for scheduled consideration of final account if not same as Item 6.05 _____

6.149 Date of approval of final account _____

6.150 - 6.154 (Reserved)

6.155 Has a will contest or an action to interpret D's will been instituted? Yes No If yes, give details

6.156 Is any such action planned? Yes No If yes, give details _____

7.0 REAL ESTATE

7.01 Did D own any real estate? Yes No If no, skip the rest of this Section 7.0.

7.02 Did D own any real estate outside of Texas? Yes No If yes, identify the state or country _____

Furnish the following information for each tract. Attach separate sheets for lengthy legal descriptions and for additional properties. Use the following abbreviations for type of property: HS - family homestead; OH - other residential; C - commercial; F - farm; R - ranch; U - unimproved; M - nonproducing mineral or royalty interest; PM - producing mineral or royalty interest.

Do not reduce the indicated asset value by 1/2 when D’s interest was a 1/2 community interest, but use the entire value of the property.

Use a separate page for each individual tract of real estate.

7.03 Ownership: Separate Community

7.04 If D’s separate property, was this asset ever held as community property by D and D’s surviving spouse?

Yes No If yes, explain _____

7.05 Type of Property: HS OH C F R U M PM

7.06 Was this property used in D’s trade or business? Yes No

7.07 Was there a pending contract for the sale of this property on date of D’s death? Yes No

7.08 Legal description, including D’s interest in the property _____

7.09 Description of improvements _____

7.10 Street address _____

7.11 City, county, state _____

7.12 Names, addresses, and relationships of all co-owners and their percentage interest of ownership

7.13 - 7.14 (Reserved)

7.15 Fair market **value at death**:

Land _____

Improvements _____

Total _____

7.16 Fair market value on **alternate valuation** date:

Land _____

Improvements _____

Total _____

7.17 Is fair market value of D's interest in this real estate more than 35 percent of value of D's federal adjusted gross estate? Yes No7.18 Is fair market value of D's interest in this real estate more than 50 percent of value of D's federal taxable estate? Yes No7.19 Is fair market value of D's interest in this real estate more than 65 percent of value of D's federal adjusted gross estate? Yes No7.20 Does this interest qualify for installment payment of all or part of D's federal estate tax? Yes No

7.21 - 7.24 (Reserved)

7.25 Name of lienholder _____

7.26 Address _____

7.27 City, state, zip _____

7.28 Loan number _____

7.29 Principal balance due on date of D's death _____

7.30 Interest rate _____

7.31 Accrued interest at date of death _____

7.32 Was D personally liable for the payment of this mortgage? Yes No7.33 Was there an escrow account with this lienholder for the payment of taxes, insurance, or other expenses?
 Yes No

7.34 Balance in escrow account on date of D's death _____

7.35 Deadline for giving notice to lienholder _____

7.36 - 7.39 (Reserved)

7.40 Name of state and county tax assessor _____

7.41 Address _____

7.42 City, state, zip _____

7.43 Account number _____

- 7.44 (Reserved)
- 7.45 Name of school district tax assessor _____
- 7.46 Name of school district _____
- 7.47 Address _____
- 7.48 City, state, zip _____
- 7.49 Account number _____
- 7.50 - 7.54 (Reserved)
- 7.55 Name of city tax assessor _____
- 7.56 Name of city _____
- 7.57 Address _____
- 7.58 City, state, zip _____
- 7.59 Account number _____
- 7.60 Name of other tax assessor _____
- 7.61 Name of other taxing jurisdiction _____
- 7.62 Address _____
- 7.63 City, state, zip _____
- 7.64 Account number _____
- 7.65 Name of central appraisal district _____
- 7.66 Name of tax assessor _____
- 7.67 Address _____
- 7.68 City, state, zip _____
- 7.69 Account number _____
- 7.70 Taxing jurisdictions included _____
- 7.71 - 7.74 (Reserved)

Insurance

- 7.75 Is property insured? Yes No
- 7.76 Insurance company _____
- 7.77 Policy number _____
- 7.78 Insurance agent _____
- 7.79 Address _____
- 7.80 City, state, zip _____

7.81 Telephone number _____

7.81A Fax number _____

7.81B E-mail _____

7.82 Policy coverage _____

7.83 Cancel insurance? Yes No

7.84 Transfer insurance? Yes No

7.85 - 7.89 (Reserved)

Leases and Rentals

7.90 Is property rented or leased? Yes No

7.91 Lessee's name _____

7.92 Lessee's address _____

7.93 City, state, zip _____

7.94 Phone number _____

7.95 Amount of monthly rental, purpose and expiration date of lease, and description of options to renew or purchase _____

7.96 Amount of accrued rental at date of death _____

7.97 Name of royalty payor for **producing mineral property** _____

7.98 Address _____

7.99 City, state, zip _____

7.100 Division order number _____

7.101 Field _____

7.102 Unit or lease name and description _____

7.103 Amount of accrued royalty on date of D's death _____

7.104 Total royalties received from this property during the full twelve months before D's death _____

7.105 - 7.106 (Reserved)

Special Use

- 7.107 Will woodlands election be made? Yes No
- 7.108 Is this real estate a farm or used in a trade or business? Yes No If yes, which use? _____

- 7.109 If this real estate is a farm or is used in a closely held business, did D and/or a member of D’s family own all of the property for at least five of the eight years immediately preceding the date of D’s death? Yes No
- 7.110 If this real estate is a farm or used in a closely held business, did D’s spouse materially participate in its operation? Yes No If yes, number of taxable years in which spouse participated _____
- 7.111 Does the real estate qualify for special use valuation? Yes No
- 7.112 Will special use valuation be elected? Yes No
- 7.113 Were there any periods during the eight-year period before D’s death during which D or a member of D’s family—
 - A. Did not own the property? Yes No
 - B. Did not use the property in a qualified use? Yes No
 - C. Did not materially participate in the operation of the farm or other business? Yes No

If yes to any of the foregoing, give details, including date property was acquired, use during last eight years before D’s death, material participation, and the identity and relationship to D of the material participants _____

- 7.114 If special use valuation is elected, identify all parties receiving or holding any interest in the special use property. Attach additional pages if necessary.
- 7.115 Name _____
- 7.116 Address _____
- 7.117 City, state, zip _____
- 7.118 Phone number _____
- 7.118A Fax number _____
- 7.118B E-mail _____
- 7.119 Social Security number _____
- 7.120 Relationship to D _____
- 7.121 Qualified heir? Yes No
- 7.122 Special use valuation for entire property _____

7.123 Name and address of agent designated to deal with IRS _____

7.124 Will special use protective election be made? Yes No

7.125 Identify all other parties having an interest in the special use property. Attach additional pages if necessary.

7.126 Name _____

7.127 Address _____

7.128 City, state, zip _____

7.129 Phone number _____

7.130 Fax number _____

7.131 E-mail _____

7.132 Social Security number _____

7.133 Relationship to D _____

7.134 - 7.144 (Reserved)

7.145 If title to this real estate is held in **joint tenancy with right of survivorship**, complete the following for each surviving joint tenant:

Note: If this real estate was the community property of D and D's spouse or they were the sole joint tenants, this real estate should be reported in Part I of Schedule E of D's estate tax return. All other jointly held real estate should be reported in Part II of Schedule E of D's estate tax return.

Name _____

Address _____

City, state, zip _____

Phone number _____

Social Security number _____

Relationship to D _____

Contribution of the nonspouse survivor toward acquisition of this real estate: Amount _____

Percentage of total value _____

7.146 - 7.153 (Reserved)

7.154 Was this asset specifically devised or bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D's will _____

Inventory and Estate Tax Return Description

7.155 Enter asset description (in the format to be used on probate documents or estate tax return) and indicate its value on the date of death and on the alternate valuation date _____

7.156 D's income tax basis in this property _____

7.157 - 7.159 (Reserved)

7.160 Will an election be made to exclude qualifying conservation easements from D's gross estate? Yes No If yes, give details _____

7.161 - 7.169 (Reserved)

7.170 Was D or D's spouse purchasing real estate pursuant to a contract for deed? Yes No If no, skip the rest of this Section 7.0. If yes, complete Items 7.171 through 7.187.

7.171 Name of purchaser _____

7.172 Name of seller _____

7.173 Date of contract _____

7.174 Description of property _____

7.175 Original sales price _____

7.176 Amount of initial payment _____

7.177 Original contract amount _____

7.178 Unpaid contract amount on date of D's death _____

7.179 Interest rate _____

7.180 Date last payment was made _____

7.181 Date to which interest was paid on date of D's death _____

7.182 Accrued interest on date of D's death _____

7.183 Amount of monthly payments _____

7.184 Value of property on date of D's death _____

7.185 "Equity" in property on date of D's death (Item 7.184 minus Item 7.178) _____

7.186 Value of property on alternate valuation date _____

7.187 "Equity" in property on alternate valuation date (Item 7.186 minus Item 7.178) _____

8.0 U.S. GOVERNMENT SAVINGS BONDS

8.01 Did D own any U.S. Government Savings Bonds (Series E, F, G, H, J, K, EE, and HH)? Yes No
 If no, skip the rest of this Section 8.0. If yes, determine the following for each series bond and attach a separate page for each additional series bond:

Do not reduce the indicated asset value by 1/2 when D's interest was a 1/2 community interest, but use entire value of the bond.

8.02 Series _____

8.03 Date of issue _____

8.04 Denomination of bond _____

8.05 Bond number(s) _____

8.06 Registration _____

8.07 Ownership: Separate Community

8.08 If separate property, was this asset ever held as community property by D and D's surviving spouse?
 Yes No If yes, explain _____

When determined, complete the following summary for each denomination:

8.09 Number of bonds of this denomination _____

8.10 Total redemption value _____

8.11 Total initial cost for this denomination _____

8.12 Accrued interest (Item 8.10 minus Item 8.11) _____

8.13 If any bonds are registered in **joint tenancy with right of survivorship**, complete the following for each surviving joint tenant:

Note: If these bonds were the community property of D and D's spouse or they were the sole joint tenants, these bonds should be reported in Part I of Schedule E of D's estate tax return. All other jointly held bonds should be reported in Part II of Schedule E of D's estate tax return.

Name _____

Address _____

City, state, zip _____

Phone number _____

Social Security number _____

Relationship to D _____

Contribution of the nonspouse survivor toward acquisition of each bond: Amount _____

Percentage of total value _____

8.14 - 8.19 (Reserved)

8.20 Are bonds to be redeemed? Yes No

8.21 Were any of these bonds specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D's will _____

8.22 Are bonds to be transferred? Yes No If yes, complete name, address, and Social Security number of transferee and describe bonds to be transferred _____

8.23 - 8.24 (Reserved)

Inventory and Estate Tax Return Description

8.25 Enter asset description (in the format to be used on probate documents or estate tax return) and indicate its value on the date of death and on the alternate valuation date _____

8.26 D's income tax basis in those bonds _____

9.0 MARKETABLE SECURITIES

9.01 Did D own any marketable stocks, bonds, mutual funds, warrants, options, or commodities or have any of these or cash in an account with a stockbroker? Yes No *Note:* For stock in an inactive or closely held business, use Section 10.0. If no, skip the rest of this Section 9.0.

9.02 Did D have a **brokerage account** or a stockbroker? Yes No If no, skip to Item 9.13. If yes, complete Items 9.03 through 9.12 and attach a separate page for each additional broker.

9.03 Name of broker _____

9.04 Name of firm _____

9.05 Address _____

9.06 City, state, zip _____

9.07 Phone number _____

9.07A Fax number _____

9.07B E-mail _____

9.08 Account number _____

9.09 Type of account _____

9.10 Did broker hold D’s funds or securities (credit balance in account)? Yes No If yes, also complete Section 11.0 to report cash held in account.

9.11 Did D owe broker funds or securities (debit balance in account)? Yes No If yes, also complete Section 21.0.

9.12 Did D have open or unexecuted orders? Yes No

9.13 Is any bond the obligation of a foreign government? Yes No If yes, give details and complete Items 26.37 through 26.41 _____

9.14 Is any security issued by a corporation incorporated in a foreign country? Yes No If yes, give details and complete Items 26.37 through 26.39 _____

9.15 If any brokerage account is registered in **joint tenancy with right of survivorship**, complete the following for each surviving joint tenant:

Note: If this account was the community property of D and D’s spouse or they were the sole joint tenants, this account should be reported in Part I of Schedule E of D’s estate tax return. All other jointly held brokerage accounts should be reported in Part II of Schedule E of D’s estate tax return.

Name _____

Address _____

City, state, zip _____

Phone number _____

Fax number _____

E-mail _____

Social Security number _____

Relationship to D _____

Contribution of the nonspouse survivor toward acquisition of this account: Amount _____

Percentage of total value _____

Inventory and Estate Tax Return Description

9.16 Enter description of this account (in format to be used on probate documents or estate tax return) and indicate its value on the date of death and on the alternate valuation date. *Note:* Do not repeat this total if listing individual securities and funds held in this account. _____

9.17 - 9.19 (Reserved)

Publicly Traded Stocks

9.20 Did D own publicly traded stocks other than options, warrants, commodity futures, or mutual funds?
 Yes No If no, skip to Item 9.70. If yes, complete Items 9.21 through 9.69 for one issue of one company and attach separate pages for each additional issue or company.

Do not reduce the indicated asset value by 1/2 when D's interest was a 1/2 community interest, but use the entire value of the publicly traded stocks.

9.21 Name of company _____

9.22 Type: Common Preferred

9.23 Par value, series, etc. _____

9.24 Principal stock exchange where traded _____

9.25 CUSIP number _____

9.26 Total shares owned by D _____

9.27 Certificate numbers _____

9.28 Registration of shares if not held by broker _____

9.29 Ownership: Separate Community

9.30 If D’s separate property, was this asset ever held as community property by D and D’s surviving spouse?
 Yes No If yes, explain _____

9.31 Name of transfer agent _____

9.32 Address _____

9.33 City, state, zip _____

Value at Death:

9.34 High _____

9.35 Low _____

9.36 Mean or unit value _____

9.37 Extended value (Item 9.26 times Item 9.36) _____

Dividends:

9.38 “Ex-dividend” amount per share _____

9.39 Extended value (Item 9.26 times Item 9.38) _____

9.40 Declared but unpaid amount per share _____

9.41 Date declared _____

9.42 Record date _____

9.43 Date payable _____

9.44 Extended value (Item 9.26 times Item 9.40) _____

Alternate Value:

9.45 High _____

9.46 Low _____

9.47 Mean or unit value _____

9.48 Extended value (Item 9.26 times Item 9.47) _____

9.49 Was this restricted or “letter” stock? Yes No

9.50 If Item 9.49 is yes, should the value be discounted? Yes No

9.51 If Item 9.50 is yes, what is the percentage discount to be used? _____

9.52 Amount of discount (Item 9.37 or Item 9.48 times Item 9.51) _____

9.52A D’s income tax basis _____

9.53 Did D own any of this stock through a **dividend reinvestment program**? Yes No If yes, complete the following:

Name of custodian of plan _____

Address _____

City, state, zip _____

Account number _____

Total number of shares held by custodian on date of D's death _____

Program should be: Continued Terminated

D's income tax basis _____

- 9.54 If any publicly traded stock is registered in **joint tenancy with right of survivorship**, complete the following for each surviving joint tenant:

Note: If these publicly traded stocks were the community property of D and D's spouse or they were the sole joint tenants, these publicly traded stocks should be reported in Part I of Schedule E of D's estate tax return. All other jointly held publicly traded stocks should be reported in Part II of Schedule E of D's estate tax return.

Name _____

Address _____

City, state, zip _____

Phone number _____

Fax number _____

E-mail _____

Social Security number _____

Relationship to D _____

Contribution of the nonspouse survivor toward acquisition of this asset: Amount _____

Percentage of total value _____

- 9.55 Is registration of publicly traded stocks to be changed? Yes No If no, skip to Item 9.62. If yes, complete Items 9.56 through 9.61.

9.56 Name of new owner _____

9.57 Dear _____

9.58 Address _____

9.59 City, state, zip _____

9.60 Social Security (employer identification) number _____

9.61 Number of shares to be registered to new owner _____

9.62 Were these shares specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D’s will _____

9.63 Was any of this stock collateral for any loan owed or guaranteed by D? Yes No If yes, give details _____

9.64 D’s income tax basis _____

9.65 - 9.68 (Reserved)

Inventory and Estate Tax Return Description

9.69 Enter description of publicly traded stocks (in format to be used on probate documents or estate tax return) and indicate value on the date of death and on the alternate valuation date _____

Publicly Traded Bonds

9.70 Did D own publicly traded bonds? Yes No If no, skip to Item 9.110. If yes, complete Items 9.71 through 9.109 for one publicly traded bond of one government issuer or one company and attach separate pages for each additional issue.

Do not reduce the indicated asset value by 1/2 when D’s interest was a 1/2 community interest, but use the entire value of the publicly traded bond.

9.71 Name of issuer _____

9.72 Kind of bond _____

9.73 Interest rate _____

9.74 Coupon bond? Yes No

9.75 CUSIP number _____

9.76 Principal stock exchange where traded _____

9.77 Total face amount _____

9.78 Bond numbers _____

9.79 Negotiability: Registered Bearer

9.80 Registered owner(s) if not held by broker _____

9.81 Ownership: Separate Community

9.82 If D's separate property, was this asset ever held as community property by D and D's surviving spouse?
 Yes No If yes, explain _____

9.83 Name of transfer agent _____

9.84 Address _____

9.85 City, state, zip _____

Value at Death:

9.86 High _____

9.87 Low _____

9.88 Mean or unit value _____

9.89 Extended value (Item 9.77 divided by 100 times Item 9.88) _____

9.90 Interest payment dates _____

9.91 Total accrued interest on date of death (include matured but unredeemed coupons) _____

Alternate Value:

9.92 High _____

9.93 Low _____

9.94 Mean or unit value _____

9.95 Extended value (Item 9.77 divided by 100 times Item 9.94) _____

9.96 (Reserved)

9.97 If any publicly traded bond is registered in **joint tenancy with right of survivorship**, complete the following for each surviving joint tenant:

Note: If these publicly traded bonds were the community property of D and D's spouse or they were the sole joint tenants, these publicly traded bonds should be reported in Part I of Schedule E of D's estate tax return. All other jointly held publicly traded bonds should be reported in Part II of Schedule E of D's estate tax return.

Name _____

Address _____

City, state, zip _____

Phone number _____

Fax number _____

E-mail _____

Social Security number _____

Relationship to D _____

Contribution of the nonspouse survivor toward acquisition of this asset: Amount _____

Percentage of total value _____

9.98 Is registration of bond to be changed? Yes No If no, skip to Item 9.105. If yes, complete Items 9.99 through 9.104.

9.99 Name of new owner _____

9.100 Dear _____

9.101 Address _____

9.102 City, state, zip _____

9.103 Social Security (employer identification) number _____

9.104 Number and face value of bonds to be registered to new owner _____

9.105 Were these bonds specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D’s will _____

9.106 Were any of these bonds collateral for any loan owed or guaranteed by D? Yes No If yes, give details _____

9.107 D’s income tax basis _____

9.108 (Reserved)

Inventory and Estate Tax Return Description

9.109 Enter description of publicly traded bond (in format to be used on probate documents or estate tax return) and indicate value on the date of death and on the alternate valuation date _____

Mutual Funds

9.110 Did D own any mutual funds? Yes No If no, skip to Item 9.150. If yes, complete Items 9.111

through 9.149 for each mutual fund and attach separate pages for each additional mutual fund.

Do not reduce the indicated asset value by 1/2 when D's interest was a 1/2 community interest, but use the entire value of the mutual fund.

- 9.111 Name of fund _____
- 9.112 CUSIP number _____
- 9.113 Principal stock exchange where traded _____
- 9.114 Number of issued shares _____
- 9.115 Certificate numbers of issued shares _____
- 9.116 Number of unissued shares held by custodian _____
- 9.117 Total shares (Item 9.114 plus Item 9.116) _____
- 9.118 Style of account maintained by custodian _____

- 9.119 Name of custodian _____
- 9.120 Address of custodian _____
- 9.121 City, state, zip _____
- 9.122 Account number _____
- 9.123 Registration of issued shares _____
- 9.124 Ownership: Separate Community
- 9.125 If D's separate property, was this asset ever held as community property by D and D's surviving spouse?
 Yes No If yes, explain _____

- 9.126 Name of transfer agent _____
- 9.127 Address _____
- 9.128 City, state, zip _____

Value at Death:

- 9.129 Asked or offered price at death _____
- 9.130 Bid price at death _____
- 9.131 Extended value (Item 9.117 times Item 9.130) _____

Dividends and Capital Gains Distributions:

- 9.132 Declared but unpaid amount per share _____
- 9.133 Extended value (Item 9.117 times Item 9.132) _____

Alternate Value:

9.134 Asked or offered price _____

9.135 Bid price _____

9.136 Extended value (Item 9.117 times Item 9.135) _____

9.137 If any mutual fund is registered in **joint tenancy with right of survivorship**, complete the following for each surviving joint tenant:

Note: If these mutual funds were the community property of D and D’s spouse or they were the sole joint tenants, these mutual funds should be reported in Part I of Schedule E of D’s estate tax return. All other jointly held mutual funds should be reported in Part II of Schedule E of D’s estate tax return.

Name _____

Address _____

City, state, zip _____

Phone number _____

Fax number _____

E-mail _____

Social Security number _____

Relationship to D _____

Contribution of the nonspouse survivor toward acquisition of this asset: Amount _____

Percentage of total value _____

9.138 Is registration of mutual funds to be changed? Yes No If no, skip to Item 9.145. If yes, complete Items 9.139 through 9.144.

9.139 Name of new owner _____

9.140 Dear _____

9.141 Address _____

9.142 City, state, zip _____

9.143 Social Security (employer identification) number _____

9.144 Number of shares to be registered to new owner _____

9.145 Were these shares specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D’s will _____

9.146 Were any shares in this mutual fund collateral for any loan owed or guaranteed by D? Yes No

If yes, give details _____

9.147 D's income tax basis _____

9.148 (Reserved)

Inventory and Estate Tax Return Description

9.149 Enter description of mutual fund (in format to be used on probate documents or estate tax return) and indicate value on the date of death and on the alternate valuation date _____

Warrants

9.150 Did D own any publicly traded warrants? Yes No If no, skip to Item 9.195. If yes, complete Items 9.151 through 9.194 for each warrant and attach a separate page for each additional warrant.

Do not reduce the indicated asset value by 1/2 when D's interest was a 1/2 community interest, but use the entire value of the warrant.

9.151 Name of company _____

9.152 CUSIP number _____

9.153 Principal stock exchange where traded _____

9.154 Number of warrants _____

9.155 Certificate numbers _____

9.156 Number of shares that may be acquired by the exercise of each warrant _____

9.157 Extended number of shares (Item 9.154 times Item 9.156) _____

9.158 Description of shares that may be acquired _____

9.159 Registration of warrant if not held by broker _____

9.160 Ownership: Separate Community

9.161 If D's separate property, was this asset ever held as community property by D and D's surviving spouse? Yes No If yes, explain _____

9.162 Name of warrant agent _____

9.163 Address _____

9.164 City, state, zip _____

Value at Death:

9.165 High _____

9.166 Low _____

9.167 Mean or unit value _____

9.168 Extended value (Item 9.154 times Item 9.167) _____

Alternate Value:

9.169 High _____

9.170 Low _____

9.171 Mean or unit value _____

9.172 Extended value (Item 9.154 times Item 9.171) _____

9.173 Date warrant expires _____

9.174 Exercise price per share _____

9.175 Value per share of stock subject to warrant at date of D's death _____

9.176 Is warrant to be exercised? Yes No

9.177 Is warrant to be allowed to lapse? Yes No

9.178 Is warrant to be transferred? Yes No

9.179 If any warrant is registered in **joint tenancy with right of survivorship**, complete the following for each surviving joint tenant:

Note: If these warrants were the community property of D and D's spouse or they were the sole joint tenants, these warrants should be reported in Part I of Schedule E of D's estate tax return. All other jointly held warrants should be reported in Part II of Schedule E of D's estate tax return.

Name _____

Address _____

City, state, zip _____

Phone number _____

Fax number _____

E-mail _____

Social Security number _____

Relationship to D _____

Contribution of the nonspouse survivor toward acquisition of this asset: Amount _____

Percentage of total value _____

9.180 Is registration of warrants to be changed? Yes No If no, skip to Item 9.187. If yes, complete

Items 9.181 through 9.186.

9.181 Name of new owner _____

9.182 Dear _____

9.183 Address _____

9.184 City, state, zip _____

9.185 Social Security (employer identification) number _____

9.186 Number of warrants to be registered to new owner _____

9.187 Were these warrants specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D's will _____

9.188 Were any of these warrants collateral for any loan owed or guaranteed by D? Yes No If yes, give details _____

9.189 D's income tax basis _____

9.190 - 9.193 (Reserved)

Inventory and Estate Tax Return Description

9.194 Enter description of warrant (in format to be used on probate documents or estate tax return) and indicate value on the date of death and on the alternate valuation date _____

Option Contracts

9.195 Did D own any option contracts for publicly traded securities? Yes No If no, skip to Item 9.235. If yes, complete Items 9.196 through 9.234 for each option and attach separate pages for each additional option.

Do not reduce the indicated asset value by 1/2 when D's interest was a 1/2 community interest, but use the entire value of the option contract.

9.196 Name of company _____

9.197 CUSIP number _____

9.198 Principal stock exchange where traded _____

9.199 Number of options _____

9.200 Number of shares covered by each option _____

9.201 Description and number of shares of underlying securities _____

9.202 Type: Put Call

9.203 Ownership: Separate Community

9.204 If D's separate property, was this asset ever held as community property by D and D's surviving spouse?
 Yes No If yes, explain _____

Value at Death:

9.205 High _____

9.206 Low _____

9.207 Mean or unit value _____

9.208 Extended value (Item 9.199 times Item 9.207) _____

Alternate Value:

9.209 High _____

9.210 Low _____

9.211 Mean or unit value _____

9.212 Extended value (Item 9.199 times Item 9.211) _____

9.213 Date option expires _____

9.214 Exercise (strike) price per share _____

9.215 Value per share of stock subject to option at date of D's death _____

9.215A Is option fully vested? Yes No If no, provide details _____

9.216 Is option to be exercised? Yes No

9.217 Is option to be allowed to lapse? Yes No

9.218 Is option to be transferred? Yes No

9.219 If any option contract is registered in **joint tenancy with right of survivorship**, complete the following for each surviving joint tenant:

Note: If these option contracts were the community property of D and D’s spouse or they were the sole joint tenants, these option contracts should be reported in Part I of Schedule E of D’s estate tax return. All other jointly held option contracts should be reported in Part II of Schedule E of D’s estate tax return.

Name _____

Address _____

City, state, zip _____

Phone number _____

Fax number _____

E-mail _____

Social Security number _____

Relationship to D _____

Contribution of the nonspouse survivor toward acquisition of this asset: Amount _____

Percentage of total value _____

9.220 Is registration of securities to be changed? Yes No If no, skip to Item 9.227. If yes, complete Items 9.221 through 9.226.

9.221 Name of new owner _____

9.222 Dear _____

9.223 Address _____

9.224 City, state, zip _____

9.225 Social Security (employer identification) number _____

9.226 Number of shares to be registered to new owner _____

9.227 Were these option contracts specifically bequeathed? Yes No If yes, give details, including cross-reference the specific provision in D’s will _____

9.228 Was any option contract collateral for any loan owed or guaranteed by D? Yes No If yes, give details _____

9.229 D’s income tax basis _____

9.230 - 9.233 (Reserved)

Inventory and Estate Tax Return Description

9.234 Enter description of option contract (in format to be used on probate documents or estate tax return) and indicate value on the date of death and on the alternate valuation date _____

Commodity Contracts

9.235 Was D buying or selling any commodity contract? Yes No If no, skip the rest of this Section 9.0. If yes, complete Items 9.236 through 9.264 for each separate commodity contract and attach separate pages for each additional contract.

Do not reduce the indicated asset value by 1/2 when D’s interest was a 1/2 community interest, but use the entire value of the commodity contract.

9.236 Type of commodity _____
9.237 Exchange on which traded _____
9.238 Contract size and description _____
9.239 Delivery date _____
9.240 Number of contracts _____
9.241 Ownership: Separate Community
9.242 If D’s separate property, was this asset ever held as community property by D and D’s surviving spouse?
 Yes No If yes, explain _____

Value at Death:

9.243 High _____
9.244 Low _____
9.245 Mean or unit value _____
9.246 Extended value (Item 9.240 times Item 9.245) _____

Alternate Value:

9.247 High _____
9.248 Low _____
9.249 Mean or unit value _____
9.250 Extended value (Item 9.240 times Item 9.249) _____

9.251 Description of action to be taken _____

9.252 If any commodity contract is registered in **joint tenancy with right of survivorship**, complete the following for each surviving joint tenant:

Note: If these commodity contracts were the community property of D and D's spouse or they were the sole joint tenants, these commodity contracts should be reported in Part I of Schedule E of D's estate tax return. All other jointly held commodity contracts should be reported in Part II of Schedule E of D's estate tax return.

Name _____

Address _____

City, state, zip _____

Phone number _____

Fax number _____

E-mail _____

Social Security number _____

Relationship to D _____

Contribution of the nonspouse survivor toward acquisition of this asset: Amount _____

Percentage of total value _____

9.253 Is registration of commodity contracts to be changed? Yes No If yes, complete the following:

9.254 Name of new owner _____

9.255 Dear _____

9.256 Address _____

9.257 City, state, zip _____

9.258 Social Security (employer identification) number _____

9.259 Number of shares to be registered to new owner _____

9.260 Were these commodity contracts specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D's will _____

9.261 Was any commodity contract collateral for any loan owed or guaranteed by D? Yes No If yes, give details _____

9.262 D's income tax basis _____

9.263 (Reserved)

Inventory and Estate Tax Return Description

9.264 Enter description of commodity contracts (in format to be used on probate documents or estate tax return) and indicate value on the date of death and on the alternate valuation date _____

10.0 CLOSELY HELD CORPORATIONS

10.01 Did D own stock, bonds, or other securities in a closely held or inactive corporation? Yes No If no, skip the rest of this Section 10.0. If yes, complete this section for each closely held or inactive corporation and attach a separate page for each additional closely held or inactive corporation. If D owned only stock, complete Items 10.02 through 10.110. If D owned only bonds or debentures, skip to Item 10.111 and complete the remainder of this section.

Do not reduce the indicated asset value by 1/2 when D's interest was a 1/2 community interest, but use the entire value of this security.

10.02 Name of corporation _____

10.03 Address _____

10.04 City, state, zip _____

10.05 Person to contact _____

10.06 Phone number _____

10.06A Fax number _____

10.06B E-mail _____

10.07 Nature of business _____

10.08 Taxpayer identification number _____

10.09 Date of incorporation _____

10.10 State of incorporation _____

10.11 Beginning date of fiscal year _____

10.12 Date of fiscal year end _____

10.13 Address of principal business office if different from Items 10.03 and 10.04 _____

10.14 D's position _____

10.15 Description of D's shares: Voting preferred Nonvoting preferred Voting common
 Nonvoting common Other _____

10.16 - 10.19 (Reserved)

10.20 Total voting preferred shares outstanding _____

10.21 Total nonvoting preferred shares outstanding _____

10.22 Total voting common shares outstanding _____

10.23 Total nonvoting common shares outstanding _____

10.24 Number of D's voting preferred shares _____

10.25 Number of D’s nonvoting preferred shares _____

10.26 Number of D’s voting common shares _____

10.27 Number of D’s nonvoting common shares _____

10.28 Total number of stockholders including D _____

10.29 Ownership: Separate Community

10.30 If any of the stock was D’s separate property, was it ever held as community property by D and D’s surviving spouse? Yes No If yes, explain _____

10.31 Did D own or did D within three years of D’s death have the right (either alone or with any other person) to vote 20 percent or more of the total combined voting power of all classes of stock? Yes No
If yes, explain _____

Stock Purchase Agreement

10.32 Is any of D’s stock subject to a “buy-sell” or redemption agreement? Yes No If no, skip to Item 10.43. If yes, complete Items 10.33 through 10.41.

10.33 Was the agreement entered into or substantially modified on or after October 8, 1990? Yes No
If yes, give details _____

10.33A Parties to agreement and relationship to D _____

10.33B Purchase price under that agreement _____

10.33C Is agreed price binding on D’s estate? Yes No

10.33D Is D’s death an event forcing an offer to sell? Yes No

Purchase price set forth in agreement for each share

10.34 Voting preferred stock _____

10.35 Nonvoting preferred stock _____

10.36 Voting common stock _____

10.37 Nonvoting common stock _____

Extended values as set forth in agreement

10.38 Voting preferred stock (Item 10.24 times Item 10.34) _____

10.39 Nonvoting preferred stock (Item 10.25 times Item 10.35) _____

10.40 Voting common stock (Item 10.26 times Item 10.36) _____

10.41 Nonvoting common stock (Item 10.27 times Item 10.37) _____

10.42 (Reserved)

10.43 Registration of shares

D's voting preferred _____

D's nonvoting preferred _____

D's voting common _____

D's nonvoting common _____

10.44 (Reserved)

If **no binding price** has been **set by agreement**, give value per share for D's—

10.45 Voting preferred stock _____

10.46 Nonvoting preferred stock _____

10.47 Voting common stock _____

10.48 Nonvoting common stock _____

Extended values where not set forth in agreement

10.49 Voting preferred stock (Item 10.24 times Item 10.45) _____

10.50 Nonvoting preferred stock (Item 10.25 times Item 10.46) _____

10.51 Voting common stock (Item 10.26 times Item 10.47) _____

10.52 Nonvoting common stock (Item 10.27 times Item 10.48) _____

10.53 - 10.54 (Reserved)

10.55 Is value of D's interest in all of this stock more than 35 percent of value of D's federal adjusted gross estate? Yes No

10.56 Is value of D's interest in all of this stock more than 50 percent of value of D's federal taxable estate? Yes No

10.57 Is value of D's interest in all of this stock more than 65 percent of value of D's federal adjusted gross estate? Yes No

10.58 Does stock qualify for IRC Section 303 redemption? Yes No

10.59 Does stock qualify for installment payment of all or part of D's federal estate taxes? Yes No

10.60 - 10.64 (Reserved)

10.65 Did D's spouse materially participate in the operation of this business? Yes No If yes, number of taxable years in which spouse participated _____

10.66 Does family or estate wish to retain ownership if possible? Yes No

10.67 If retained, who will run the business? _____

10.68 - 10.74 (Reserved)

10.75 Does corporation act as transfer agent for its stock? Yes No If no, complete Items 10.76 through 10.79B. If yes, skip to Item 10.80.

10.76 Name of transfer agent _____

10.77 Address _____

10.78 City, state, zip _____

10.79 Phone number _____

10.79A Fax number _____

10.79B E-mail _____

10.80 Was there a **Subchapter S election** in effect for the corporation at the date of D’s death? Yes No
 If yes, is there an agreement between the stockholders for the election to be continued? Yes No

10.81 Subchapter S election should be: Continued Terminated

10.82 Amount of loss attributed to D’s interest for the period before D’s death prorated on a daily basis _____

Note: Any “previously taxed income” remaining in the corporation at D’s death will lose the right to non-dividend treatment.

10.83 - 10.89 (Reserved)

10.90 If any closely held stock is registered in **joint tenancy with right of survivorship**, complete the following for each surviving joint tenant:

Note: If these closely held stocks were the community property of D and D’s spouse or they were the sole joint tenants, these closely held stocks should be reported in Part I of Schedule E of D’s estate tax return. All other jointly held closely held stocks should be reported in Part II of Schedule E of D’s estate tax return.

Name _____

Address _____

City, state, zip _____

Phone number _____

Fax number _____

E-mail _____

Social Security number _____

Relationship to D _____

Contribution of the nonspouse survivor toward acquisition of this asset: Amount _____

Percentage of total value _____

10.91 - 10.99 (Reserved)

10.100 Is registration of stock to be changed? Yes No If no, skip to Item 10.107. If yes, complete Items 10.101 through 10.106.

10.101 Name of new owner _____

10.102 Dear _____

10.103 Address _____

10.104 City, state, zip _____

10.105 Social Security (employer identification) number _____

10.106 Number of shares to be registered to new owner _____

10.107 Was this stock specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D's will _____

10.108 Was this stock collateral for any loan owed or guaranteed by D? Yes No If yes, give details

10.109 D's income tax basis in each classification of stock _____

Inventory and Estate Tax Return Description

10.110 Enter description of stock (in format to be used on probate documents or estate tax return) and indicate value on the date of death and on the alternate valuation date _____

10.111 Did D own any **bonds** or **debentures** in this corporation? Yes No If no, skip the rest of this Section 10.0. If yes, complete all remaining items.

Do not reduce the indicated asset value by 1/2 when D's interest was a 1/2 community interest, but use the entire value of this security.

10.112 Kind of bond _____

10.113 Interest rate _____

10.114 Total face amount _____

10.115 Bond number(s) _____

10.116 Negotiability: Registered Bearer

10.117 Registered owner(s) _____

10.118 Ownership: Separate Community

10.119 If D's separate property, was this asset ever held as community property by D and D's surviving spouse?
 Yes No If yes, explain _____

10.120 Value at death _____

10.121 Extended value (Item 10.114 divided by 100 times Item 10.120) _____

10.122 Interest payment dates _____

10.123 Total accrued interest at date of death _____

10.124 Alternate value _____

10.125 Extended value (Item 10.114 divided by 100 times Item 10.124) _____

10.126 Should face value of bond be discounted? Yes No If no, skip to Item 10.135. If yes, complete Items 10.127 through 10.130.

10.127 Prime rate on date of death _____

10.128 Discounted value on date of death _____

10.129 Prime rate on alternate valuation date _____

10.130 Discounted value on alternate valuation date _____

10.131 - 10.134 (Reserved)

10.135 Does corporation act as transfer agent for its bonds? Yes No If yes, skip to Item 10.140. If no, complete Items 10.136 through 10.139B.

10.136 Name of transfer agent _____

10.137 Address _____

10.138 City, state, zip _____

10.139 Phone number _____

10.139A Fax number _____

10.139B E-mail _____

10.140 If any bond of a closely held corporation is registered in **joint tenancy with right of survivorship**, complete the following for each surviving joint tenant:

Note: If these closely held bonds were the community property of D and D's spouse or they were the sole joint tenants, these closely held bonds should be reported in Part I of Schedule E of D's estate tax return. All other jointly held closely held bonds should be reported in Part II of Schedule E of D's estate tax return.

Name _____

Address _____

City, state, zip _____

Phone number _____

Social Security number _____

Relationship to D _____

Contribution of the nonspouse survivor toward acquisition of this asset: Amount _____

Percentage of total value _____

10.141 - 10.149 (Reserved)

10.150 Is registration of bonds to be changed? Yes No If yes, complete Items 10.151 through 10.156. If no, skip to Item 10.157.

10.151 Name of new owner _____

10.152 Dear _____

10.153 Address _____

10.154 City, state, zip _____

10.155 Social Security (employer identification) number _____

10.156 Number and face value of bonds to be registered to new owner _____

10.157 Were these bonds specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D's will _____

10.158 Were any of these bonds collateral for any debt owed or guaranteed by D? Yes No If yes, give details _____

10.159 D's income tax basis _____

Inventory and Estate Tax Return Description

10.160 Enter description of bond (in format to be used on probate documents or estate tax return) and indicate value on the date of death and on the alternate valuation date _____

11.0 CASH

- 11.01 Did D have any checking or savings accounts, certificates of deposit, cash, undeposited checks, or cash balances in stock brokerage accounts? Yes No If no, skip the rest of this Section 11.0. If yes, complete Items 11.02 through 11.16 and then complete Items 11.20 through 11.50 as of date of D's death for each account or certificate of deposit. Attach a separate page for each account or certificate.

Do not reduce the indicated asset value by 1/2 when D's interest was a 1/2 community interest, but use the full balance of the account or certificate.

- 11.02 Amount of cash on hand _____
- 11.03 Total undeposited checks _____
- 11.04 Uncashed travelers checks _____
- 11.05 Cash balances in stock brokerage accounts _____

Estate Bank Account

- 11.06 Will new checking or savings accounts be established for the estate? Yes No If no, skip to Item 11.20. If yes, complete Items 11.07 through 11.16.
- 11.07 Name of bank or other institution _____
- 11.08 Address _____
- 11.09 City, state, zip _____
- 11.10 Type _____
- 11.11 Account number _____
- 11.12 Name or style of account _____

- 11.13 Signatories for account _____
- 11.14 Name of officer _____
- 11.15 Phone number _____
- 11.16 E-mail _____
- 11.17 - 11.19 (Reserved)

Accounts and Certificates of Deposit

- 11.20 Name of bank or other institution _____

- 11.21 Person to contact _____
- 11.22 Address _____
- 11.23 City, state, zip _____

11.23A Phone number _____

11.23B Fax number _____

11.23C E-mail _____

11.24 Type: Checking Savings Certificate of deposit

11.25 Account or certificate number _____

11.26 Name or style of account or certificate _____

11.27 Principal balance or face amount at date of death _____

11.28 Total outstanding checks _____

11.29 Net balance (Item 11.27 minus Item 11.28) _____

11.30 Date of issue, if CD _____

11.31 Date to which interest was paid before D’s date of death _____

11.32 Interest rate _____

11.33 Accrued interest available to D on date of death _____

11.34 Maturity date, if CD _____

11.35 Ownership: Separate Community

11.36 If D’s separate property, was this asset ever held as community property by D and D’s surviving spouse?
 Yes No If yes, explain _____

11.37 Did D have preauthorized deposits (e.g., for salary, Social Security benefits, interest from certificates of deposit) or withdrawals (e.g., for automatic bill paying) that were automatically made to D’s checking or savings account? Yes No If yes, give details _____

11.38 - 11.39 (Reserved)

11.40 If this account or certificate is registered in **joint tenancy with right of survivorship**, complete the following for each surviving joint tenant:

Note: If this account or certificate was the community property of D and D’s spouse or they were the sole joint tenants, this account or certificate should be reported in Part I of Schedule E of D’s estate tax return. All other jointly held accounts and certificates should be reported in Part II of Schedule E of D’s estate tax return.

Name _____

Address _____

City, state, zip _____

Phone number _____

Fax number _____

E-mail _____

Social Security number _____

Relationship to D _____

Contribution of the nonspouse survivor toward acquisition of this asset: Amount _____

Percentage of total value _____

11.41 Was this account or certificate specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D's will _____

11.42 Was this account or certificate collateral for any debt owed or guaranteed by D? Yes No If yes, give details _____

Trust, Escrow, or IOLTA Accounts

11.43 Name of eligible institution (financial institution) _____

11.44 Address _____

11.45 City, state, zip _____

11.46 Type _____

11.47 Account number _____

11.48 Name or style of account _____

11.49 (Reserved)

Inventory and Estate Tax Return Description

11.50 Enter description of account, certificate, or other item (in format to be used on probate documents or estate tax return) and indicate its value on the date of death and on the alternate valuation date _____

**12.0 JUDGMENTS, NOTES, ACCOUNTS RECEIVABLE, AND
SALES UNDER CONTRACT FOR DEED**

12.01 Did anyone (including D's former spouses for alimony and/or child support) owe D any money, or will any refunds be due to D's estate? Yes No If no, skip the rest of this Section 12.0. If yes, complete the following for judgments, notes, accounts receivable, and sales under contracts for deed, and attach separate pages for additional items:

Do not reduce the indicated asset value by 1/2 when D's interest was a 1/2 community interest, but use the entire value of the asset.

12.02 Ownership: Separate Community

12.03 If D's separate property, was this asset ever held as community property by D and D's surviving spouse?
 Yes No If yes, explain _____

12.04 Type: Judgment Account Installment note Other note Other

12.05 Original face amount _____

12.06 Amount unpaid on date of D's death _____

12.07 Name of obligor _____

12.08 Address _____

12.09 City, state, zip _____

12.10 Phone number _____

12.10A Fax number _____

12.10B E-mail _____

12.11 Statute of limitations date _____

12.12 Maturity date _____

12.13 Date last payment was made _____

12.14 Interest rate _____

12.15 Interest payment dates _____

12.16 Date to which interest was paid before D's death _____

12.17 Accrued interest on date of death _____

12.18 Secured? Yes No

12.19 Nature of security _____

12.20 D’s percentage interest of ownership in this debt _____

12.21 Other part owners, their addresses, their relationships to D, and their percentage interests in this debt

12.22 Should face value of note be discounted? Yes No If no, skip to Item 12.27. If yes, complete Items 12.23 through 12.26.

12.23 Prime rate on date of death _____

12.24 Discounted value on date of death _____

12.25 Prime rate on alternate valuation date _____

12.26 Discounted value on alternate valuation date _____

12.27 Was this account, note, or judgment specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D’s will _____

12.28 Was this account or note collateral for any debt owed or guaranteed by D? Yes No If yes, give details _____

12.28A D’s income tax basis _____

Inventory and Estate Tax Return Description

12.29 Enter description of account, note, or judgment (in format to be used on probate documents or estate tax return) and indicate its value on the date of death _____

12.30 Was D or D’s spouse **selling real estate pursuant to a contract for deed**? Yes No If no, skip to Item 12.51. If yes, complete Items 12.31 through 12.50.

12.31 Name of purchaser _____

12.32 Name of seller _____

12.33 Date of contract _____

12.34 Description of property _____

12.35 Original sales price _____

12.36 Amount of initial payment _____

12.37 Original contract amount _____

12.38 Unpaid contract amount at date of D’s death _____

12.39 Interest rate _____

12.40 Date of last payment _____

12.41 Date to which interest was paid before D’s death _____

12.42 Amount of each payment _____

12.43 Was this contract collateral for any debt owed or guaranteed by D? Yes No If yes, give details

12.44 Was this contract specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D’s will _____

12.45 D’s income tax basis _____

12.46 - 12.49 (Reserved)

Inventory and Estate Tax Return Description

12.50 Enter description of contract (in format to be used on probate documents or estate tax return) and indicate its value on the date of death and on the alternate valuation date _____

12.51 Unapplied amount of **estimated income taxes** paid by D or D’s spouse for **year before D’s death** _____

12.52 Unapplied amount of **estimated income taxes** paid by D or D’s spouse for **year of D’s death** _____

12.53 Amount of **income tax refund** _____

Inventory and Estate Tax Return Description

12.54 Enter description of income tax receivables _____

13.0 INSURANCE ON D'S LIFE

13.01 Was there any insurance on D's life, including accidental death benefits from credit card companies?
 Yes No If no, skip the rest of this Section 13.0. If yes, complete all items in this section for each policy. Attach separate pages for each additional policy.

13.02 Was any insurance payable to D's estate? Yes No

13.03 Was any insurance payable to a named beneficiary? Yes No

13.03A Did this beneficiary survive D by 120 hours? Yes No

13.04 (Reserved)

Complete Items 13.05 through 13.09 for each of D's life insurance agents.

13.05 Name _____

13.06 Address _____

13.07 City, state, zip _____

13.08 Phone number _____

13.08A Fax number _____

13.08B E-mail _____

13.09 Company represented _____

Complete the remainder of this section for each policy payable by virtue of D's death.

Do not reduce the indicated asset value by 1/2 when D's interest was a 1/2 community interest, but use the full amounts shown on IRS Form 712.

13.10 Company _____

13.11 Address _____

13.12 City, state, zip _____

13.13 Type or kind of policy _____

13.14 Policy number _____

13.15 Face amount _____

13.15A Cash surrender value immediately before D's death _____

Policy Loans:

13.16 Principal _____

13.17 Interest to date of death _____

13.18 Total of principal and interest _____

Net proceeds:

- 13.19 Accumulated dividends _____
- 13.20 Postmortem dividends _____
- 13.21 Returned premiums _____
- 13.22 Amount of proceeds if payable in one sum _____
- 13.23 Value of proceeds as of date of death (if not payable in one sum) _____
- 13.24 Net proceeds after all increases and deductions _____
- 13.25 Primary beneficiary name _____
- 13.26 Dear _____
- 13.27 Address _____
- 13.28 City, state, zip _____
- 13.28A Phone number _____
- 13.28B Fax number _____
- 13.28C E-mail _____
- 13.29 Social Security number _____
- 13.30 Date of birth _____
- 13.31 Relationship to D _____
- 13.32 Contingent beneficiary name _____
- 13.33 Dear _____
- 13.34 Address _____
- 13.35 City, state, zip _____
- 13.36 Social Security number _____
- 13.37 Date of birth _____
- 13.38 Relationship to D _____
- 13.39 Policy sent for payment by others? Yes No
- 13.40 Policy to be sent by us for payment? Yes No
- 13.41 IRS Form 712 already requested? Yes No
- 13.42 IRS Form 712 received? Yes No
- 13.43 Benefits already paid? Yes No
- 13.44 Owner of policy if not D _____
- 13.45 Address _____

- 13.46 City, state, zip _____
- 13.47 Relationship to D _____
- 13.48 Name of applicant for policy _____
- 13.49 Ownership: Separate Community
- 13.50 If D's separate property, was this asset ever held as community property by D and D's surviving spouse?
 Yes No If yes, explain _____

- 13.51 Include in inventory? Yes No
- 13.52 Exclude value from D's taxable estate? Yes No
- 13.53 If to be excluded, give details _____

- 13.54 Date of purchase or issue of policy _____
- 13.55 Date policy was assigned by D, if applicable _____
- 13.56 Interpolated terminal reserve value on date of assignment from IRS Form 712 _____
- 13.57 Did D make a gift of this policy within three years of D's death? Yes No If yes, give details

- 13.58 Did D pay any premiums on this policy within three years of D's death? Yes No If yes, give amounts and dates paid _____

- 13.59 (Reserved)

Installment payment of proceeds:

- 13.60 Is policy payable in deferred payments or in installments? Yes No If no, skip to Item 13.71. If yes, complete Items 13.61 through 13.70.
- 13.61 Amount of installments _____
- 13.62 Are payments measured by life of another, either as to term or amount? Yes No If no, skip to Item 13.68. If yes, complete Items 13.63 through 13.67.
- 13.63 Name of that person _____
- 13.64 Address _____
- 13.65 City, state, zip _____
- 13.66 Date of birth _____

13.67 Social Security number _____

13.68 Amount applied by the insurance company as a single premium representing the purchase of installment benefits _____

13.69 Basis used by insurer in valuing installment benefits (mortality table and rate of interest) _____

13.70 Was the insured the annuitant or beneficiary of any annuity contract issued by *this* company? Yes No If yes, give details _____

13.71 Was this policy collateral for any debt owed or guaranteed by D? Yes No If yes, give details _____

13.72 D's income tax basis in this policy _____

13.73 - 13.79 (Reserved)

Inventory and Estate Tax Return Description

13.80 Enter description of insurance policy (in format to be used on probate documents or estate tax return) and indicate its value on the date of death _____

14.0 INSURANCE ON LIFE OF OTHERS

14.01 Did D own an interest in a policy insuring the life of someone else (including a community interest in a policy insuring D's spouse)? Yes No If no, skip the rest of this Section 14.0. If yes, complete Items 14.02 through 14.06 for each life insurance agent who is not listed at Item 13.05 and who is responsible for such policies.

14.02 Name _____

14.03 Address _____

14.04 City, state, zip _____

14.05 Phone number _____

14.05A Fax number _____

14.05B E-mail _____

14.06 Company represented _____

Complete the remainder of this section for each policy on the life of someone other than D in which D owned an interest, and attach a separate page for each insurance policy.

Do not reduce the indicated asset value by 1/2 when D's interest was a 1/2 community interest, but use the full amounts shown on IRS Form 712.

14.07 Company _____

14.08 Address _____

14.09 City, state, zip _____

14.10 Type or kind of policy _____

14.11 Policy number _____

14.12 Insured's name _____

14.13 Address _____

14.14 City, state, zip _____

14.15 Relationship to D _____

14.16 Interpolated terminal reserve value on date of D's death (from IRS Form 712) _____

14.17 Amount of last premium paid _____

14.18 Date of payment of last premium _____

14.19 Proportionate part of last premium _____

14.20 Total value (Item 14.16 plus Item 14.19) _____

14.21 Ownership: Separate Community

14.22 If D's separate property, was this asset ever held as community property by D and D's surviving spouse?

Yes No If yes, explain _____

14.23 Is ownership to be changed? Yes No

14.24 If yes, to whom? _____

14.25 Address _____

14.26 City, state, zip _____

14.27 Social Security number _____

14.28 Did D own any insurance on the life of another that is not included in D's gross estate? Yes No
If yes, give details _____

14.29 Was this policy specifically bequeathed? Yes No If yes, give details, including cross-reference
to the specific provision in D's will _____

14.30 Was this policy collateral for any loan owed or guaranteed by D? Yes No If yes, give details

14.31 D's income tax basis _____

14.32 Did D make a gift of this policy within three years of D's death? Yes No If yes, give details

14.33 - 14.34 (Reserved)

Inventory and Estate Tax Return Description

14.35 Enter policy description (in format to be used on probate documents or estate tax return) and indicate its
value on the date of death and on the alternate valuation date _____

15.0 OTHER INSURANCE

15.01 Did D maintain any insurance other than life insurance? Yes No If no, skip the rest of this Section 15.0. If yes, complete Items 15.02 through 15.06 for each insurance agent who is not listed at Item 13.05 or Item 14.02 and attach separate pages for additional items.

15.02 Name _____

15.03 Address _____

15.04 City, state, zip _____

15.05 Phone number _____

15.05A Fax number _____

15.05B E-mail _____

15.06 Company represented _____

15.07 Type of insurance: Accident Health Medical Homeowners Vehicle

Fire and extended coverage Liability Disability Other

15.08 Policy number _____

15.09 Amounts of coverage _____

15.10 If accident insurance proceeds were payable due to D's death, did D pay the premiums on those policies within three years before D's death? Yes No

15.11 Is coverage adequate? Yes No

15.12 Should policy be canceled and unearned premium collected? Yes No

15.13 Amount of unearned premium collected _____

15.14 Should policy be transferred? Yes No

15.15 If yes, to whom? _____

15.16 Address _____

15.17 City, state, zip _____

15.18 Phone number _____

15.19 Was this policy specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision of D's will _____

15.20 D's income tax basis _____

15.21 - 15.24 (Reserved)

Inventory and Estate Tax Return Description

15.25 Enter asset description (in format to be used on probate documents or estate tax return) and indicate its value or amount of premium refund on the date of death and on the alternate valuation date _____

16.0 UNINCORPORATED BUSINESS INTERESTS

16.01 Did D own or operate a sole proprietorship or own an interest in a partnership, joint venture, limited liability company, or other unincorporated business? Yes No If no, skip the rest of this Section 16.0. If yes, complete the following for each and attach separate pages for additional items.

Do not reduce the indicated asset value by 1/2 when D's interest was a 1/2 community interest, but use the entire value of each such business interest.

16.02 Did D own or operate a sole proprietorship? Yes No If no, skip to Item 16.30. If yes, complete Items 16.03 through 16.29A.

16.03 Name of business _____

16.04 Address _____

16.05 City, state, zip _____

16.06 Phone number _____

16.06A Fax number _____

16.06B E-mail _____

16.07 Nature of business _____

16.08 Is this a professional practice? Yes No

16.09 Employer identification number _____

16.10 Did D's spouse materially participate in the operation of this business? Yes No If yes, number of taxable years in which spouse participated _____

16.11 Does family wish to retain ownership? Yes No

16.12 If retained, who will run the business? _____

16.13 Are assets of business shown in other sections of this MIL? Yes No

16.14 Which sections? _____

16.15 Ownership: Separate Community

16.16 If D's separate property, was this asset ever held as community property by D and D's surviving spouse? Yes No If yes, explain _____

16.17 Value at death _____

16.18 Alternate value _____

16.19 Does the business own any real estate? Yes No

16.20 If yes, does the real estate qualify for special use valuation? Yes No

- 16.21 Will special use valuation be elected? Yes No
- 16.22 Is value of D’s interest in this business more than 35 percent of value of D’s federal adjusted gross estate?
 Yes No
- 16.23 Is value of D’s interest in this business more than 50 percent of the value of D’s federal taxable estate?
 Yes No
- 16.24 Is value of D’s interest in this business more than 65 percent of the value of D’s federal adjusted gross estate?
 Yes No
- 16.25 Does this interest qualify for installment payment of all or part of D’s federal estate taxes? Yes
 No
- 16.26 Were any of the assets of this sole proprietorship specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision of D’s will _____

- 16.27 Were any assets of this sole proprietorship collateral for any loan owed or guaranteed by D? Yes
 No If yes, give details _____

- 16.28 (Reserved)

Inventory and Estate Tax Return Description

- 16.29 Enter description of sole proprietorship (in format to be used on probate documents or estate tax return) and indicate its value on the date of death and on the alternate valuation date _____

- 16.29A D’s income tax basis _____

Partnership

- 16.30 Did D own an interest in a general partnership, limited partnership, or joint venture? Yes No If no, skip to Item 16.80. If yes, state which _____ and complete Items 16.31 through 16.70.
- 16.31 Name of partnership _____
- 16.32 Address _____
- 16.33 City, state, zip _____
- 16.34 Phone number _____
- 16.34A Fax number _____

- 16.34B E-mail _____
- 16.35 Person to contact _____
- 16.36 Employer identification number _____
- 16.37 Nature of business _____
- 16.38 Is this a professional practice? Yes No
- 16.39 Total number of partners, including D _____
- 16.40 D's percentage interest _____
- 16.41 Does partnership terminate at D's death? Yes No
- 16.42 Ownership: Separate Community
- 16.43 If D's separate property, was this asset ever held as community property by D and D's surviving spouse?
 Yes No If yes, explain _____

- 16.44 Is interest subject to "buy-sell" agreement? Yes No
- A. Was the agreement entered into or substantially modified on or after October 8, 1990? Yes
 No If yes, give details _____

- B. Parties to agreement and relationship to D _____

- C. Purchase price under that agreement _____
- D. Is agreed price binding on D's estate? Yes No
- E. Is D's death an event forcing an offer to sell? Yes No
- 16.45 - 16.47 (Reserved)
- 16.48 Value at D's death, if agreed price is not binding _____
- 16.49 Alternate value _____
- 16.50 Did D's spouse materially participate in the operation of this business? Yes No If yes, number
of taxable years in which spouse participated _____
- 16.51 Does family wish to retain ownership, if possible? Yes No
- 16.52 If retained, who will operate the partnership? _____

- 16.53 Should tax basis be adjusted by the partnership under IRC, Section 743? Yes No
- 16.54 Does the partnership own any real estate? Yes No If yes, does the real estate qualify for special
use valuation? Yes No

- 16.55 Will special use valuation be elected? Yes No
- 16.56 Is value of D’s interest in this partnership more than 35 percent of value of D’s federal adjusted gross estate? Yes No
- 16.57 Is value of D’s interest in this partnership more than 50 percent of value of D’s federal taxable estate? Yes No
- 16.58 Is value of D’s interest in this partnership more than 65 percent of value of D’s federal adjusted gross estate? Yes No
- 16.59 Does this interest qualify for installment payment of all or part of D’s federal estate taxes? Yes No
- 16.60 Was this partnership interest specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D’s will _____

- 16.61 Was this partnership interest collateral for any loan owed or guaranteed by D? Yes No If yes, give details _____

- 16.62 (Reserved)
- 16.63 D’s income tax basis _____
- 16.64 - 16.69 (Reserved)

Inventory and Estate Tax Return Description

- 16.70 Enter description of partnership or other unincorporated business (in format to be used on probate documents or estate tax return) and indicate its value on the date of death and on the alternate valuation date

- 16.71 - 16.79 (Reserved)

Limited Liability Company

- 16.80 Was D a manager or member of, or did D own an interest in, a limited liability company (“LLC”)? Yes No If yes, complete Items 16.81 through 16.120.
- 16.81 Name of LLC _____
- 16.82 Address _____
- 16.83 City, state, zip _____
- 16.84 Phone number _____

16.85 Fax number _____

16.86 E-mail _____

16.87 Person to contact _____

16.88 Employer identification number _____

16.89 Nature of business _____

16.90 Nature of D’s participation: Manager Member Other

16.91 Total number of members _____

16.92 D’s percentage interest _____

16.93 Ownership: Separate Community

16.94 If D’s separate property, was interest ever held as community property by D and D’s surviving spouse?

Yes No If yes, explain _____

16.95 Is interest subject to “buy-sell” agreement? Yes No If yes:

A. Was the agreement entered into or substantially modified on or after October 8, 1990? Yes

No If yes, give details _____

B. Parties to agreement and relationship to D _____

C. Purchase price under that agreement _____

D. Is agreed price binding on D’s estate? Yes No

E. Is D’s death an event forcing an offer to sell? Yes No

16.96 Value at D’s death, if agreed price is not binding _____

16.97 Alternate value _____

16.98 Did D’s spouse materially participate in the operation of this business? Yes No If yes, number of taxable years in which spouse participated _____

16.99 Does family or estate wish to retain ownership if possible? Yes No

16.100 If retained, who will run business? _____

16.101 - 16.105 (Reserved)

16.106 Is D’s interest represented by certificate(s)? Yes No If yes, does LLC act as transfer agent for its interests? Yes No If no, provide details here _____

- 16.107 Will special use valuation be elected? Yes No
- 16.108 Is value of D's interest in this LLC more than 35 percent of value of D's federal adjusted gross estate?
 Yes No
- 16.109 Is value of D's interest in this LLC more than 50 percent of value of D's federal taxable estate? Yes
 No
- 16.110 Is value of D's interest in this LLC more than 65 percent of value of D's federal adjusted gross estate?
 Yes No
- 16.111 Does this interest qualify for installment payment of all or part of D's federal estate taxes? Yes
 No
- 16.112 (Reserved)
- 16.113 Was this LLC interest specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D's will _____

- 16.114 Was this LLC interest collateral for any loan owed or guaranteed by D? Yes No If yes, give details _____

- 16.115 D's income tax basis _____
- 16.116 - 16.119 (Reserved)

Inventory and Estate Tax Return Description

- 16.120 Enter description of LLC interest (in format to be used on probate documents or estate tax return) and indicate its value on the date of death and on the alternate valuation date _____

17.0 TRANSPORTATION EQUIPMENT

17.01 Did D own any automobiles, motorcycles, boats, aircraft, or other vehicles? Yes No If no, skip the rest of this Section 17.0. If yes, complete Items 17.02 through 17.49 for each ground vehicle, Items 17.50 through 17.109 for each boat, and Items 17.110 through 17.149 for each aircraft. If there are any liens, security interests, or other encumbrances, these should be listed in Section 21.0. Note that liens on motor boats and outboard motors take priority in the chronological order in which each is noted on the certificate of title. Attach separate pages for each additional item.

Do not reduce the indicated asset value by 1/2 when D's interest was a 1/2 community interest, but include the entire value of the vehicle, boat, or aircraft.

Ground Vehicles

- 17.02 Year _____
- 17.03 Make _____
- 17.04 Model _____
- 17.05 Description and condition of vehicle, including accessories _____

- 17.06 Vehicle identification number (VIN) _____
- 17.07 State in which registered _____
- 17.08 Vehicle license number _____
- 17.09 Expiration date of license _____
- 17.10 Vehicle weight _____
- 17.11 Odometer mileage _____
- 17.12 Present location _____
- 17.13 Name(s) in which registered _____
- 17.14 Ownership: Separate Community
- 17.15 If D's separate property, was this asset ever held as community property by D and D's surviving spouse?
 Yes No If yes, explain _____

- 17.16 Value at death _____
- 17.17 Alternate value _____
- 17.18 Currently licensed? Yes No
- 17.19 Title to be transferred? Yes No
- 17.20 Transferee's name _____

17.21 Address _____

17.22 City, state, zip _____

17.23 Insured? Yes No

17.24 Insurance company _____

17.25 Policy number _____

17.26 Insurance agent _____

17.27 Address _____

17.28 City, state, zip _____

17.29 Phone number _____

17.29A Fax number _____

17.29B E-mail _____

17.30 Policy coverage _____

17.31 Cancel insurance? Yes No

17.32 Transfer insurance? Yes No

17.33 - 17.34 (Reserved)

17.35 If title is registered in **joint tenancy with right of survivorship**, complete the following for each surviving joint tenant:

Note: If this vehicle was the community property of D and D’s spouse or they were the sole joint tenants, this vehicle should be reported in Part I of Schedule E of D’s estate tax return. All other jointly held vehicles should be reported in Part II of Schedule E of D’s estate tax return.

Name _____

Address _____

City, state, zip _____

Phone number _____

Fax number _____

E-mail _____

Social Security number _____

Relationship to D _____

Contribution of the nonspouse survivor toward acquisition of this asset: Amount _____

Percentage of total value _____

17.36 Was this vehicle specifically bequeathed? Yes No If yes, give details, including cross-reference

to the specific provision of D's will _____

17.37 Was this vehicle collateral for any loan owed or guaranteed by D? Yes No If yes, give details

17.38 D's income tax basis _____

17.39 - 17.48 (Reserved)

Inventory and Estate Tax Return Description

17.49 Enter description of ground vehicle (in format to be used on probate documents or estate tax return) and indicate its value on the date of death and on the alternate valuation date _____

Boats

17.50 Registration or certificate number _____

17.51 Manufacturer and make of vessel _____

17.52 Model _____

17.53 Year _____

17.54 Homemade Factory-built

17.55 Hull identification number (HIN) and name of vessel _____

17.56 Length: _____ feet _____ inches

17.57 Construction: Wood Steel Aluminum Fiberglass Plastic Other _____

17.58 Fuel used: Gasoline Diesel Other _____

17.59 Type of use: Commercial passenger Commercial fishing Personal pleasure
 Rental/lease Demo Other _____

17.60 Type of vessel: Open Cabin Houseboat Other _____

17.61 Propulsion:

Engine make _____

Outboard (see Item 17.62)

Inboard—serial no. _____

Inboard/outboard serial no. (1) _____ (2) _____

Auxiliary motor

Other _____

17.62 Outboard motor description _____

17.63 Make _____

17.64 Model _____

17.65 Year _____

17.66 Horsepower _____

17.67 Serial number _____

17.68 Title number _____

17.69 Present location of boat and motor _____

17.70 Name in which registered _____

17.71 Ownership: Separate Community

17.72 If D's separate property, was this asset ever held as community property by D and D's surviving spouse?

Yes No If yes, explain _____

17.73 Value at death _____

17.74 Alternate value _____

17.75 Currently licensed? Yes No

17.75A License number _____

17.76 Title to be transferred? Yes No

17.77 Transferee's name _____

17.78 Address _____

17.79 City, state, zip _____

17.80 Insured? Yes No

17.81 Insurance company _____

17.82 Policy number _____

17.83 Insurance agent _____

17.84 Address _____

17.85 City, state, zip _____

17.86 Phone number _____

17.86A Fax number _____

17.86B E-mail _____

17.87 Policy coverage _____

17.88 Cancel insurance? Yes No

17.89 Transfer insurance? Yes No

17.90 Related gear (trailer, etc.) _____

17.91 - 17.94 (Reserved)

17.95 If title is registered in **joint tenancy with right of survivorship**, complete the following for each surviving joint tenant:

Note: If this boat was the community property of D and D’s spouse or they were the sole joint tenants, this boat should be reported in Part I of Schedule E of D’s estate tax return. All other jointly held boats should be reported in Part II of Schedule E of D’s estate tax return.

Name _____

Address _____

City, state, zip _____

Phone number _____

Fax number _____

E-mail _____

Social Security number _____

Relationship to D _____

Contribution of the nonspouse survivor toward acquisition of this asset: Amount _____

Percentage of total value _____

17.96 Was this boat specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D’s will _____

17.97 Was this boat collateral for any loan owed or guaranteed by D? Yes No If yes, give details

17.98 D’s income tax basis _____

17.99 - 17.108 (Reserved)

Inventory and Estate Tax Return Description

17.109 Enter description of boat (in format to be used on probate documents or estate tax return) and indicate its value on the date of death and on the alternate valuation date _____

Aircraft

17.110 Manufacturer _____

17.111 Model _____

17.112 U. S. registration number _____

17.113 Aircraft serial number _____

17.114 Other descriptive information _____

17.115 Present location _____

17.116 Cost of storage _____

17.117 Name in which registered _____

17.118 Ownership: Separate Community

17.119 If D's separate property, was this asset ever held as community property by D and D's surviving spouse?
 Yes No If yes, explain _____

17.120 Value at death _____

17.121 Alternate value _____

17.122 Currently licensed? Yes No

17.123 Title to be transferred? Yes No

17.124 Transferee's name _____

17.125 Address _____

17.126 City, state, zip _____

17.127 Insured? Yes No

17.128 Insurance company _____

17.129 Policy number _____

17.130 Insurance agent _____

17.131 Address _____

17.132 City, state, zip _____

17.133 Phone number _____

17.133A Fax number _____

17.133B E-mail _____

17.134 Policy coverage _____

17.135 Cancel insurance? Yes No

17.136 Transfer insurance? Yes No

17.137 - 17.139 (Reserved)

17.140 If title is registered in **joint tenancy with right of survivorship**, complete the following for each surviving joint tenant:

Note: If this aircraft was the community property of D and D’s spouse or they were the sole joint tenants, this aircraft should be reported in Part I of Schedule E of D’s estate tax return. All other jointly held aircraft should be reported in Part II of Schedule E of D’s estate tax return.

Name _____

Address _____

City, state, zip _____

Phone number _____

Fax number _____

E-mail _____

Social Security number _____

Relationship to D _____

Contribution of the nonspouse survivor toward acquisition of this asset: Amount _____

Percentage of total value _____

17.141 Was this aircraft specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D’s will _____

17.142 Was this aircraft collateral for any loan owed or guaranteed by D? Yes No If yes, give details

17.143 D’s income tax basis _____

17.144 - 17.148 (Reserved)

Inventory and Estate Tax Return Description

17.149 Enter description of aircraft (in format to be used on probate documents or estate tax return) and indicate its value on the date of death and on the alternate valuation date _____

18.0 PERSONAL, HOUSEHOLD, AND MISCELLANEOUS ASSETS

18.01 Did D own any personal, household, artistic, collectible, or miscellaneous assets that are individually scheduled on insurance policies or the total value of which is in excess of \$3,000, or any collections whose artistic or collectible value combined is in excess of \$10,000? Yes No

If yes, complete Items 18.10 through 18.225.

If no, consider describing those items that D owned as “household goods, furniture, furnishings, clothing, and miscellaneous personal property” in Item 18.02 and/or complete Items 18.03 through 18.09. Complete Items 18.27, 18.47, 18.67, 18.87, 18.107, 18.127, 18.147, and 18.148.

Do not reduce the indicated asset value by 1/2 when D’s interest was a 1/2 community interest, but use the entire value of the asset.

18.02 General description _____

18.03 Ownership: Separate Community

18.04 Value at death of D’s interest _____

18.05 Alternate value of D’s interest _____

18.06 Were any of these items specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D’s will _____

18.07 Were any of these items collateral for any loan owed or guaranteed by D? Yes No If yes, give details _____

18.08 D’s income tax basis _____

Inventory and Estate Tax Return Description

18.09 Enter description (in format to be used on probate documents or estate tax return) and indicate value on the date of death and on the alternate valuation date _____

Jewelry

18.10 Description _____

18.11 Present location _____

18.12 Ownership: Separate Community Separate property of D’s spouse

18.13 If D’s separate property, was this asset ever held as community property by D and D’s surviving spouse?
 Yes No If yes, explain _____

18.14 Value at death _____

18.15 Alternate value _____

18.16 Insured value _____

18.17 Insurance company _____

18.18 Insurance policy number _____

18.19 Insurance agent _____

18.20 Address _____

18.21 City, state, zip _____

18.22 Phone number _____

18.23 Fax number _____

18.24 E-mail _____

18.25 Policy coverage _____

18.26 D’s income tax basis _____

18.27 Were any items of jewelry specifically bequeathed? Yes No If yes, give details, including cross-
reference to the specific provision in D’s will _____

18.28 - 18.29 (Reserved)

Furs

18.30 Description _____

18.31 Present location _____

18.32 Ownership: Separate Community Separate property of D’s spouse

18.33 If D’s separate property, was this asset ever held as community property by D and D’s surviving spouse?
 Yes No If yes, explain _____

18.34 Value at death _____

18.35 Alternate value _____

18.36 Insured value _____

18.37 Insurance company _____

18.38 Insurance policy number _____

18.39 Insurance agent _____

18.40 Address _____

18.41 City, state, zip _____

18.42 Phone number _____

18.43 Fax number _____

18.44 E-mail _____

18.45 Policy coverage _____

18.46 D’s income tax basis _____

18.47 Were any items of furs specifically bequeathed? Yes No If yes, give details, including cross-
reference to the specific provision in D’s will _____

18.48 - 18.49 (Reserved)

Stamp, Coin, or Other Collection

18.50 Description _____

18.51 Present location _____

18.52 Ownership: Separate Community Separate property of D’s spouse

18.53 If D’s separate property, was this asset ever held as community property by D and D’s surviving spouse?
 Yes No If yes, explain _____

18.54 Value at death _____

18.55 Alternate value _____

18.56 Insured value _____

18.57 Insurance company _____

18.58 Insurance policy number _____

18.59 Insurance agent _____

18.60 Address _____

18.61 City, state, zip _____

18.62 Phone number _____

18.63 Fax number _____

18.64 E-mail _____

18.65 Policy coverage _____

18.66 D’s income tax basis _____

18.67 Were any collections specifically bequeathed? Yes No If yes, give details, including cross-ref-
erence to the specific provision in D’s will _____

18.68 - 18.69 (Reserved)

Works of Art

18.70 Description _____

18.71 Present location _____

18.72 Ownership: Separate Community Separate property of D’s spouse

18.73 If D’s separate property, was this asset ever held as community property by D and D’s surviving spouse?
 Yes No If yes, explain _____

18.74 Value at death _____

18.75 Alternate value _____

18.76 Insured value _____

18.77 Insurance company _____

18.78 Insurance policy number _____

18.79 Insurance agent _____

18.80 Address _____

18.81 City, state, zip _____

18.82 Phone number _____

18.83 Fax number _____

18.84 E-mail _____

18.85 Policy coverage _____

18.86 D's income tax basis _____

18.87 Were any works of art specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D's will _____

18.88 - 18.89 (Reserved)

Rare Books

18.90 Description _____

18.91 Present location _____

18.92 Ownership: Separate Community Separate property of D's spouse

18.93 If D's separate property, was this asset ever held as community property by D and D's surviving spouse? Yes No If yes, explain _____

18.94 Value at death _____

18.95 Alternate value _____

18.96 Insured value _____

18.97 Insurance company _____

18.98 Insurance policy number _____

18.99 Insurance agent _____

18.100 Address _____

18.101 City, state, zip _____

18.102 Phone number _____

18.103 Fax number _____

18.104 E-mail _____

18.105 Policy coverage _____

18.106 D's income tax basis _____

18.107 Were any rare books specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D's will _____

18.108 - 18.109 (Reserved)

Valuable Antiques

18.110 Description _____

18.111 Present location _____

18.112 Ownership: Separate Community Separate property of D's spouse

18.113 If D's separate property, was this asset ever held as community property by D and D's surviving spouse?
 Yes No If yes, explain _____

18.114 Value at death _____

18.115 Alternate value _____

18.116 Insured value _____

18.117 Insurance company _____

18.118 Insurance policy number _____

18.119 Insurance agent _____

18.120 Address _____

18.121 City, state, zip _____

18.122 Phone number _____

18.123 Fax number _____

18.124 E-mail _____

18.125 Policy coverage _____

18.126 D's income tax basis _____

18.127 Were any valuable antiques specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D's will _____

18.128 - 18.129 (Reserved)

Furnishings

18.130 Description _____

18.131 Present location _____

18.132 Ownership: Separate Community Separate property of D's spouse

18.133 If D's separate property, was this asset ever held as community property by D and D's surviving spouse? Yes No If yes, explain _____

18.134 Value at death _____

18.135 Alternate value _____

18.136 Insured value _____

18.137 Insurance company _____

18.138 Insurance policy number _____

18.139 Insurance agent _____

18.140 Address _____

18.141 City, state, zip _____

18.142 Phone number _____

18.143 Fax number _____

18.144 E-mail _____

18.145 Policy coverage _____

18.146 D’s income tax basis _____

18.147 Were any furnishings specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D’s will _____

18.148 Were any of the assets listed at Items 18.10 through 18.147 collateral for any loan owed or guaranteed by D? Yes No If yes, give details _____

18.149 (Reserved)

Digital Assets

18.150 Description _____

18.151 Username or account number (used by custodian to identify account) _____

18.152 Password (used by D to access account) _____

18.153 URL (website hosting account) _____

18.154 User e-mail (address used by custodian for account communications) _____

18.155 Challenge questions and answers (to authenticate password reset requests) _____

18.156 Ownership: Separate Community Separate property of D’s spouse

18.157 If D’s separate property, was this asset ever held as community property by D and D’s surviving spouse? Yes No If yes, explain _____

18.158 Value at death _____

18.159 Alternate value _____

18.160 Insured value _____

18.161 Insurance company _____

18.162 Insurance policy number _____

18.163 Insurance agent _____

18.164 Address _____

18.165 City, state, zip _____

18.166 Phone number _____

18.167 Fax number _____

18.168 E-mail _____

18.169 Policy coverage _____

18.170 Custodian _____

18.171 Address _____

18.172 City, state, zip _____

18.173 Phone number _____

18.174 Fax number _____

18.175 E-mail _____

18.176 Were any digital assets specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D’s will _____

18.177 Did D consent to disclosure of the content of an electronic communication of the user? Yes No If yes, give details, including cross-reference to the specific provision in D’s will, if applicable _____

18.178 Did a court direct disclosure of the content of an electronic communication of the user? Yes No If yes, give details, including the court, cause number, jurisdiction, and date of the order _____

18.179 Did D prohibit disclosure of digital assets of the user? Yes No

18.180 - 18.189 (Reserved)

Inventory and Estate Tax Return Description

18.190 Enter description (in format to be used on probate documents or estate tax return) of any **jewelry, furs, stamp collection, coin collection, other collection, works of art, rare books, valuable antiques, and furnishings**, and beside each item indicate its value on the date of death and on the alternate valuation date _____

18.191 Enter description (in format to be used on probate documents or estate tax return) of the items of **farm or other equipment** owned by D at the date of D's death, including make, model, serial number, year of manufacture, additional related equipment, liens thereon, and the name and address of the lienholder. In addition, beside each item indicate its value on the date of death and on the alternate valuation date ____

18.192 Enter description (in format to be used on probate documents or estate tax return) of the kind and quantity of **livestock** (breed, age, condition, size, and whether used for food, breeding, or recreation) owned by D. In addition, beside each item indicate its value on the date of death and on the alternate valuation date

18.193 Enter description (in format to be used on probate documents or estate tax return) of the nature and quantity of D's **agricultural crops** growing or harvested and stored at the time of D's death. In addition, beside each item indicate its value on the date of death and on the alternate valuation date _____

18.194 Enter description (in format to be used on probate documents or estate tax return) of any **gold, silver, or foreign currencies** owned by D. In addition, beside each item indicate its value on the date of death and

on the alternate valuation date _____

18.195 Enter description (in format to be used on probate documents or estate tax return) of any **pending tort claims** in which D was or would have been plaintiff (style of case, docket number, court in which pending, etc.) at the time of D's death _____

18.196 Enter description (in format to be used on probate documents or estate tax return) of any **other pending claims** in which D was or would have been plaintiff (style of case, docket number, court in which pending, etc.) at the time of D's death _____

18.197 Enter description (in format to be used on probate documents or estate tax return) of any **income tax refunds** due at the time of D's death. In addition, beside each item indicate the amount of the refund (see Items 12.51 through 12.54) _____

18.198 Enter description (in format to be used on probate documents or estate tax return) of any **trademarks** owned by D. In addition, beside each item indicate its value on the date of death and on the alternate valuation date _____

18.199 Enter description (in format to be used on probate documents or estate tax return) of any **patents** owned by D. In addition, beside each item indicate its value on the date of death and on the alternate valuation date _____

18.200 Enter description (in format to be used on probate documents or estate tax return) of any **copyrights** owned by D. In addition, beside each item indicate its value on the date of death and on the alternate valuation date _____

18.201 Enter description (in format to be used on probate documents or estate tax return) of any **royalties other than minerals** owned by D. In addition, beside each item indicate its value on the date of death and on the alternate valuation date _____

18.202 Enter description (in format to be used on probate documents or estate tax return) of any **franchises** owned by D. In addition, beside each item indicate its value on the date of death and on the alternate valuation date _____

18.203 Enter description (in format to be used on probate documents or estate tax return) of any **contract rights** owned by D. In addition, beside each item indicate its value on the date of death and on the alternate valuation date _____

18.204 Enter description (in format to be used on probate documents or estate tax return) of any **memberships in clubs, lodges, and fraternal and professional organizations** owned by D. In addition, beside each item indicate its value on the date of death and on the alternate valuation date _____

18.205 Enter description (in format to be used on probate documents or estate tax return) of any **rice allotments** owned by D. In addition, beside each item indicate its value on the date of death and on the alternate val-

uation date _____

18.206 Enter description (in format to be used on probate documents or estate tax return) of any interest D owned in the **estate of another decedent**. In addition, give name and address of the executor of that estate, description of assets, and the value on date of death and on the alternate valuation date _____

18.207 Enter description (in format to be used on probate documents or estate tax return) of any **frequent flyer** or other frequent patron program in which D participated. In addition, indicate the value of each on the date of death and on the alternate valuation date _____

18.208 - 18.209 (Reserved)

18.210 Enter description (in format to be used on probate documents or estate tax return) of any **assets not otherwise described** owned by D. In addition, beside each item indicate its value on the date of death and on the alternate valuation date _____

18.211 Were any of the assets listed at Items 18.191 through 18.210 collateral for any loan owed or guaranteed by D? Yes No If yes, give details _____

18.212 - 18.219 (Reserved)

18.220 Did D’s surviving spouse own any income-producing separate property? Yes No If yes, determine if **income from surviving spouse’s separate property** is community property, and if so, calculate amount of dividends, interest, rents, and royalties from each item accrued as of D’s death and enter description (in format to be used on probate documents or estate tax return) _____

18.221 Did D’s separate estate have a **claim for reimbursement against the community estate** of D and D’s surviving spouse? Yes No If yes, give details and enter description (in format to be used on probate documents or estate tax return) _____

18.222 Did the community estate of D and D’s spouse have a **claim for reimbursement against the separate estate of D’s surviving spouse**? Yes No If yes, give details and enter description (in format to be used on probate documents or estate tax return) _____

18.223 Did D’s separate estate have a **claim for reimbursement against the separate estate of D’s spouse**? Yes No If yes, give details and enter description (in format to be used on probate documents or estate tax return) _____

18.224 (Reserved)

18.225 Were any of the assets or claims listed in Items 18.191 through 18.223 specifically bequeathed? Yes No If yes, give details, including cross-reference to the specific provision in D’s will _____

19.0 EMPLOYEE AND GOVERNMENT BENEFITS AND ANNUITIES

Social Security

- 19.01 Was D receiving payments from the Social Security Administration? Yes No
- 19.02 Was D’s spouse receiving payments from the Social Security Administration? Yes No
- 19.03 Does D’s death entitle either D’s spouse or children to receive payments from the Social Security Administration? Yes No
- 19.04 Does D’s death entitle D’s family to receive a burial allowance from the Social Security Administration? Yes No
- 19.05 If yes, has it been collected? Yes No
- 19.06 Are we to assist in collecting any of these benefits? Yes No

Railroad Retirement

- 19.07 Was D covered by provisions of the Railroad Retirement Act? Yes No
- 19.08 Was D or D’s spouse receiving payments pursuant to the Act? Yes No
- 19.09 Does D’s death entitle either D’s spouse or children to receive such payments? Yes No
- 19.10 Are we to assist in collecting these benefits? Yes No

Veterans Affairs (VA)

- 19.11 Was D or D’s spouse receiving payments from the VA? Yes No
- 19.12 Does D’s death entitle either D’s spouse or children to receive payments from the VA? Yes No
- 19.13 Are death benefits (including marker allowance) payable? Yes No
- 19.14 Have death benefits been collected? Yes No
- 19.15 Are we to assist in collecting these benefits? Yes No

Annuities

- 19.16 Was D or D’s spouse receiving a retirement annuity immediately before D’s death? Yes No If no, skip to Item 19.33. If yes, complete Items 19.16A through 19.32.
- 19.16A Did the annuity terminate on D’s death with no future benefits payable to D’s estate or to anyone else? Yes No If no, skip to Item 19.33. If yes, complete Items 19.17 through 19.32.

	D	D’s Spouse
19.17	Name of payor _____	_____
19.18	Address _____	_____
19.19	City, state, zip _____	_____

Item 19.20

Employee and Government Benefits and Annuities—MIL Section 19.0

19.20 Approved plan? Yes No Yes No

19.21 D's contribution toward total cost of annuity (ratio or percent) _____

NOTE: IF ANY PAYMENT FOR AN ANNUITY WAS NOT ALLOWABLE AS AN INCOME TAX DEDUCTION, THAT PROPORTION OF THE TOTAL AMOUNT PAID, MULTIPLIED BY THE VALUE OF THE ANNUITY, IS INCLUDIBLE IN D'S FEDERAL GROSS ESTATE.

	D	D's Spouse
19.22	Name of employer and/or plan and its employer identification number	
	_____	_____
	_____	_____
19.23	Address	
	_____	_____
19.24	City, state, zip	
	_____	_____
19.25	Person to contact	
	_____	_____
19.26	Phone number	
	_____	_____
19.26A	Fax number	
	_____	_____
19.26B	E-mail	
	_____	_____
19.27	Amount or percent of employer's contributions	
	_____	_____
19.27A	Is this an annuity described in the IRS General Instructions for Schedule I?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.28	Value at date of D's death	
	_____	_____
19.29	Alternate value	
	_____	_____
19.29A	Will value of lump-sum distribution be excluded from D's gross estate?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

19.30 Did the annuity contract contain the name of a designated beneficiary to receive the payments after D’s death? Yes No Yes No

If yes, complete Items 19.31 and 19.32.

19.31 Name of beneficiary _____

19.32 Relationship to D _____

19.33 As a result of D’s employment and death, will an **annuity** become due and payable to and by virtue of a beneficiary’s surviving D? Yes No If no, skip to Item 19.44. If yes, complete Items 19.34 through 19.43.

19.34 If yes, give the ratio or percentage of D’s contribution _____ and the ratio or percentage of employer’s contribution _____ to the total cost of the annuity, and complete Items 19.35 through 19.41 for each beneficiary.

Do not reduce the indicated asset value by 1/2 when D’s interest was a 1/2 community interest, but use the entire value of the benefit.

	(A)	(B)
19.35 Name	_____	_____
19.36 Address	_____	_____
19.37 City, state, zip	_____	_____
19.38 Phone number	_____	_____
19.38A Fax number	_____	_____
19.39 Relationship to D	_____	_____
19.40 Value of annuity at D’s death	_____	_____
19.41 Alternate value	_____	_____

19.42 If any annuity payable to D or D’s spouse is payable for a term of years, give details, including the duration of the term and the date on which it began or will begin _____

19.43 If any annuity is payable for the life of a person other than D, give details, including name, address, date

of birth, sex, and Social Security number of that person _____

19.44 As a result of D’s employment and death, will any person receive any bonus or award or will any **employee benefits** become due and payable to anyone or to D’s estate? Yes No If no, skip to Item 19.57. If yes, complete Items 19.45 through 19.56.

	Type of Benefit	Available?	To Whom Payable and Amount
19.45	\$5,000 lump-sum death benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
19.46	Insurance on D’s life	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
19.47	Medical insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
19.48	Stock options	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
19.49	Pension plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
19.50	Profit-sharing or 401(k) plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
19.51	Credit union	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
19.52	Accrued salary and deferred compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
19.53	Accrued vacation or other pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
19.54	Accrued commissions and/or insurance “renewals”	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
19.55	Salary continuation for surviving family members or estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
19.56	Other (describe)		
	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

19.57 Did D belong to a **union** or to a **fraternal organization** that provides **benefits** by virtue of D’s death? Yes No If no, skip to Item 19.65. If yes, complete Items 19.58 through 19.64.

19.58 Name of union or fraternal organization _____

19.59 Person to contact _____

19.60 Address _____

19.61 City, state, zip _____

19.62 Phone number _____

19.62A Fax number _____

19.62B E-mail _____

19.63 Nature of benefits _____

19.64 Name(s), address(es), etc. of all beneficiaries _____

19.65 Was D or D’s spouse a participant in an **Individual Retirement Account (IRA)**? Yes No If no, skip to Item 19.100. If yes, complete Items 19.66 through 19.85.

Do not reduce the indicated asset value by 1/2 when D’s interest was a 1/2 community interest, but use the entire value of the IRA.

	D	D’s Spouse
19.66 Name of IRA	_____	_____
19.67 Name of custodian	_____	_____
19.68 Person to contact	_____	_____
19.69 Address	_____	_____
19.70 City, state, zip	_____	_____
19.71 Phone number	_____	_____
19.72 Fax number	_____	_____
19.73 E-mail	_____	_____
19.74 Type	<input type="checkbox"/> Regular <input type="checkbox"/> Roth	<input type="checkbox"/> Regular <input type="checkbox"/> Roth
19.75 Value on D’s date of death	_____	_____
19.76 Name(s), address(es), etc. for all beneficiaries	_____	_____
	_____	_____
	_____	_____
	_____	_____
19.77 Eligible for spousal rollover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.78 Will spouse elect rollover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

19.79 Amount rolled over after D's death where D was a surviving spouse who rolled over a distribution from a plan or from an IRA _____

19.80 Was grandfather election made on previously filed IRS Form 5329? Yes No Yes No

19.81 Initial grandfathered amount _____

19.82 Total amount previously recovered _____

19.83 Remaining grandfathered amount (Item 19.81 less Item 19.82) _____

19.84 Were all contributions proper income tax deductions or rollover contributions? Yes No Yes No

If not, what is ratio of those contributions to total contributions? _____

19.85 D's income tax basis _____

19.86 - 19.99 (Reserved)

19.100 Was D or D's spouse a participant in a **Qualified Employer Plan**? Yes No If no, skip to Item 19.126. If yes, complete Items 19.101 through 19.114.

Do not reduce the indicated asset value by 1/2 when D's interest was a 1/2 community interest, but use the entire value of the plan.

	D	D's Spouse
19.101 Name of plan	_____	_____

19.102 Value on D's date of death	_____	_____
-----------------------------------	-------	-------

19.103 Name(s),
address(es), etc.
for all benefi-
ciaries _____

19.104 Eligible for
spousal rollover? Yes No Yes No

19.105 Will spouse elect
rollover? Yes No Yes No

19.106 Amount rolled
over after D’s
death where D
was a surviving
spouse who had
rolled over a
distribution from
a plan _____

19.107 Amounts payable
to certain
alternate payees
(e.g., QDROs) _____

19.108 D’s investment in
the contract _____

19.109 Was grandfather
election made on
previously filed
IRS Form 5329? Yes No Yes No

19.110 Initial grandfa-
thered amount _____

19.111 Total amount
previously
recovered _____

19.112 Remaining
unused grandfa-
thered amount
(Item 19.110 less
Item 19.111) _____

19.113 D’s income tax
basis _____

19.114 Was D an alternate payee under a qualified domestic relations order (“QDRO”)? Yes No Yes No

19.115 - 19.125 (Reserved)

19.126 Was D or D’s spouse a participant in an **HR-10 (Keogh) Plan**? Yes No If no, skip to Item 19.140. If yes, give details _____

19.127 Were all contributions proper income tax deductions? Yes No Yes No

19.128 If not, what is ratio of those contributions to total contributions? _____

19.129 Value on D’s date of death _____

19.130 Name(s), address(es), etc. for all beneficiaries

19.131 Eligible for spousal rollover? Yes No Yes No

19.132 Will spouse elect rollover? Yes No Yes No

19.133 D’s income tax basis _____

19.134 - 19.139 (Reserved)

19.140 Was D or D’s spouse covered by provisions of **Texas County and District Retirement System**? Yes No If yes, give details _____

19.141 Value on D’s date of death _____

19.142 D's income tax basis _____

19.143 - 19.149 (Reserved)

19.150 Was D or D's spouse covered by provisions of **Retired Serviceman's Family Protection Plan**? Yes
 No If yes, give details _____

19.151 Value on D's date of death _____

19.152 D's income tax basis _____

19.153 - 19.159 (Reserved)

19.160 Was D or D's spouse a participant in the **Teacher Retirement System of Texas**? Yes No If yes,
give details _____

19.161 Value on D's date of death _____

19.162 D's income tax basis _____

19.163 - 19.169 (Reserved)

19.170 Was D or D's spouse a participant in the **Employees Retirement System of Texas**? Yes No If
yes, give details _____

19.171 Value on D's date of death _____

19.172 D's income tax basis _____

19.173 - 19.179 (Reserved)

19.180 Was D or D's spouse covered by provisions of the **Texas Municipal Retirement Act**? Yes No
If yes, give details _____

19.181 Value on D's date of death _____

19.182 D's income tax basis _____

19.183 - 19.189 (Reserved)

19.190 Was D or D's spouse a participant in the **Texas Judicial Retirement System**? Yes No If yes,
give details _____

19.191 Value on D's date of death _____

19.192 D's income tax basis _____

19.193 - 19.199 (Reserved)

19.200 Was D or D's spouse receiving any military pay or other military allowances if D or D's spouse was killed in a combat zone? Yes No If yes, give details _____

19.201 - 19.208 (Reserved)

19.209 Will distributions from any plan be excluded from the gross estate? Yes No If yes, give details _____

Inventory and Estate Tax Return Description

19.210 List below (in format to be used on probate documents or estate tax return) every IRA, 401(k), HR-10 (Keogh Plan), or interest in any other annuity or retirement fund. In addition, beside each item indicate its value on the date of death and on the alternate valuation date. Additional information is required for annuities _____

20.0 TAXABLE BUT UNUSUAL ITEMS

Note: This section applies generally to gifts made by D and D’s spouse, trusts, reversionary interests, powers of appointment, and transfers during D’s lifetime where D may no longer “own” an asset, but where the value of that asset may be includible in D’s estate for tax purposes. None of these items are included in D’s inventory.

20.01 Did D or D’s spouse ever do any of the acts described below? Yes No

Review each item, check applicable answer, and complete blanks for D and for D’s spouse.

	D	D’s Spouse
20.02 File a gift tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

20.03 If Item 20.02 is yes, give IRS office where each was filed, D’s address when filed, and name of D’s spouse at time of gift.

Period(s) covered _____
 IRS office where filed _____
 D’s address _____
 D’s city, state, zip _____
 D’s spouse _____

20.04 Amount of “adjusted taxable gifts” made on or after January 1, 1977	_____	_____
---	-------	-------

20.05 Amount of \$30,000 specific lifetime gift tax exemption used <i>before</i> September 8, 1976	_____	_____
--	-------	-------

20.06 Amount of \$30,000 specific lifetime gift tax exemption used between September 9, 1976, and December 31, 1976 (both dates inclusive)	_____	_____
--	-------	-------

20.07 Amount of unified credit used on or after January 1, 1977	_____	_____
---	-------	-------

20.08 Amount of gift taxes paid on gifts made by D or D’s spouse within three years of D’s death

Dates	Amount	By Whom Paid
_____	_____	<input type="checkbox"/> D <input type="checkbox"/> D’s Spouse
_____	_____	<input type="checkbox"/> D <input type="checkbox"/> D’s Spouse
_____	_____	<input type="checkbox"/> D <input type="checkbox"/> D’s Spouse
	_____	Total amount

20.09 Total gift taxes payable for gifts made after December 31, 1976	_____	_____
---	-------	-------

20.10 Did D or D’s spouse have a duty to file a gift tax return for any gifts previously unreported? Yes No Yes No

20.11 If Item 20.10 is yes, complete the following for each previously unreported gift:

Donee's name _____

Address _____

City, state, zip _____

Social Security number _____

Description of gift _____

Date of gift _____

Donor's adjusted basis _____

Value at date of gift _____

Value at date of D's death _____

20.12 Aggregate amount of gift tax marital deduction allowed to D with respect to gifts made between January 1, 1977, and December 31, 1981 (both dates inclusive) _____

20.13 (Reserved)

20.14 Create a trust during lifetime? Yes No Yes No

20.15 If yes, was trust in existence at D's death? Yes No Yes No

20.16 Retain the power to remove a trustee or to appoint D as trustee? Yes No Yes No

If yes, give details, including information to be used on estate tax return

20.17 (Reserved)

20.18 Make a transfer to take effect at D's death where D retained a reversionary interest valued at more than 5 percent of the fair market value of the property? If yes, give details, including information to be used on estate tax return _____ Yes No Yes No

20.19 Make a transfer where D retained possession or enjoyment of or income from the transferred property? If yes, give details, including information to be used on estate tax return _____ Yes No Yes No

20.20 Convey title to real estate that D continued to occupy until D's death? If yes, give details, including information to be used on estate tax return, including full fair market value on date of D's death _____ Yes No Yes No

20.21 Possess a general power of appointment? Yes No Yes No

20.22 If yes, give date created. _____

20.23 Transfer property by the testamentary exercise of a general power of appointment? Yes No Yes No

20.24 Otherwise exercise or release a general power of appointment? Yes No Yes No

20.25 If Item 20.21 is yes, provide details here. If Item 20.23 or Item 20.24 is yes, give date(s) of exercise or release and describe and give value of property for which D possessed a general power of appointment on date of D's death, including information to be used on estate tax return

20.26 Make a transfer where D retained the right to designate the person who could possess or enjoy property? If yes, give details, including information to be used on estate tax return _____ Yes No Yes No

20.27 Make a transfer where D had the right to alter the enjoyment of the transferred property? If yes, give details, including information to be used on estate tax return _____ Yes No Yes No

20.28 Relinquish a power to alter a transfer previously made by D within three years immediately preceding D's death? If yes, give details, including information to be used on estate tax return _____ Yes No Yes No

20.29 Have a life estate in any property? If yes, and if such interest was retained by D at the time of a transfer, give details, including information to be used on estate tax return _____ Yes No Yes No

20.30 Have a reversionary interest in any property or in a trust? If yes, give details, including name of transferee, date of transfer, form of transfer, description of the property, value of reversionary interest at date of D's death, and other details to be used on estate tax return _____ Yes No Yes No

20.31 (Reserved)

- 20.32 Have a remainder interest in any property or trust? If yes, give details, including information and value to be used on estate tax return ____ Yes No Yes No

- 20.33 Serve as executor or administrator of any estate? Yes No Yes No
- 20.34 Serve as a guardian? Yes No Yes No
- 20.35 Act as trustee under any trust in existence at the time of D's death? Yes No Yes No
- 20.36 If Item 20.35 is yes, did D or D's spouse have a power to alter, amend, revoke, or terminate the enjoyment by a beneficiary of any interest in a trust, whether or not D created such interest? If yes, give details, including information and value to be used on estate tax return ____ Yes No Yes No

- 20.37 At time of D's death have a power or beneficial interest not previously described in a trust not created by D? If yes, give details, including information and value to be used on estate tax return _____ Yes No Yes No

- 20.38 Serve as custodian under a Uniform Gifts to Minors Act? Yes No Yes No
- 20.39 If Item 20.38 is yes, was custodianship funded by someone other than D or D's spouse? If no, give details, including information and value to be used on estate tax return _____ Yes No Yes No

- 20.40 Make any transfer of any life insurance policy within three years of D's death? If yes, give details, including information to be used on estate tax return _____ Yes No Yes No

- 20.41 Partition their community property? If yes, give details, including information to be used on estate tax return _____ Yes No Yes No

- 20.42 Did D pay any premium on insurance on D's life within three years of D's death even though D held no incidents of ownership? Yes No
- 20.43 Within three years of D's death, did D transfer an interest in a corporation, following which D then had 20 percent or more of the combined voting strength? Yes No

- 20.44 If Item 20.43 is yes, did D retain or have any voting rights to that stock? If yes, give details, including information to be used on estate tax return, including full value of the stock on the date of D’s death _____ Yes No

- 20.45 Were any of D’s joint bank accounts closed within three years of D’s death? Yes No
- 20.46 As a result of D’s death, will D be a “deemed transferor” for purposes of generation-skipping transfer tax? If yes, give details, including information to be used on estate tax return _____ Yes No

- 20.47 Did D make any transfers where possession or enjoyment did not take effect until D’s death? If yes, give details, including information to be used on estate tax return _____ Yes No

- 20.48 Was D the beneficiary of a trust funded with qualified terminable interest property (“Q-TIP”)? If yes, obtain copies of the instrument creating that trust and of its current financial statements, and give details, including information to be used on estate tax return _____ Yes No

- 20.49 Does D’s estate contain any Section 2044 property (“Q-TIP”)? If yes, give details, including information to be used on estate tax return _____ Yes No

- 20.50 Total amount of taxable gifts made on or after January 1, 1977, that are included in D’s gross estate _____

- 20.51 Total amount of taxable gifts made on or after January 1, 1977, that qualify for special treatment as split gifts _____
- 20.52 Total lifetime taxable gifts made by D after June 6, 1932 _____
- 20.53 Total taxable gifts made by D before 1977 _____
- 20.54 Amount of gift taxes payable on total lifetime taxable gifts made by D, assuming use of rates in year of D’s death _____
- 20.55 Amount of gift taxes payable on total taxable gifts made by D before 1977, assuming use of rates in year of D’s death _____
- 20.56 Gift taxes payable by D on total amount of taxable gifts made on or after January 1, 1977, that qualify for special treatment as split gifts _____

- 20.57 Gift taxes payable by D's spouse on split gifts if D was the donor spouse and the gifts were included in D's gross estate _____
- 20.58 Adjustment to unified credit (Item 20.06 multiplied by 20%) _____
- 20.59 D's life expectancy on date of D's death _____
- 20.60 - 20.64 (Reserved)
- 20.65 Did D own any property as a joint tenant with someone other than D's spouse in which the full value of the property will be reduced to reflect the interest of the other joint tenant(s)? Yes No
- 20.66 Amount of credit for all state death taxes _____
- 20.67 Percentage of credit allowed for year of D's death to offset federal estate tax _____
- 20.68 Item 20.66 times Item 20.67 _____
- 20.69 - 20.75 (Reserved)
- 20.76 Is any *unrelated* beneficiary more than 37½ years younger than D? Yes No

21.0 DEBTS AND CLAIMS

21.01 At date of death, did D owe any income taxes, debts, accrued utility charges, outstanding but unpaid charge purchases, support obligations, or charitable pledges, or had D guaranteed debts or loans of another? Yes No If no, skip the rest of this Section 21.0.

21.02 Will D owe income taxes for income in year of death or prior years? Yes No If yes, list below as a debt.

21.03 Does D have an obligation to pay support to a former spouse or children that continues beyond D’s death and is binding on D’s estate? Yes No If yes, list below as a debt.

21.04 Was D a guarantor of loan(s) made to others? Yes No If yes, give details, including identity and financial status of principal debtor and description of collateral pledged by D _____

21.05 List all debts owed by D at date of death. If none, see Item 6.15. Be sure to include here those amounts shown at Item 26.10 and Items 26.41 through 26.52. Regardless, list all debit and credit cards, even those with a zero balance.

Write “S” in left margin if debt is secured by lien on any collateral and list that collateral, referring to the item number in this MIL.

Write “NPL” in left margin if D was not personally liable for the payment of the debt.

Write “D” in left margin if debt is (a) business expense, (b) taxes, (c) alimony, (d) an expense for the production of income, (e) an expense for the maintenance of income-producing property, or (f) an expense for determining any tax liability.

If the debt is for the unpaid purchase price of any asset, provide a cross-reference to that asset, referring to the item number in this MIL.

Do not reduce the amount of the debt or claim by 1/2 if it was a community debt, but include the full amount. Attach separate sheets for additional items.

	Name and Address of Creditor or Charity and D’s Account Number	Note or Account	Separate or Community	Amount of Debt or Pledge	Accrued Interest at D’s Death
21.06	_____				

	_____	<input type="checkbox"/> N <input type="checkbox"/> A	<input type="checkbox"/> S <input type="checkbox"/> C	_____	_____
21.07	_____				

	_____	<input type="checkbox"/> N <input type="checkbox"/> A	<input type="checkbox"/> S <input type="checkbox"/> C	_____	_____

21.08 _____

N A S C _____

21.09 _____

N A S C _____

21.10 _____

N A S C _____

21.11 _____

N A S C _____

21.12 _____

N A S C _____

21.13 _____

N A S C _____

21.14 _____

N A S C _____

21.15 Are any of these debts barred by applicable statute of limitations or statute of frauds? Yes No
 If yes, give details _____

21.16 Are any of these liabilities only contingent liabilities? Yes No If yes, give details _____

21.17 (Reserved)

21.18 Will all debts other than those secured by liens on real estate be paid before filing of the will for probate?
 Yes No If yes, see Item 6.15.

Complete Items 21.19 through 21.25 for **newspaper** in which notices and/or citations are to be published.

21.19 Name _____

21.20 Address _____

21.21 City, state, zip _____

21.22 Phone number _____

21.23 Publication deadline _____

21.24 Date of publication _____

21.25 County of publication _____

21.26 Did D have accidental death benefits from credit card companies (e.g., American Express) or travel clubs? Yes No If yes, complete Section 13.0 for benefits from each company.

21.27 Did D have preauthorized drafts (e.g., to pay insurance premiums) that were automatically withdrawn from D's checking accounts? Yes No If yes, give details _____

21.28 If any debts are disputed, contested, or the subject of litigation, give details _____

21.29 For all notes payable, give details, including name of payee, face and unpaid balance at date of D's death, date and term of note, interest rate, date to which interest was paid before death, accrued interest on date of D's death, and exact nature of the claim _____

21.30 If D is liable for debts of another (by guaranty, joint and several liability, or otherwise), give details, including name and financial responsibility of co-obligor _____

21.31 Did the community estate of D and D's spouse have a claim for reimbursement against D's separate estate? Yes No If yes, give details and enter description (in format to be used on probate documents or estate tax return) _____

21.32 Did D's spouse's separate estate have a claim for reimbursement against the community estate of D and D's spouse? Yes No If yes, give details and enter description (in format to be used on probate documents or estate tax return) _____

21.33 Did D's spouse's separate estate have a claim for reimbursement against D's separate estate? Yes No If yes, give details and enter description (in format to be used on probate documents or estate tax return) _____

21.34 Did D apply for and receive Medicaid benefits on or after March 1, 2005? Yes No If yes, complete Item 21.35.

21.35 Has Texas Department of Aging and Disability Services waived any claim against D's estate under MERP? Yes No If no, complete Item 21.36.

21.36 Amount of MERP claim _____

22.0 FUNERAL EXPENSES

		Payee's Name and Address	Amount
22.01	Funeral home	_____	\$ _____

22.02	Burial plot and other cemetery expense	_____	\$ _____
		_____	\$ _____
22.03	Monument, tombstone, mausoleum	_____	\$ _____
22.04	Floral offering	_____	\$ _____
22.05	Religious services	_____	\$ _____
22.06	Long-distance calls	_____	\$ _____
22.07	Transportation costs	_____	\$ _____
22.08	Visitation	_____	\$ _____
22.09	Other (specify)	_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
			Total \$ _____

		Payor's Name and Address	Amount
22.10	Reimbursements (specify)	_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
			Total \$ _____

NOTE: SOCIAL SECURITY LUMP-SUM BENEFIT PAYABLE TO A SURVIVING SPOUSE DOES NOT REDUCE THE DEDUCTION FOR FUNERAL EXPENSES.

23.0 EXPENSES OF LAST ILLNESS

This section is only for those expenses of last illness that were unpaid at D’s death.

Do not reduce the amount of the expense by 1/2 if it was a community expense, but include the full amount.

Write “E” in right margin if expense is to be deducted on D’s federal estate tax return.

Write “I” in right margin if expense is to be deducted on D’s income tax return.

		Payee’s Name and Address	Amount
23.01	Physicians	_____	\$ _____
		_____	\$ _____
		_____	\$ _____
23.02	Hospitals	_____	\$ _____
		_____	\$ _____
		_____	\$ _____
23.03	Nurses	_____	\$ _____
		_____	\$ _____
		_____	\$ _____
23.04	Other (specify)	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
Total			\$ _____

		Payor’s Name and Address	Amount
23.05	Reimbursements from insurance or Medicare (specify)	_____	\$ _____
		_____	\$ _____
		_____	\$ _____
Total			\$ _____

24.0 PREVIOUSLY TAXED PROPERTY

24.01 Will a federal estate tax return be due for D’s estate? Yes No If no, skip this Section 24.0. If yes, did D inherit any property within ten years before or two years after D’s death from another estate in which it was taxed? Yes No If no, skip this Section 24.0. If yes, use a separate page for each estate, and complete this section.

24.02 Name of person (transferor) from whom D inherited _____

24.03 Date of transferor’s death _____

24.04 Social Security number _____

24.05 Residence of transferor on date at Item 24.03 _____

24.06 Probate cause number _____

24.07 Court _____

24.08 Type of property _____

24.09 IRS office where transferor’s federal estate tax return was filed _____

24.10 Gross value of all of this property when inherited by D _____

24.11 Were special use valuation adjustments made for transferor’s estate on or before two years following D’s death? Yes No If yes, give details _____

24.12 Were generation-skipping transfer adjustments made for transferor’s estate? Yes No If yes, give details _____

24.13 Amount of marital deduction applicable to this property as shown on transferor’s IRS Form 706, United States Estate (and Generation-Skipping Transfer) Tax Return _____

24.14 Total death taxes paid with respect to this property _____

24.15 Total amount of encumbrances on this property at time that D inherited it _____

24.16 Total amount of other obligations allocable to this property at time that D inherited it _____

24.17 - 24.19 (Reserved)

24.20 Amount of transferor’s taxable estate _____

- 24.21 Total amount of federal estate tax paid for transferor’s estate after all credits _____

- 24.22 Total amount of state death taxes paid for transferor’s estate _____
- 24.23 Total amount of foreign death taxes paid for transferor’s estate _____
- 24.24 Total amount of other death taxes paid for transferor’s estate _____
- 24.25 Amount of credit for gift tax paid on transferor’s estate _____
- 24.26 Amount of credit in transferor’s estate for previously taxed property in transferor’s estate _____

- 24.27 Amount of additional federal estate tax paid due to adjustment for special use valuation in transferor’s estate _____
- 24.28 Amount of generation-skipping transfer tax paid for transferor’s estate _____
- 24.29 Adjusted amount of federal estate tax paid by transferor’s estate (Add Items 24.21, 24.27, and 24.28)

- 24.30 Amount of increase in transferor’s gross estate due to adjustment for special use valuation in transferor’s estate _____
- 24.31 Amount of increase in transferor’s gross estate due to inclusion of amount of generation-skipping transfer

- 24.32 Adjusted amount of transferor’s gross estate (Add Items 24.20, 24.30, and 24.31) _____
- 24.33 Amount of increase in gross value of property D inherited from transferor due to adjustment for special use valuation in transferor’s estate _____
- 24.34 Adjusted amount of gross value of property D inherited from transferor (Add Items 24.10 and 24.33)

25.0 EXPENSES OF ADMINISTRATION

Write "E" in right margin if expense is to be deducted on D's federal estate tax return.

Write "I" in right margin if expense is to be deducted on D's income tax return.

		Amount
25.01	Executor's fees: <input type="checkbox"/> Paid <input type="checkbox"/> Agreed upon <input type="checkbox"/> Estimated	\$ _____
	A. Statutory amount \$ _____	
	B. Extraordinary amount \$ _____	
	C. Name(s) and address(es) to whom paid _____ _____	
25.02	Attorney's fees for this office: <input type="checkbox"/> Paid <input type="checkbox"/> Agreed upon <input type="checkbox"/> Estimated	\$ _____
	A. Fixed fee of \$ _____	
	B. Fixed fee of _____%	
	C. Hourly at \$_____ per hour for attorney time and \$_____ per hour for staff time	
	D. Amount of initial deposit \$ _____	
	E. Other _____	\$ _____
	F. Name(s) and address(es) to whom paid _____ _____	
25.03	Additional professional fees	
	A. Ancillary executor/administrator	\$ _____
	B. Attorney for ancillary executor/administrator	\$ _____
	C. Tax counsel	\$ _____
	D. Other _____	\$ _____
	E. Name(s) and address(es) to whom paid _____ _____	

25.18 Other (specify and give name(s) and address(es) to whom paid)

_____ \$ _____
_____ \$ _____

25.19 Expenses incurred during administration in maintaining real estate owned by D (specify and provide details)

_____ \$ _____
_____ \$ _____

Total \$ _____

25.20 - 25.29 (Reserved)

25.30 Are there any expenses incurred in administering property not subject to claims? Yes No If yes, give details and amounts _____

26.0 TAXES FOR D AND FOR D'S ESTATE

- 26.01 Did D file an income tax return for each of the three years preceding D's death? Yes No If no, explain _____

- 26.02 Do we need to order copies of D's income tax returns for prior years? Yes No If yes, which years? _____
- 26.03 Did D or D's spouse pay estimated income tax for year of D's death? Yes No If yes, include aggregate amount paid at date of D's death in Item 12.52.
- 26.04 Did D or D's spouse pay estimated income tax for year before D's death? Yes No If yes, include aggregate amount paid in Item 12.51.
- 26.05 Will income tax return be due for D for the year before D's death or for the part of the year of D's death?
 Yes No
- 26.06 If yes, who will prepare? _____

- 26.07 Is an income tax refund due to D or D's spouse? Yes No
- 26.08 If yes, give year(s) and amount(s) due, and complete Items 12.53 and 18.197 _____
- 26.09 Are additional income taxes due? Yes No
- 26.10 If yes, give year(s) and amount(s) due, including penalties and interest, and include in Section 21.0 ____

- 26.11 First date on which D's estate will pay wages _____
- 26.12 Number of employees of estate at time of filing application for employer identification number:
A. Agricultural _____
B. Household _____
C. Other _____
- 26.13 Employer identification number for estate _____
- 26.14 End of fiscal year of estate _____
- 26.15 Will income tax return be due for estate? Yes No If yes, complete Items 26.16 through 26.18.

	First Year	Second Year	Third Year	Fourth Year
26.16	Due date _____			
26.17	Tax to be paid in installments? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			
26.18	Will this firm prepare income tax returns? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who will? _____ _____ _____			
26.19 - 26.20 (Reserved)				
26.21	Applicable exclusion amount for year of D's death _____			
26.22	Alternate valuation date (six months from date of D's death) _____			
26.23	Must a United States Estate (and Generation-Skipping Transfer) Tax Return be filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
26.24	Will this firm prepare United States Estate (and Generation-Skipping Transfer) Tax Return? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If no, who will? _____			
26.25 (Reserved)				
26.26	Will alternate valuation be used for federal estate tax? <input type="checkbox"/> Yes <input type="checkbox"/> No			
26.27	Will prompt determination of federal estate tax liability be requested? <input type="checkbox"/> Yes <input type="checkbox"/> No			
26.28	Due date for IRS Form 706, United States Estate (and Generation-Skipping Transfer) Tax Return (nine months from date of D's death) _____			
26.29	Extended due date for federal estate tax return _____			
	A. Date requested (not later than six months after 26.28) _____			
	B. Automatic? <input type="checkbox"/> Yes <input type="checkbox"/> No			
26.30	Will federal estate tax be due? <input type="checkbox"/> Yes <input type="checkbox"/> No			
26.30A	If yes, total amount estimated to be due _____			
26.31	Will estate elect to pay federal estate tax in installments? <input type="checkbox"/> Yes <input type="checkbox"/> No			
26.32	Does D's estate contain any reversionary or remainder interests? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, will estate elect to postpone federal estate taxes attributable to those interests? <input type="checkbox"/> Yes <input type="checkbox"/> No			
26.33	Will estate request extension of time to pay federal estate taxes based on reasonable cause? <input type="checkbox"/> Yes <input type="checkbox"/> No			
26.34	Will estate request extension of time to pay federal estate and generation-skipping transfer taxes for hardship reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify reasons and give amount of such estimated taxes to be due _____ _____			

26.35 If estate does not have enough liquidity to pay taxes in full, enter amount of estimated cash shortage

26.36 (Reserved)

26.37 Does D or D's spouse own any foreign property interests? Yes No

26.38 Name of country _____

26.39 What was foreign exchange rate of that country's currency on date of D's death? _____
on alternate valuation date? _____

26.40 Will inheritance, estate, or succession tax returns be filed in other states or foreign countries? Yes
 No If yes, who will prepare? _____

26.41 Will inheritance, estate, or succession taxes be due to another state or to a foreign country? Yes
 No If yes, who will prepare? Also specify payment dates, state, country, and amount to each (express
amounts in U.S. and foreign currency) _____

If to a foreign country, give name of death tax(es) _____ and specify title of treaty or statute _____, and if any refund has been claimed or allowed, provide details

**TOTAL AD VALOREM TAXES PAYABLE FOR CALENDAR YEAR OF D'S DEATH
UNLESS PAID BEFORE D'S DEATH:**

26.42 D's separate real estate \$_____. Include in Section 21.0.

26.43 D's community real estate \$_____. Include in Section 21.0.

26.44 D's separate personal property \$_____. Include in Section 21.0.

26.45 D's community personal property \$_____. Include in Section 21.0.

TOTAL DELINQUENT AD VALOREM TAXES DUE AND UNPAID AT DATE OF D'S DEATH:

26.46 D's separate real estate \$_____. Include in Section 21.0.

26.47 D's community real estate \$_____. Include in Section 21.0.

26.48 D's separate personal property \$_____. Include in Section 21.0.

26.49 D's community personal property \$_____. Include in Section 21.0.

TOTAL OTHER TAXES DUE AND UNPAID AT DATE OF D'S DEATH:

26.50 Sales tax \$_____. Include in Section 21.0.

26.51 Payroll taxes due for D's employees \$_____. Include in Section 21.0.

26.52 Gift taxes \$_____. Include in Section 21.0.

26.53 Amount of federal estate tax paid before filing United States Estate (and Generation-Skipping Transfer) Tax Return _____

26.54 (Reserved)

26.55 Amount of federal estate taxes payable out of property interests passing to D's surviving spouse _____

26.56 Other death taxes payable out of property interests passing to D's surviving spouse _____

26.57 Federal and state generation-skipping taxes payable out of property interests passing to D's surviving spouse _____

26.58 Federal estate tax payable out of any bequest to charity _____

26.59 Other death taxes payable out of any bequest to charity _____

26.60 Federal and state generation-skipping transfer taxes payable out of any bequest to charity _____

26.61 Total estate, inheritance, legacy, and succession taxes paid to states and foreign countries _____

26.62 - 26.69 (Reserved)

26.70 Description to be used in annual and final accountings as to amount of taxes paid, date paid, and governmental agency to which paid _____

