

CANE & BONIFACE P.C.

62 Burd Street · Suite 1 · Nyack, New York 10960

845·727·4000 fax 845·727·4023 www.caneboniface.com info@caneboniface.com

Barbara H. Cane, of Counsel
Admitted in NY

Courtney E. Boniface
Admitted in NY, NJ and CT

Stephanie A. Zacharias
Admitted in NY and FL

Attorneys at Law

ESTATE WORK LIST

Please complete as much of the information below which will help us with administering the estate. It is important to use legal names. If you need additional space, please attach additional sheets. Please do not hesitate to call our office if you have any questions.

Information about the Decedent

Legal Name_____

Other names used, including maiden name_____

Address_____

County_____

Social Security Number _____

Date of Birth_____

Date of Death_____

Last Occupation (note retirement date if retired)_____

Employer and Address_____

Father's Name_____

Mother's Maiden Name_____

Lived in any other states?_____

US Citizen?_____

Veteran?_____

Family Members

Surviving Spouse_____

Predeceased Spouse (include date of death)_____

Never Married_____

Divorced? Name of ex-spouse, date of divorce, location of divorce

Children (please indicate if any are deceased)

Name:_____

Address:_____

Mailing Address (if different):_____

Date of Birth:_____

Home Phone:_____

Cell Phone: _____

Work Phone: _____

Email address: _____

Name: _____

Address: _____

Mailing Address (if different): _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email address: _____

Name: _____

Address: _____

Mailing Address (if different): _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email address: _____

Name: _____

Address: _____

Mailing Address (if different): _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email address: _____

Name: _____

Address: _____

Mailing Address (if different): _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email address: _____

Grandchildren

Name: _____
Address: _____
Mailing Address (if different): _____
Date of Birth: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email address: _____
Parents: _____

Name: _____
Address: _____
Mailing Address (if different): _____
Date of Birth: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email address: _____
Parents: _____

Name: _____
Address: _____
Mailing Address (if different): _____
Date of Birth: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email address: _____
Parents: _____

Name: _____
Address: _____
Mailing Address (if different): _____
Date of Birth: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email address: _____
Parents: _____

Name: _____
Address: _____
Mailing Address (if different): _____
Date of Birth: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email address: _____
Parents: _____

Name: _____
Address: _____
Mailing Address (if different): _____
Date of Birth: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email address: _____
Parents: _____

Name: _____
Address: _____
Mailing Address (if different): _____
Date of Birth: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email address: _____
Parents: _____

Name: _____
Address: _____
Mailing Address (if different): _____
Date of Birth: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email address: _____
Parents: _____

Documents

List estate planning documents (will, revocable living trust, irrevocable trust, etc.):

If decedent did not have a will/trust check here _____

Primary Executor(s)/Trustee(s) named in Will/Trust

Name: _____

Address: _____

Mailing Address (if different): _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email address: _____

Name: _____

Address: _____

Mailing Address (if different): _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email address: _____

Alternate Executor(s)/Trustee(s)

Name: _____

Address: _____

Mailing Address (if different): _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email address: _____

Name: _____

Address: _____

Mailing Address (if different): _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email address: _____

Beneficiaries – if different from above

Name: _____

Address: _____

Mailing Address (if different): _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email address: _____

Name: _____

Address: _____

Mailing Address (if different): _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email address: _____

Name: _____

Address: _____

Mailing Address (if different): _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email address: _____

Name: _____

Address: _____

Mailing Address (if different): _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email address: _____

Other important contacts

Lawyer

Name_____

Address_____

Company_____

Phone_____

Email_____

Accountant

Name_____

Address_____

Company_____

Phone_____

Email_____

Financial Advisor

Name_____

Address_____

Company_____

Phone_____

Email_____

Insurance Broker

Name_____

Address_____

Company_____

Phone_____

Email_____

Animal caretaker

Name_____

Address_____

Company_____

Phone_____

Email_____