

Estate Settlement Worksheet

Instructions:

The information required for this worksheet is necessary for the proper completion of the following:

- _____ 706 Federal Estate Tax return
- _____ 4786 California Estate Tax Return
- _____ Trust Division Statement
- _____ Estate Settlement and Trustee Accounting

(Associate Must Complete)
Citadel Associate: _____
Signing Date: _____
Signing City: _____
Due Date: _____
Filing Deadline: _____

This worksheet asks for information about the Decedent's **assets and liabilities**. Precise valuations of bank account balances, retirement funds, stocks, bonds, mutual funds, real estate and all other assets must be determined as of the Decedent's **date of death**. You may ignore the request for optional 6-month valuations if you are only going to value the Decedent's estate on the date of death. The exact amount of the Decedent's debts and mortgages on the date of death must also be determined. All of this information should be obtained as soon as possible after the Decedent's death and can generally be obtained directly from the banks and financial institutions where the Decedent's assets were held. The deadline for completing the state and federal estate tax returns is **9 months** after the date of death. A **written appraisal** for each piece of real estate is also required for IRS Form 706. If you have any questions about any of the information required by this worksheet, please contact us. Please mail or FAX the completed form and accompanying information to us: **CITADEL LAW OFFICES**, 2372 Morse Avenue, Irvine, CA 92614 TEL (949) 852-8181 FAX (949) 852-1015.

I. DECEDENT INFORMATION

- A. Decedent's Name _____ SSN _____ DOB _____ DOD _____
- B. Surviving Spouse's Name _____ SSN _____ DOB _____
- C. Address _____
STREET CITY COUNTY STATE ZIP
- D. Home Phone _____ Business Phone _____
- E. Decedent's marital status: Single Married Widowed Divorced
- F. Date of Marriage _____
- G. Decedent's citizenship: _____ H. Estate Representative: _____

II. TRUST INFORMATION

- A. NAME OF REVOCABLE TRUST: _____
- B. DATE REVOCABLE TRUST WAS ESTABLISHED: ____ / ____ / ____
- C. TYPE OF TRUST: Single Married Simple Married AB Married ABC Married QDOT
- D. ACTING SUCCESSOR TRUSTEE(S): _____
- E. ADDITIONAL TRUSTS: _____

III. FINANCIAL INFORMATION

A. BANK ACCOUNTS

	Name of Bank	Type of Account	Account Number	Value at Date of Death	Six Month Value (Optional)	Check One		
						CP	H'sSP	W'sSP
1.	_____	_____	_____	\$ _____	\$ _____	_____	_____	_____
2.	_____	_____	_____	\$ _____	\$ _____	_____	_____	_____
3.	_____	_____	_____	\$ _____	\$ _____	_____	_____	_____
4.	_____	_____	_____	\$ _____	\$ _____	_____	_____	_____
5.	_____	_____	_____	\$ _____	\$ _____	_____	_____	_____
6.	_____	_____	_____	\$ _____	\$ _____	_____	_____	_____
7.	_____	_____	_____	\$ _____	\$ _____	_____	_____	_____
8.	_____	_____	_____	\$ _____	\$ _____	_____	_____	_____
TOTAL:				\$ _____	\$ _____	_____	_____	_____

B. STOCKS, BONDS, MUTUAL FUNDS & SECURITIES

	Name of Security	Number of Shares	* Price/Share On Date of Death	Market Value On Date of Death	Six Month Value (Optional)	Check One		
						CP	H'sSP	W'sSP
1.	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____	_____
2.	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____	_____
3.	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____	_____
4.	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____	_____
5.	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____	_____
6.	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____	_____
7.	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____	_____
8.	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____	_____
TOTAL:				\$ _____	\$ _____	_____	_____	_____

*Price/Share =Average price between high and low on Date of Death.

C. IRA's, TSA's, 401(k)'s AND OTHER QUALIFIED RETIREMENT PLANS

	Location of Account	Type of Account	Account Number	Value at Date of Death	Six Month Value (Optional)	Check One		
						CP	H'sSP	W'sSP
1.	_____	_____	_____	\$ _____	\$ _____	_____	_____	_____
2.	_____	_____	_____	\$ _____	\$ _____	_____	_____	_____
3.	_____	_____	_____	\$ _____	\$ _____	_____	_____	_____
4.	_____	_____	_____	\$ _____	\$ _____	_____	_____	_____
5.	_____	_____	_____	\$ _____	\$ _____	_____	_____	_____
6.	_____	_____	_____	\$ _____	\$ _____	_____	_____	_____
TOTAL:				\$ _____	\$ _____	_____	_____	_____

D. PARTNERSHIPS, CORPORATIONS, SOLE PROPRIETORSHIPS AND OTHER INVESTMENTS

	Name of Investment	Type of Investment	Units or Shares	Value at Date of Death	Six Month Value (Optional)	Check one		
						CP	H'sSP	W'sSP
1.	_____	_____	_____	\$ _____	\$ _____	_____	_____	_____
2.	_____	_____	_____	\$ _____	\$ _____	_____	_____	_____
3.	_____	_____	_____	\$ _____	\$ _____	_____	_____	_____
4.	_____	_____	_____	\$ _____	\$ _____	_____	_____	_____
5.	_____	_____	_____	\$ _____	\$ _____	_____	_____	_____
TOTAL:				\$ _____	\$ _____	_____	_____	_____

E. REAL ESTATE (Please include copies of the most recent **Grant Deed** and a recent **Property Tax Bill** for each property)

Property Address	Market Value	Debt	Value at Date of Death	Six Month Valuation (Optional)	Check one CP H'sSP W'sSP		
1. _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____	_____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____	_____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____	_____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____	_____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____	_____
6. _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____	_____
7. _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____	_____

F. PERSONAL PROPERTY

Item	Value at Date of Death	Six Month Value (Optional)	Check one CP H'sSP W'sSP		
1. Autos (Year & Make) _____	\$ _____	\$ _____	_____	_____	_____
2. Boats _____	\$ _____	\$ _____	_____	_____	_____
3. Trailers & RV's _____	\$ _____	\$ _____	_____	_____	_____
4. Mortgages Owned _____	\$ _____	\$ _____	_____	_____	_____
5. Promissory Note _____	\$ _____	\$ _____	_____	_____	_____
6. Promissory Note _____	\$ _____	\$ _____	_____	_____	_____
7. Jewelry _____	\$ _____	\$ _____	_____	_____	_____
8. Collections & Heirlooms _____	\$ _____	\$ _____	_____	_____	_____
9. Other _____	\$ _____	\$ _____	_____	_____	_____
TOTAL: \$		\$ _____	_____	_____	_____

G. LIFE INSURANCE

Company	Policy Owner	Insured	Primary Beneficiary	Secondary Beneficiary	Cash Value Date of Death	Loans	Death Benefit
1. _____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
2. _____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
3. _____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
4. _____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
TOTALS: \$					\$ _____	\$ _____	\$ _____

IV. EXPENSES

Funeral Expenses	\$ _____	
Medical Expenses	\$ _____	
Accountant Fees.....	\$ _____	
Attorney Fees.....	\$ _____	
TOTALS: \$		\$ _____

V. DEBT

Balance on
Date of Death

Debt on Real Estate located at.	\$	_____
Debt on Real Estate located at.	\$	_____
Debt on Real Estate located at.	\$	_____
Debt on Real Estate located at.	\$	_____
Credit card debt	\$	_____
Credit card debt	\$	_____
Auto debt.	\$	_____
Other Debt (specify).	\$	_____
Other Debt (specify).	\$	_____
TOTAL:		\$ _____

VI. ADDITIONAL INFORMATION NEEDED

- A. Copy of complete, signed Revocable Trust.
 - B. Copy of complete, signed Will.
 - C. Written appraisals for each piece of real property.
 - D. Certified copy of death certificate.
(one for 706, one for each property)
 - E. Last recorded grant deed for each property.
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VII. TRUST DIVISION ALLOCATION (FOR AB & QTIP TRUSTS)

A.	B.	C.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____