

Estate Settlement Worksheet

Instructions:

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

- _____ 706 Federal Estate Tax return
- _____ ET-1 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**, 4695 MACARTHUR COURT, SUITE 100, NEWPORT BEACH, CA 92660 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

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

B. STOCKS, BONDS, MUTUAL FUNDS & SECURITIES

W\sSP	Name of Security	Number of Shares	* Price/Share	Market Value	Six Month Value	Check One		
			On Date of Death	On Date of Death	(Optional)	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

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

D. PARTNERSHIPS, CORPORATIONS, SOLE PROPRIETORSHIPS AND OTHER INVESTMENTS

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

F. PERSONAL PROPERTY

Item	Value at Date of Death	Six Month Value (Optional)	CP	Check one 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. Yes _____ No _____
- B. Copy of complete, signed Will. Yes _____ No _____
- C. Written appraisals for each piece of real property. Yes _____ No _____
- D. Certified copy of death certificate. Yes _____ No _____
 (one for 706, one for each property)

VII. TRUST DIVISION ALLOCATION (FOR AB & OTIP TRUSTS)

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