

# DECEDENT'S ESTATE ORGANIZER

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The information in this organizer is critical for the settling the decedent's estate in accordance with decedent's wishes and applicable law. All information you give us will be held in strict confidence. **If possible**, please bring the following materials to our office for your appointment:

- This Organizer** As Completed By You
- Enclosed **Detailed Asset Information Questionnaire** As Completed By You
- List of Known Unpaid Creditors** on enclosed form
- At least 3 Certified **Death Certificates** If Issued
- Original of Decedent's Last Will and Testament
- Any Trust or other Agreements made by the Decedent
- Any Bank or Other Account Statements for the period including the Decedent's Death and the immediately preceding period
- Any Brokerage or Mutual Fund Account Statements for the period including the Decedent's Death and the immediately preceding period
- Copies of Stock Certificates or Bonds not in a Brokerage or Mutual Fund Account
- Copies of Life Insurance Policies, Annuities, Retirement Plans
- Copies of Real Estate Documents including Deeds
- Copies of Motor Vehicle and Boat Titles
- Location of Safe Deposit Box
- Income Tax Returns** for the Last 2 Years
- Copies of Divorce Decrees

**If you don't have all these materials, don't worry. Bring what you can. We'll get the rest in the future.**

# DECEDENT'S PERSONAL INFORMATION

(Please Print)

Date Completed \_\_\_\_\_

Decedent's Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home street address \_\_\_\_\_

Home City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Year Domicile Established in Maryland \_\_\_\_\_

Employer  Not Applicable  Retired Retirement Date \_\_\_\_\_

Company Name: \_\_\_\_\_

Position \_\_\_\_\_ Business Telephone (\_\_\_\_) \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

U.S. Citizen  Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

Married: \_\_\_\_\_  Divorced: Date \_\_\_\_\_  Widowed: Date \_\_\_\_\_  Single

Name of Former Spouse: \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_

Did the decedent make any gifts within 2 years of death other than to immediate family or charities? Yes  No  Unsure  If YES, to whom? \_\_\_\_\_

Did the decedent have access to a safe deposit box? Yes  No  Unsure

Did the decedent ever file any gift tax returns? Yes  No  Unsure  If YES, years filed: \_\_\_\_\_ (please attach copies)

Did the decedent create any trusts? Yes  No  Unsure  If YES, please attach copies.

Was the decedent the beneficiary of any trusts created by someone else at the time of death? Yes  No  Unsure

Did the decedent ever have a General Power of Appointment? Yes  No  Unsure

Did the decedent have any interest or authority in a foreign financial account? Yes  No  Unsure

# SURVIVING SPOUSE INFORMATION

Not Applicable  U.S. Citizen

Surviving Spouse's Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address  Same as Decedent's address Other Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Email address: \_\_\_\_\_ @ \_\_\_\_\_

## DECEDENT'S SURVIVING CHILDREN'S INFORMATION

### Child # 1

Child's Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Email address \_\_\_\_\_ @ \_\_\_\_\_

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

<b>Grandchildren's Names</b>	<b>Age</b>	<b>Address</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

### Child # 2

Child's Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Email address \_\_\_\_\_ @ \_\_\_\_\_

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

<b>Grandchildren's Names</b>	<b>Age</b>	<b>Address</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

### **Child # 3**

Child's Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Email address \_\_\_\_\_ @ \_\_\_\_\_

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

#### **Grandchildren's Names      Age      Address**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **Child # 4**

Child's Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Email address \_\_\_\_\_ @ \_\_\_\_\_

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

#### **Grandchildren's Names      Age      Address**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**List Information for Additional Children and Grandchildren on a Separate Sheet**

# PREDECEASED CHILDREN'S INFORMATION

## Predeceased Child # 1

Predeceased Child's Full Legal Name \_\_\_\_\_

Date of Death \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Married  Divorced  Widowed  Single Surviving Spouse's Name: \_\_\_\_\_

### **Grandchildren's Names      Age      Address**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Predeceased Child # 2

Predeceased Child's Full Legal Name \_\_\_\_\_

Date of Death \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Married  Divorced  Widowed  Single Surviving Spouse's Name: \_\_\_\_\_

### **Grandchildren's Names      Age      Address**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**List Information for Additional Predeceased Children and Grandchildren on a Separate Sheet**

## **Other Interested Persons Named in Will or Trust**

Interested Person's Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Email address \_\_\_\_\_ @ \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Interested Person's Full Legal Name \_\_\_\_\_  
Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_  
Email address \_\_\_\_\_ @ \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_  
Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Interested Person's Full Legal Name \_\_\_\_\_  
Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_  
Email address \_\_\_\_\_ @ \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_  
Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Interested Person's Full Legal Name \_\_\_\_\_  
Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_  
Email address \_\_\_\_\_ @ \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_  
Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Interested Person's Full Legal Name \_\_\_\_\_  
Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_  
Email address \_\_\_\_\_ @ \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_  
Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

THE  
WRIGHT  
FIRM

TRUST & ESTATE LAW

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**AUTHORIZATION FOR RELEASE OF  
INFORMATION AND RECORDS**

**TO WHOM IT MAY CONCERN:**

This Authorization For Release of Information and Records pertains to information and records about the late \_\_\_\_\_ (hereinafter referred to as "the Decedent") and the Decedent's income, property, and taxable estate.

I, the undersigned, hereby give my consent to, and authorize any and all persons or entities to release to, my attorney, Richard T. Wright, or to any of the other employees of The Wright Firm listed above, and these persons and their firm, The Wright Firm, have the permission of the undersigned to request and receive any and all information regarding any stocks, bonds, certificates of deposit, bank accounts, money market and/or other cash accounts of any kind, life insurance, annuities, property and casualty insurance, real property, tax returns, retirement accounts, pension plans, mortgages, deeds of trust, other property or investments, or any other document belonging or pertaining to the Decedent and any trust or estate to which the Decedent or the undersigned may be a beneficiary, legatee, devisee, heir, or fiduciary. This authorization shall include, without limitation, any and all documents describing the rights, titles, interests, or duties of the Decedent or the undersigned in and to any such trust or estate, any and all documents with respect to the property and financial investments of, or taxes due from, any such trust or estate, and/or any and all documents with respect to the Decedent or any other person for whom the undersigned may be a fiduciary. This Authorization for Release of Information and Records shall expressly apply to any and all documents and records pertinent to the administration of the Estate of the Decedent and to any trust created by the Decedent during the Decedent's lifetime. I hereby release any and all persons or entities from any liability for releasing the above referenced information to Richard T. Wright or the employees of The Wright Firm in reliance on this consent.

At the same time, I, the undersigned, hereby give my consent and authorize my attorney and the employees of The Wright Firm to release to other persons such information concerning the Decedent or the undersigned as he or they may deem appropriate for the purposes of my representation and/or the administration of the Estate of the Decedent and to any trust created by the Decedent during the Decedent's lifetime.

I understand, that any and all communications between myself and my attorney are otherwise privileged and protected from disclosure by the attorney/client relationship. I also understand that I am in no way obligated to waive my right to attorney/client privilege.

I hereby release Richard T. Wright, THE WRIGHT FIRM, and any of his or its employees, from any liability for releasing the above referenced information in reliance on this consent.

**I HAVE READ THE FOREGOING AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS AND DO VOLUNTARILY SIGN MY NAME TO THIS DOCUMENT.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_, 20\_\_\_\_  
Date

# LIST OF DECEDENT'S LIABILITIES

**EXAMPLES:** Mortgages, Deeds of Trust, Car loans, Business loans, Credit card bills, Medical expense bills (not covered by insurance), Income Taxes, Real property taxes, Bills for personal services, etc..

**TYPE:** Loans: "LOAN"; Credit Card Obligations: "CC", Lease: "LEASE"; Taxes: "TAX"; Bills: "BILL"; Other: "OTHER"

(Note: If Account is in the decedent's name and/or the name of another, please specify and give other person's name.)

*Please provide a copy of your most recent statement for each account.*

Name of Party Owed Address / Telephone No.	Type	Account #	Balance Due
* _____ _____ _____ ( ) _____	_____	_____	\$ _____  Is there life insurance or a death benefit to pay this balance? Yes <input type="checkbox"/> No <input type="checkbox"/> Are any payments directly withdrawn from a cash account? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what cash account: _____
* _____ _____ _____ ( ) _____	_____	_____	\$ _____  Is there life insurance or a death benefit to pay this balance? Yes <input type="checkbox"/> No <input type="checkbox"/> Are any payments directly withdrawn from a cash account? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what cash account: _____
* _____ _____ _____ ( ) _____	_____	_____	\$ _____  Is there life insurance or a death benefit to pay this balance? Yes <input type="checkbox"/> No <input type="checkbox"/> Are any payments directly withdrawn from a cash account? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what cash account: _____
* _____ _____ _____ ( ) _____	_____	_____	\$ _____  Is there life insurance or a death benefit to pay this balance? Yes <input type="checkbox"/> No <input type="checkbox"/> Are any payments directly withdrawn from a cash account? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what cash account: _____
* _____ _____ _____ ( ) _____	_____	_____	\$ _____  Is there life insurance or a death benefit to pay this balance? Yes <input type="checkbox"/> No <input type="checkbox"/> Are any payments directly withdrawn from a cash account? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what cash account: _____



# LIST OF DECEDENT'S LIABILITIES

## (continued)

**Name of Party Owed**  
**Address / Telephone No.**

**Type**      **Account #**      **Amount**

\* \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (\_\_\_\_\_) \_\_\_\_\_  
 Is there life insurance or a death benefit to pay this balance? Yes  No   
 Are any payments directly withdrawn from a cash account? Yes  No   
 If so, what cash account: \_\_\_\_\_

\* \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (\_\_\_\_\_) \_\_\_\_\_  
 Is there life insurance or a death benefit to pay this balance? Yes  No   
 Are any payments directly withdrawn from a cash account? Yes  No   
 If so, what cash account: \_\_\_\_\_

\* \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (\_\_\_\_\_) \_\_\_\_\_  
 Is there life insurance or a death benefit to pay this balance? Yes  No   
 Are any payments directly withdrawn from a cash account? Yes  No   
 If so, what cash account: \_\_\_\_\_

\* \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (\_\_\_\_\_) \_\_\_\_\_  
 Is there life insurance or a death benefit to pay this balance? Yes  No   
 Are any payments directly withdrawn from a cash account? Yes  No   
 If so, what cash account: \_\_\_\_\_

\* \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (\_\_\_\_\_) \_\_\_\_\_  
 Is there life insurance or a death benefit to pay this balance? Yes  No   
 Are any payments directly withdrawn from a cash account? Yes  No   
 If so, what cash account: \_\_\_\_\_

\* \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (\_\_\_\_\_) \_\_\_\_\_  
 Is there life insurance or a death benefit to pay this balance? Yes  No   
 Are any payments directly withdrawn from a cash account? Yes  No   
 If so, what cash account: \_\_\_\_\_

\* \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (\_\_\_\_\_) \_\_\_\_\_  
 Is there life insurance or a death benefit to pay this balance? Yes  No   
 Are any payments directly withdrawn from a cash account? Yes  No   
 If so, what cash account: \_\_\_\_\_