



JOHN A. HARTOG, INC.

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**ESTATE TAX RETURN
Checklist/Questionnaire**

Date: _____

Please use "N/A" to indicate "not applicable."

GENERAL INFORMATION

Please provide the following documents:

- certified copies of the death certificate
(2 copies and 1 additional for each parcel of real estate)
- current Will of the decedent
- all trust documents executed by the decedent, and all amendments
- all partnership agreements in which the decedent had an interest
- all buy-sell agreements for the buy out of the decedent's stock
- financial statements for all closely held corporations and limited partnerships
- all gift tax returns filed by the decedent and spouse
- all premarital or postmarital property agreements
- any agreements as to the character of community or separate property
- all property agreements incident to dissolution of marriage
- prior three years' income tax returns

1. Decedent's full name: _____

Decedent's Date of Birth: _____

Decedent's Date of Death: _____ Social Security #: _____

Was decedent a U.S. citizen? _____

Permanent Residence

Address: _____

Other Residence

Address: _____

The year decedent established California residence: _____

Did the decedent receive Medicaid? Yes No

Marital Status: _____

Name of spouse: _____

Surviving spouses date of birth: _____

Date of Marriage: _____

In what country was the surviving spouse born? _____

Spouse's Social Security #: _____

Is surviving spouse a U.S. citizen? _____

If surviving spouse was naturalized, on what date? _____

If not a US citizen, then in what country? _____

Court and Case Number of any Dissolution of Marriage proceedings:

2. Executor's (trustee's) full name: _____

Social Security # _____

Residence

Address: _____

Telephone: _____

Facsimile: _____

E-mail: _____

Business Address: _____

Business Telephone: _____

Facsimile: _____

3. Co-Executor's (Co-Trustee's) full name: _____

Social Security # _____

Residence

Address: _____

Telephone: _____

Facsimile: _____

E-mail: _____

Business Address: _____

Business Telephone: _____

Facsimile: _____

E-mail: _____

4. Living children and grandchildren of decedent

Full Names, Addresses and Telephone Numbers, Birth Dates and Social Security Numbers of Children and Grandchildren (*please include the date of adoption if child is adopted*):

a) Child's Full Name: _____

Social Security # _____

Sex: Male Female Date of Birth: _____

Address: _____

Telephone: _____

Spouse's Name: _____

Grandchild: _____ Date of Birth: _____ Social Security # _____

Grandchild: _____ Date of Birth: _____ Social Security # _____

Grandchild: _____ Date of Birth: _____ Social Security # _____

b) Child's Full Name: _____

Social Security # _____

Sex: Male Female Date of Birth: _____

Address: _____

Telephone: _____

Spouse's Name: _____

Grandchild: _____ Date of Birth: _____ Social Security # _____

Grandchild: _____ Date of Birth: _____ Social Security # _____

Grandchild: _____ Date of Birth: _____ Social Security # _____

c) Child's Full Name: _____

Social Security # _____

Sex: Male Female Date of Birth: _____

Address: _____

Telephone: _____

Spouse's Name: _____

Grandchild: _____ Date of Birth: _____ Social Security # _____

Grandchild: _____ Date of Birth: _____ Social Security # _____

Grandchild: _____ Date of Birth: _____ Social Security # _____

d) Child's Full Name: _____

Social Security # _____

Sex: Male Female Date of Birth: _____

Address: _____

Telephone: _____

Spouse's Name: _____

Grandchild: _____ Date of Birth: _____ Social Security # _____

Grandchild: _____ Date of Birth: _____ Social Security # _____

Grandchild: _____ Date of Birth: _____ Social Security # _____

e) Child's Full Name: _____

Social Security # _____

Sex: Male Female Date of Birth: _____

Address: _____

Telephone: _____

Spouse's Name: _____

Grandchild: _____ Date of Birth: _____ Social Security # _____

Grandchild: _____ Date of Birth: _____ Social Security # _____

Grandchild: _____ Date of Birth: _____ Social Security # _____

3A. Deceased children

a) Child's Full Name: _____

Date of Death: _____

Spouse's Name: _____

Address: _____

Telephone: _____

Any living issue of this child? Yes No

Grandchild: _____ Date of Birth: _____ Social Security # _____

Grandchild: _____ Date of Birth: _____ Social Security # _____

Grandchild: _____ Date of Birth: _____ Social Security # _____

b) Child's Full Name: _____

Date of Death: _____

Spouse's Name: _____

Address: _____

Telephone: _____

Any living issue of this child? Yes No

Grandchild: _____ Date of Birth: _____ Social Security # _____

Grandchild: _____ Date of Birth: _____ Social Security # _____

Grandchild: _____ Date of Birth: _____ Social Security # _____

Valuation Issues. Property listed on an estate tax return is valued as of the date of death. Alternatively, the property may be valued as of the date, six months after the date of death (the "alternate valuation date"). If the aggregate value of property on the estate tax returns decreases as of the alternate valuation date, then values as of that date must be used for all property. In valuing assets on this questionnaire please provide values for both date of death and the date six months later.

Please check here if the estate includes real property that was used as a farm for farming purposes or in another trade or business. _____

Please check here if the estate includes real property that was subject to a conservation easement. _____

Prior Gifting. Has either of the decedent or his/her spouse made a gift in any one year to any person in the amount of more than \$3,000 before 1981 or more than \$10,000 in any one year since 1981? If so, please describe below:

Separate Property After Marriage. Has either the decedent or his/her spouse received any real or personal property since the date of their marriage by gift, bequest, devise or inheritance, or as proceeds of life insurance on the life of another, as surviving joint tenant, or as a beneficiary of a trust?
