

HOGGE & ASSOCIATES

ATTORNEYS AT LAW

PROBATE DATAPACK

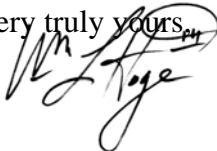
Dear Prospective Client:

Thank you for inquiring about the possibility of our office handling the probate and closing of an estate.

We realize that you desire to close this matter out as soon as possible. However, a great deal of detailed information must first be obtained from you to begin processing this estate, and we will your assistance in assembling this data.

A Probate DataPack is enclosed which we would like for you to complete in as much detail as possible and return to us as soon as possible. If you have any questions, do not hesitate to give us a call.

I generally do not handle probate matters directly, so you may expect to be contacted by one of my associates.

Very truly yours,


William L. Hoge, III

Suite 506, Republic Plaza
200 South Seventh Street
Louisville, Kentucky 40202-2721

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Website: www.DivorceInKentucky.com
Facsimile: (502) 583-1223
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William Lacy Hoge, III

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Phone: (502) 583-2005

Concentrating in Complex Family Law Representation
Dedicated to providing honest, caring, affordable, quality legal services

Education

University of Louisville
Bachelor of Science Degree (1969)
Juris Doctorate (1972)

Divorce Mediation Training with Zena Zumeta, J.D.
Mediator Certification (2002)

American Academy of Matrimonial Lawyers' Arbitration Training
Arbitrator Certification (2004)

Extensive Continuing Legal Education Awards and Teaching:

- Family Law
- Collaborative Family Law
- Alcohol and Drug Abuse
- Mediation Training
- Arbitration Training
- Domestic Violence
- Ethics
- Psychology
- Trial Technique & Demonstrative Evidence

Organizations

American Academy of Matrimonial Lawyers:
President, Kentucky Chapter (2003-2004)
Continuing Education Chair (1999-present)

Family Law Solutions, PLLC:
Founding Member

Kentucky Bar Association:
Lawyers Helping Lawyers Committee (1980)
Family Law Section Chair (1997-1998)
Child Protection & Domestic Violence Committee (2000-2003)

Kentucky Collaborative Family Law Network, Inc.:
Founding Member

International Academy of Collaborative Professionals:
Member

International Alliance of Holistic Lawyers:
Member

Louisville Bar Association:
Family Law Section Chair (1999)
Family Law Section Member
ADR Section Member

American Bar Association:
Commission on Lawyer Assistance Programs
Family Law Section Member

Jefferson County Family Court:
Family Support Center Advisory Committee
Family Court Advisory Committee (Divorce Rules Committee Chair)
Family Court Mediator Review Committee

Kentucky Academy of Trial Attorneys:
KATA Member
Family Law Editor for *KATA Advocate*

Special Recognition

Recipient of the LBA's 1999 Judge Richard A. Revell Family Law Practitioner of the Year Award
Kentucky Bar Association Continuing Legal Education Award (annually 1990-2003)

Publications and Public Speaking

Co-author and publisher of
Divorce in Kentucky – The Dissolution Resolution System, an Interactive Organizer and Video, 1997
Numerous Continuing Legal Education and motivational speaking engagements including ABA, AAML, KBA and LBA

Author, UK/CLE, *Kentucky Domestic Relations Practice*, 1st Ed., Chapter 14 (2006)

Legal Experience

Assistant Jefferson County Attorney (1972-1976)
Chief Prosecutor for Jefferson County Attorney (1976-1982)
General Counsel to International Union of Electrical Workers, Local 761 at General Electric (1975-1988)
General Counsel to Kentucky State District Council of Carpenters, AFL-CIO (UBCJA) (1988-1991)
General Private Legal Practice (1972 to Present)

Admitted and Practiced before:

Kentucky Supreme Court	1972	U.S. District Court, Eastern District of Ky.	1975
Sixth Circuit Court of Appeals	1974	U.S. Supreme Court	1975
U.S. District Court, Western District of Ky.	1973		

HOGGE & ASSOCIATES
ATTORNEYS AT LAW

PROBATE DATAPACK

{Please Print}

Today's Date: _____

YOUR FULL NAME: _____

PRESENT ADDRESS: _____
Street Address

City COUNTY State Zip

HOME TELEPHONE: (____) _____ WORK TELEPHONE: (____) _____

CELL PHONE OR PAGER: (____) _____ E-MAIL ADDRESS: _____

FULL LEGAL NAME OF DECEASED: _____

DATE OF DEATH: _____ PLACE OF DEATH: _____

CAUSE OF DEATH: _____

DECEASED'S RESIDENCE ADDRESS: _____
{Street Address}

{City, COUNTY, State and Zip}

RELATIONSHIP OF DECEASED TO YOU: _____

THE SPACE BELOW IS FOR OFFICE USE ONLY

Please complete the remaining pages of this form

Date of Initial Interview: _____ Interviewed by: _____

Retainer Agreement signed? _____ Date signed: _____

Fee Rate: \$_____/hour Retainer Paid: \$_____

Was there a Will? _____ Has a copy of Will been delivered to us? _____

Initial Action Required: _____

HOGGE & ASSOCIATES

CONFIDENTIAL -- Attorney/Client Work Product

1. PERSONAL INFORMATION REQUIRED ON DECEASED INDIVIDUAL:

Did the deceased ever use any other names (maiden, alias, etc.)? If YES, please list them.

Social Security Number: _____

Month, Day and Year of Birth: _____

Place of Birth: _____

Place of Death (including county): _____

Residence at time of death: _____

County and State of residence: _____

Business or occupation at time of death: _____
{If retired, former business or occupation}

Age at death: _____ Cause of death: _____

Length of last illness: _____

2. SAFE DEPOSIT BOX:

Did the deceased have a safe deposit box? _____

If so, where (name and address of bank or depository)?

Box number: _____

Title to safe deposit in whose name? _____

Name of co-tenant of safe deposit box? _____

Name of Kentucky Revenue Cabinet representative who will supervise inventory of safe deposit box:

Date set for opening and inventory of safe deposit box: _____

Has a copy of safe deposit inventory been obtained? _____

Date of last entry to safe deposit box before death of deceased: _____

Person who last entered safe deposit box before death of deceased: _____

3. PERSONAL REPRESENTATIVE OF ESTATE:

Name of Personal Representative (Executor/Executrix): _____

Residence Address of Personal Representative: _____

County of Personal Representative's Residence: _____

Personal Representative's Telephone Number: (_____) _____

Interest in deceased's estate: Heir Devisee Other: _____

Date of appointment as Personal Representative: _____

Title of appointment: Executor/trix Administrator Personal Representative

4. LAST WILL AND TESTAMENT OF DECEASED:

Date of Will: _____ Date of Codicil: _____

Witnesses to Will:

Name	Still Living?	Present Address, if known
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the Will is lost or unavailable, the name of person(s) with knowledge of the contents of Will:

Reason for unavailability of Will: _____

Contents of unavailable Will, if known: _____

5. SPOUSE OF DECEASED:

Was the deceased married at the time of his/her death? _____

Full name of deceased's spouse, if living at the time of his/her death?

Spouse's residence address: _____

Spouse's present age: _____ Spouse's date of birth: _____

Spouse's Social Security Number: _____

Date of spouse's marriage to deceased: _____

6. HEIRS OF DECEASED:

a. Surviving children of deceased:

NAME(S) OF SURVIVING CHILD(REN)	AGE	RESIDENCE ADDRESS	RELATIONSHIP TO DECEASED	SOCIAL SECURITY NUMBER	DATE OF BIRTH

b. Deceased children of deceased:

NAME(S) OF DECEASED CHILD(REN)	DATE OF BIRTH	DATE OF DEATH	RELATIONSHIP TO DECEASED	ADDRESS AT TIME OF DEATH

c. Did any of the deceased children listed above have children of their own? If so, please identify those grandchildren (but not grandchildren whose parents are still living).

NAME(S) OF SURVIVING CHILD(REN)	AGE	RESIDENCE ADDRESS	RELATIONSHIP TO DECEASED	SOCIAL SECURITY NUMBER	DATE OF BIRTH

d. Did the deceased leave any other heirs (family or non-family)? If so, please identify below.

NAME(S) OF OTHER HEIRS	AGE	RESIDENCE ADDRESS	RELATIONSHIP TO DECEASED	SOCIAL SECURITY NUMBER

7. OTHER INTERESTED PARTIES:

Has anyone demanded notice of the probate of this estate (such as creditors)? If so, please identify:

- a. Name of person demanding notice: _____
 Address of person demanding notice: _____
 Interest of demandant: _____
 Date of demand: _____
- b. Name of person demanding notice: _____
 Address of person demanding notice: _____
 Interest of demandant: _____
 Date of demand: _____

8. ASSETS OF DECEASED:

a. CASH AND BANK DEPOSITS:

Did the deceased have any cash on hand or bank accounts (jointly or separately; checking, savings, money market accounts, certificates of deposit, etc.) at the time of his/her death? If so, please identify:

i. SOLELY OWNED --

SOLELY OWNED CASH AND BANK DEPOSITS			
	A	B	C
Amount of cash			
Location of cash			
Arrangements made for safeguarding cash			
For DEPOSITS, specify name of Bank			
Bank address			
Account numbers			
Value on date of death			
Lien amount and holder, if any			
Other:			

ii. JOINTLY OWNED --

JOINTLY OWNED CASH AND BANK DEPOSITS			
	A	B	C
Amount of cash			
Location of cash			
Arrangements made for safeguarding cash			
For DEPOSITS, specify name of Bank			
Bank address			
Account numbers			
Value on date of death			
Lien amount and holder, if any			
Other:			

b. REAL ESTATE:

Did the deceased own any real estate (jointly or separately) at the time of his/her death? If so, please identify:

i. Real estate address: _____

{City, COUNTY, State and Zip}

How owned: _____ Solely owned by deceased
 _____ Jointly owned with _____

Present use of property: _____

General description of property: _____

Attach deed with legal description, if possible.

Who has possession of the deed to this property? _____

Approximate acreage: _____ Fair market value: \$ _____

Lienholder: _____ Present Mortgage Balance: \$ _____

Approximately net value: \$ _____

ii. Real estate address: _____

{City, COUNTY, State and Zip}

How owned: _____ Solely owned by deceased
_____ Jointly owned with _____

Present use of property: _____

General description of property: _____

Attach deed with legal description, if possible.

Who has possession of the deed to this property? _____

Approximate acreage: _____ Fair market value: \$ _____

Lienholder: _____ Present Mortgage Balance: \$ _____

Approximately net value: \$ _____

iii. Real estate address: _____

{City, COUNTY, State and Zip}

How owned: _____ Solely owned by deceased
_____ Jointly owned with _____

Present use of property: _____

General description of property: _____

Attach deed with legal description, if possible.

Who has possession of the deed to this property? _____

Approximate acreage: _____ Fair market value: \$ _____

Lienholder: _____ Present Mortgage Balance: \$ _____

Approximately net value: \$ _____

c. SECURITIES, STOCKS, BONDS AND GOVERNMENT BONDS:

Did the deceased own any securities, stocks, bonds and/or government bonds? If so, please identify:

i. Broker -- Broker Name: _____

Brokerage Firm: _____

Broker Address: _____

Broker's Telephone: (_____) _____

Deceased's Account Number with Broker: _____

Any existing open or unexecuted orders? _____

ii. Stocks Owned by Deceased --

(1) Name of Company: _____

Common or preferred stock: _____

Solely owned or jointly owned? _____

Total shares: _____

Certificate numbers: _____

Shares issued in name of: _____

Address of business office,
if stock not listed: _____

Par Value: \$ _____ Value on date of death: \$ _____

Value on alternate valuation date: _____

If jointly owned, contribution: _____

Dividends owned at time of death: _____

(2) Name of Company: _____

Common or preferred stock: _____

Solely owned or jointly owned? _____

Total shares: _____

Certificate numbers: _____

Shares issued in name of: _____

Address of business office,
if stock not listed: _____

Par Value: \$ _____ Value on date of death: \$ _____

Value on alternate valuation date: _____

If jointly owned, contribution: _____

Dividends owned at time of death: _____

iii. U.S. Savings Bonds (Series E) --

Serial Numbers: _____

Issue Dates: _____

Total redemption value: \$ _____

Cost of bonds: _____ Accrued Interest: _____

Solely owned or jointly owned? (With whom?) _____

If joint, contribution: _____

iv. Bonds --

(1) Name of company: _____

Serial numbers: _____

Kind(s) of bond(s): _____

Interest rate: _____ Face amount: \$ _____

Maturity date: _____ Value on date of death: \$ _____

(2) Name of company: _____

Serial numbers: _____

Kind(s) of bond(s): _____

Interest rate: _____ Face amount: \$ _____

Maturity date: _____ Value on date of death: \$ _____

v. Other Securities --

(1) Name of company: _____

Serial numbers: _____

Date of death value: _____

(2) Name of company: _____

Serial numbers: _____

Date of death value: \$ _____

d. **INSURANCE AND ANNUITIES ON DECEDENT'S LIFE:**

Did the deceased have any insurance policies on his/her life? If so, please identify:

i. Insurance or Annuities --

(1) Name of Company: _____
Address of Company: _____

Beneficiary: Name: _____
Address: _____
Social Security Number: _____
Relationship to deceased: _____
Amount owing upon death: _____
Policy number: _____
Location of policy: _____
Policy sent for payment? _____
Form 712 requested? _____
Date benefits received: _____
Location of benefits: _____

(2) Name of Company: _____
Address of Company: _____

Beneficiary: Name: _____
Address: _____
Social Security Number: _____
Relationship to deceased: _____
Amount owing upon death: _____
Policy number: _____
Location of policy: _____
Policy sent for payment? _____
Form 712 requested? _____
Date benefits received: _____

Location of benefits: _____

(3) Name of Company: _____

Address of Company: _____

Beneficiary: Name: _____

Address: _____

Social Security Number: _____

Relationship to deceased: _____

Amount owing upon death: _____

Policy number: _____

Location of policy: _____

Policy sent for payment? _____

Form 712 requested? _____

Date benefits received: _____

Location of benefits: _____

e. **TANGIBLE PERSONAL PROPERTY:**

i. Automobiles, RVs, Boats, Motorcycles, etc. --

(1) Year, make and model: _____

License number: _____

Serial number: _____

Registered to: _____

Lienholder (if any): _____

Fair market value (resale value): \$ _____

Indebtedness owed: \$ _____

Net value of vehicle: \$ _____

(2) Year, make and model: _____

License number: _____

Serial number: _____

Registered to: _____

Lienholder (if any): _____

Fair market value (resale value): \$ _____

Indebtedness owed: \$ _____

Net value of vehicle: \$ _____

ii. Other Personal Property --

Description of Personal Property	SOLE OWNER?	JOINTLY OWNED WITH?	Present Fair Market Value	Lien or Indebtedness on property
FURNITURE AND HOUSEHOLD GOODS:				
WEARING APPAREL AND JEWELRY:				
OTHER:				
OTHER:				
OTHER:				
OTHER:				
OTHER:				

f. **BUSINESS INTERESTS:**

Did the deceased have any interest in any business(es)? If so, please identify:

Name of business: _____

Address of business: _____

{City, COUNTY, State and Zip}

Type of business: _____

Nature of decedent's ownership: _____

g. MISCELLANEOUS ASSETS:

	Description of Asset	Sole Owner ?	Joint Owner with?	Fair Market Value
Refunds				
Claims for compensation				
Pending law-suits				
Judgments				
Insurance on another's life				
Transfers by decedent				
Other:				

If any assets above are in joint ownership or joint tenancy, please identify for each item:

Name of survivor: _____

Address of survivor: _____

Relationship to decedent: _____

Contribution of survivor: _____

Social Security Number: _____

9. EXPENSES OF ADMINISTRATION:

a. Have you incurred any expenses to date in the administration of this estate?

Description of Estate Expenses	Amount
Probate Court fee paid to	
Certified Copies fee paid to	
Appraisers Fee paid to	
Printing Fees paid to	
Attorney's Fees paid to	
Court-approved Maintenance of Family paid to	
Spouse Exemption paid to	
Bond Premiums paid to	
Personal Representative's Fees paid to	
Other:	

Description of Estate Expenses	Amount
Other:	
Other:	
TOTAL ADMINISTRATION EXPENSES:	

b. Is reimbursement of any of the above administration expenses necessary?

To whom? _____

For what? _____

Amount: _____

10. FUNERAL AND LAST ILLNESS EXPENSES:

a. Funeral-Related Expenses:

	Creditor	Amount
Funeral Home:	_____	_____
Burial Site:	_____	_____
Monument:	_____	_____
Flowers:	_____	_____
Other funeral-related expenses:	_____	_____
TOTAL FUNERAL-RELATED EXPENSES:		\$ _____

b. Reimbursement owed for Funeral-Related Expenses:

Reimburse whom? _____

For what? _____

Amount of reimbursement: _____

c. Social Security death benefits:

Applied for? Yes No
 Received? Yes No Date: _____ Amount: \$ _____

d. Last Illness Expenses:

i. Expenses Incurred

PROVIDER NAME & ADDRESS	DESCRIPTION OF SERVICES	AMOUNT OF BILL
DOCTOR:		
HOSPITAL:		
NURSING HOME:		
MEDICAL SUPPLIES:		
PRESCRIPTION DRUGS:		
OTHER:		
TOTAL OF MEDICAL EXPENSES FOR LAST ILLNESS:		\$
Insurance Benefits Paid to Date:		-
NET MEDICAL EXPENSES NOT PAID BY INSURANCE:		\$

ii. Reimbursement owed for Expenses Related to Last Illness:

Reimburse whom? _____

For what? _____

Amount of reimbursement: _____

e. Other Debts and Claims against Estate:

i. Outstanding Debts/Claims --

Name and Address of Creditor	Last Date for Filing Claim	Date Claim Filed	Amount of Claim	Date Paid

ii. Taxes --

(1) Real Estate Taxes: Are any real estate taxes presently due on property owned by deceased? Please attach statements.

(2) Income Taxes --

(a) Name of preparer: _____

Final return deadline: _____

Will return be joint or single? _____

If estate return filed individually, amount State tax due: \$ _____

If estate return filed individually, amount Federal tax due: \$ _____

(b) Inheritance Tax:

Name of person responsible for return: _____

Payable by estate by terms of Will? _____

If payable by estate, amount of tax: _____

(c) Federal Estate Tax Return:

Name of person responsible for return: _____

Amount of tax paid by estate: _____

FOR OFFICE USE ONLY		
PROBATE ADMINISTRATION DATE CHART		
Action Required	Due Date	Completion Date
Date of death		
Date Will admitted to Probate		
Date Fiduciary appointed (KRS 395.105)		
Date by which inventory must be filed (KRS 395.250)		
Date after which Personal Representative may sell, lease or encumber personal property (KRS 395.200)		
Date after which Personal Representative may sell real estate (KRS 395.105, 395.220)		
Date when lawsuits may be filed against Personal Representative (KRS 395.270)		
Date by which claims against estate must be filed (KRS 396.025)		
Date when notice of disallowance of claim mailed		
Date by which Will contest must be filed (KRS 396.025)		
Date by which estate's tax return must be filed (IRC 6698; 26 USCS § 6698)		
Date by which inheritance tax return must be filed to avoid penalty (KRS 140.160)		
Date by which inheritance tax return must be filed to secure 5% discount on tax (9 months after death)		
Date when partial settlement filed		
Date when final settlement may be filed (KRS 395.610)		
Date when final settlement filed		
Date when confirmation of settlement to come up before Judge and Personal Representative discharged (KRS 395.630)		

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ATTORNEY'S NOTES

HOGGE & ASSOCIATES

CONFIDENTIAL -- Attorney/Client Work Product

Please return completed Datapack to:

Hoge & Associates
Suite 506, Republic Plaza
200 South Seventh Street
Louisville, Kentucky 40202
Fax: (502) 583-1223
Phone: (502) 583-2005

If you have questions, please call Lois at (502) 583-2005, Ext. 104.

ESTATE BOOKKEEPING

Precise record-keeping of all financial transactions is a necessity in probate. Income and deductions are important in filing the succession taxes and income tax returns. The Personal Representative is accountable to each distributee and claimant for all of the assets of the estate, including the collection of income, payment of claims and distributions. The following Probate Accounting Sheet is suggested to centralize all recording data relating to financial transactions. It is intended to supplement and not replace existing data retention methods.

The Probate Accounting Sheet should prove particularly useful in those situations where the Personal Representative retains the checkbook for the estate. If you as Personal Representative are keeping the checkbook, every expenditure and receipt must be promptly recorded on the Probate Accounting Sheet and reported to our office.

The Probate Accounting Sheet is designed to assist in the preparation of the Final Account. Columns for the collection of income and for decreases to the estate should also aid in the completion of the Final Account, as well as any fiduciary income tax returns which might be necessary.

Column 2 provides a space for describing each transaction. It should be completed for every entry. All entries on the inventory, together with the assigned number will be inserted in Columns 3, 4 and 5. Refunds and other later-discovered assets will also be entered in the appropriate Column (4 or 5). Income and Losses are entered in Columns 6 and 7.

Realized income in the form of cash will always be a double entry. Entry in Column 6 will be accompanied by entry in the column showing where the income was deposited, generally either as a deposit in savings (Column 8) or checking (Column 9).

Assets which are sold and converted to cash will also require multiple entries. If a car is sold for \$1,000 and was valued in the inventory at \$900, the following entries are anticipated: \$1,000 entered as a deposit in either saving (Column 8) or checking (Column 9), \$100 entered as income (Column 5) and \$900 subtracted from the personal assets (Column 4). These entries should all be made on the same line and described as "Sale of 1976 Ford". At this point, it is recognizable what assets were converted, how much income was realized and where the proceeds are.

All checks written by the estate are also double entries. In addition to entry in Column 9, the amounts will also be entered in the appropriate disbursement column, including distributions (Column 15).

Distributions of assets in kind will require a negative entry in Column 3 or 4 and a corresponding positive entry in Column 15. This should aid in computing the amount of assets received by each heir and the computation of inheritance tax by adding up the distributions recorded for each heir.

