ESTATE TAX RETURN ORGANIZER

For the use of clients of Handler & Levine, LLC

| Decedent's Full Name |
|--|
| Decedent's Social Security Number |
| Date of Birth |
| Date of Death |
| Decedent's legal residence at date of death (city, county, state, and zip code or foreign country) |
| Did decedent ever reside in a community property state? |
| Date Domicile Established Here |
| Citizenship: |
| Decedent |
| Spouse |
| Personal Representative's Name |
| Address |
| Social Security/Federal ID Number |
| Phone |
| Fax |
| E-mail Address |
| Revocable Trust Trustee's Name |
| Address |
| Social Security/Federal ID Number |
| Phone |
| Fax |
| E-mail Address |

| Attorney's Name, Address and Telephone |
|--|
| Number |
| Broker's Name, Address and Telephone |
| Number |
| Insurance Agent's Name, Address and Telephone |
| Number |
| Name and location of court(s) where Will was probated or estate administered |
| |
| Case Number |

ESTATE TAX RETURN QUESTIONS

These questions are to assist you in gathering information required for preparation of an estate tax return. Because all estate tax returns are based on information required by the Federal Estate Tax Form 706, even when no Federal return is required, the questions are based on that form. Please complete the questionnaire and provide documentation as requested and as much detail as possible. Should you have any questions regarding any items, please contact our office. If we already have a copy of a document, please indicate "N/A". If we request information that you believe is duplicative, please indicate "N/A".

| | | | | DONE | <u>N/A</u> |
|-------------|---|-----------------------------|----------------------|-------------|------------|
| Section 100 | GENERAL INFORMATION | N | | | |
| 101) | Provide a copy of: | | | | |
| | Will and any codicil Revocable living trus Death Certificate (certificate) Letters of administration | | ry | | |
| 102) | Provide a copy of any trust of beneficiary, or in which decerning 1041 for the past 3 years. | edent held any interest or | power, and obtain | | |
| 103) | Provide beneficiary information | ion below (Note if non-U | USA citizen) | | |
| FULL NAME | E ADDRESS CITY/STATE/ZIP | RELATIONSHIP TO DECEDENT | SOCIAL SECURITY # | BIRTH D | ATE |
| | | | | | |
| | | | | | |
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copies. (Disregard this request if the returns were previously provided.)

| 105) | If the decedent made any gifts valued in the aggregate at more than \$13,000 to any one person during the calendar year of his/her death, complete gift tax return organizer. | | |
|------|---|-------------|--|
| 106) | Provide: | | |
| | List of the decedent's assets including all property individually owned or co-owned by the decedent and one or more individuals. (Note if any assets were bequeathed to a specific beneficiary.) Copy of any personal property insurance floater that lists specific items of property. Adjusted basis and acquisition date of each asset, if electing to file Form 8939. | | |
| 107) | If the decedent had access to a safety deposit box, provide the following: Location Joint depository, if any, and relationship to the decedent Detailed list of contents | _ _ _ | |
| 108) | If the decedent's spouse predeceased the decedent, provide a copy of the spouse's Form 706, state inheritance tax return(s) and any Form(s) 1041 filed on behalf of that estate. | | |
| 109) | If the decedent was divorced, provide a copy of any divorce decree and/or property settlement and any modification. Date of divorce: | | |
| 110) | Please provide a copy of a pre-nuptial agreement, post-nuptial or separate/community property agreement, if applicable. | | |
| 111) | Copies of employment agreements, deferred compensation and any contracts where all of decedent's obligations completed and not all benefits received. | | |
| 112) | Provide a copy of federal and state income tax returns for the current and prior years. | | |
| 113) | Provide federal tax identification number for any partnerships, closely-held corporations, LLC's sold by decedent during his/her lifetime. | | |
| 114) | If the decedent was involved in any litigation at the time of death, please provide details. | | |

| Section 200 R | EAL ESTATE | |
|---------------|--|--|
| 201) | Provide copies of all deeds | |
| 202) | Provide copies of the most recent appraisal of real estate owned by the decedent | |
| 203) | If appraisals have not be prepared, provide a schedule of all real estate owned or under contract to purchase with the following information: | |
| | Legal description and/or street address, if applicable Assessed value for property tax purposes (copy of latest tax assessment notice) | |
| 204) | Include description of real estate (and length of ownership) subject to a qualified conservation easement. | |
| 205) | Provide lease documents for real estate owned subject to a lease. | |
| Section 300 S | TOCKS, BONDS, AND MUTUAL FUNDS | |
| 301) | Provide copies of all brokerage and mutual fund statements for the current year prior to the date of death and each statement since the date of death. | |
| 302) | Provide a list and copies of all stock and bond certificates held by the decedent, which were not listed on the brokerage statements. Also, provide a list of any subject to transfer on death designation. | |
| 303) | If the decedent owned stock in a closely held corporation, provide copies of: | |
| | Stock certificates Buy-sell agreements Tax returns and/or financial statements for the prior five years List any recent sales of stock by decedent or other shareholders Appraisal of stock List of other stockholders and shares held | |
| 304) | Provide documentation of worthless securities | |
| 305) | List of U.S. Savings Bonds with the face amount and month and year of purchase, and list any subject to a pay on death provision. | |

| 401) | Provide copies of the following statements for all accounts for the period beginning two months prior to death through the present: | | |
|-------------|---|------|--|
| | Checking accounts Savings accounts Certificates of deposits Money market accounts Brokerage accounts with cash investments | | |
| 402) | Provide a copy of the current check registers for the above accounts, and list any outstanding checks. | | |
| 403) | Provide the amount of cash (currency), travelers' checks and undeposited checks held by the decedent at death. \$ | | |
| 404) | Provide copies of all notes and mortgages owed to the decedent, including amortization schedules if available. | | |
| Section 500 | LIFE INSURANCE | | |
| 501) | Provide a list of life insurance policies indicating: | | |
| | Insured Amount Ownership Beneficiaries – primary and contingent Company Policy number | | |
| 502) | Provide Form(s) 712 issued by the life insurance companies. (Form 712 is required for every policy.) (Verify with insurance company owner and beneficiary prior to requesting Form(s) 712.) | | |
| 503) | If the decedent was not the owner of the policy, provide date and circumstances of acquisition by the owner. | | |
| 504) | If subject to a split-dollar arrangement, please provide agreement and any separate assignments or endorsements. | | |
| Section 600 | JOINTLY OWNED PROPERTY | | |
| 601) | For all assets owned jointly by the decedent and other (other than the spouse) (Joint With Right of Survivorship), indicate the date and amount contributed by each. | | |
| 602) | Provide name(s) and address(es) of co-owners other than spouse. | | |

Section 400 MORTGAGES, NOTES AND CASH

| 603) | Provide documentation of assets owned jointly to include bank statements, brokerage statements, deeds, vehicle titles, etc. | |
|-------------|--|-------|
| Section 700 | MISCELLANEOUS PROPERTY | |
| 701) | Provide copies of any available appraisals of: | |
| | Art Antiques Jewelry Other collectibles Other property | |
| 702) | If the decedent had an interest in a partnership, and/or other unincorporated business, provide a copy of the following: | |
| | Partnership or other ownership agreement Tax returns and/or financial statements for the prior five years Buy-sell agreements Appraisal | |
| 703) | Provide a list of any refunds or reimbursements received or receivable by the estate. (Note: many insurance policies provide for refunds of premiums at death.) | |
| 704) | Provide a list of household furnishings and personal assets owned by the decedent and the value of each. Separately list any one item valued at more than \$3,000 or a collection of similar items valued at more than \$10,000. | |
| 705) | Provide a list of vehicles owned by the decedent with make, model, year, odometer reading, VIN, general condition and Blue Book values at the date of death, and copies of certificates of title, if available. | |
| 706) | Provide Form(s) 712 for all life insurance policies owned by the decedent of the life of another. | n |
| 707) | Provide a description and fair market value of all other assets not noted above. | |

| Section 800 | ANNUITIES AND RETIREMENT BENEFITS | | |
|-------------|--|---|--|
| 801) | Provide copies of the brokerage, mutual funds, bank or plan participant statements for all IRA's, 401(k)s and other retirement plans. | | |
| 802) | Provide copies of commercial annuity contracts and last statement indicating balance of account. | | |
| 803) | Provide a copy of all beneficiary designations. Verify payor has correct beneficiary. | | |
| Section 900 | ADMINISTRATION EXPENSES | | |
| 901) | Provide a copy of the funeral-related expenses including the following: | | |
| 000 | Funeral arrangements (include a copy of funeral services agreement) Markers Reception costs Flowers Thank you and postage Orbituary Clergy or rabbi honoraria Other | | |
| 902) | Provide a schedule of other administration expenses which were not paid through the estate checking account or have yet to be paid. The schedule should include the following: • Legal fees • Accounting fees • Commissions paid • Maintenance of estate property • Appraisal fees • Personal representative fees, and out of pocket expenses (travel, postage telephone etc.) • Court costs • Other expenses (please provide detail) | , | |

| Section 1000 | DEBTS, MORTGAGES, AND LIENS OF DECEDENT | |
|--------------|---|------|
| 1001) | Provide copies of all notes, mortgages, etc., owed by the decedent and a schedule of balances at date of death. | |
| 1002) | Schedule all other debts owed by the decedent including: | |
| | To whom owed Amount of debt Interest rate Due date Payment amounts | |
| Section 1100 | LOSSES DURING ADMINISTRATION | |
| 1101) | Schedule any losses, including casualty losses, incurred during the administration of the estate. | |
| Section 1200 | CHARITABLE BEQUESTS | |
| 1201) | Attach a schedule of charities listed in the Will or trust including name, address and character of organization. | |
| Section 1300 | CREDIT FOR PRIOR TRANSFERS | |
| 1301) | If the decedent received property during the ten years prior to date of death from the estates of others, provide copies of the prior decedent's estate tax returns and Will. | |