



First Trust Centre, Suite 400 South  
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**James K. Murphy**  
**Ruth J. Wilkerson**  
**William L. Hoge, III**  
Attorneys at Law

*DivorceInKentucky.com*

## 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 attached which you need 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.

We generally do not handle probate matters directly, so you may expect to be contacted by another attorney who focuses on this type of law.

Very truly yours,

JAMES K. MURPHY  
RUTH J. WILKERSON  
WILLIAM L. HOGE, III  
*Attorneys at Law*

## Attorneys at Law

Concentrating in Family Law Representation  
throughout Greater Metropolitan Louisville

*THIS IS AN ADVERTISEMENT.*

Email: [HogePartners@DivorceInKentucky.com](mailto:HogePartners@DivorceInKentucky.com)

Website: [DivorceInKentucky.com](http://DivorceInKentucky.com)

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*Hoge Partners, PLLC is the successor to Hoge & Associates, a law practice with a four-decade history of providing legal services throughout Metropolitan Louisville, including Jefferson, Oldham, Hardin and Bullitt Counties.*

### JAMES K. MURPHY

Jim Murphy is the Managing Partner of **Hoge Partners, PLLC**. He began practicing law in Kentucky in 1993. He graduated *magna cum laude* from Washington & Lee University and *cum laude* from the Lewis School of Law at Washington & Lee University.

Prior to joining Hoge & Associates in 2014, Jim's practice with another Louisville firm focused in commercial transactions, real estate and business. Since then, he has refocused his practice on Family Law matters with a special emphasis on associated business and real estate factors. Jim's caseload includes a variety of Family Law matters including domestic violence actions and criminal defense in child support matters as well as processing divorces, child support, child custody and post-divorce litigation. He also has significant appellate experience.

### RUTH J. WILKERSON

Ruth Wilkerson is a Partner of **Hoge Partners, PLLC**. She has been practicing law in Kentucky since 2010. A graduate of Transylvania University in Lexington, Kentucky and the Appalachian School of Law in Grundy, Virginia, Ruth has a varied legal background which included estate planning, workers compensation, personal injury litigation, employment law, civil rights discrimination and sexual harassment.

Ruth has focused on Family Law matters since joining the firm in 2014. She handles both contested and uncontested divorce actions, post-divorce litigation, modifications of child support and maintenance/alimony, disputed parenting matters such as visitation schedules and primary residence, adoption proceedings, child custody and domestic violence proceedings.

### WILLIAM L. HOGE, III

Bill Hoge has been practicing law in Louisville since 1972 and focused on Family Law for better than half of that period. He retired from active practice in 2017. Bill remains of counsel to the firm of **Hoge Partners, PLLC**, providing advice and guidance to attorneys Jim Murphy and Ruth Wilkerson and handling a limited number of cases. He is still a Fellow of the American Academy of Matrimonial Lawyers and formerly served as the Chair of the Family Law Sections for both the Kentucky Bar Association and the Louisville Bar Association. The majority of Mr. Hoge's legal career has been dedicated to Family Law and being of service to people going through the divorce process in Kentucky, individuals needing assistance with post-divorce matters (child support, custody, visitation, etc.), victims of domestic violence, international parental abductions and others situations relating to Domestic Relations law.

# PROBATE DATAPACK

{Please Print}

Today's Date: \_\_\_\_\_

YOUR FULL NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

Street Address

City County State Zip

TELEPHONE: Home -- (\_\_\_\_) \_\_\_\_\_ Work -- (\_\_\_\_) \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

For use only by potential clients of Hoge Partners, PLLC

CONFIDENTIAL -- Attorney/Client Work Product

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: \_\_\_\_\_  
 \_\_\_\_\_

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: \_\_\_\_\_

**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/Executrix  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 --

| <b>SOLELY OWNED CASH AND BANK DEPOSITS</b> |   |   |   |
|--|---|---|---|
|  | 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 --

| <b>JOINTLY OWNED CASH AND BANK DEPOSITS</b> |   |   |   |
|---|---|---|---|
|   | 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 original 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 original 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 original 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:                           |             |                     |                           |                                  |

**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:                                       |        |
| Other:                                       |        |
| Other:                                       |        |
| <b>TOTAL ADMINISTRATION EXPENSES:</b>        |        |

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:**

| <u>Amount</u>                          | Creditor |                 |
|--|----------|-----------------|
| Funeral Home:                          | _____    | _____           |
| Burial Site:                           | _____    | _____           |
| Monument:                              | _____    | _____           |
| Flowers:                               | _____    | _____           |
| Other funeral-related expenses:        | _____    | _____           |
| <b>TOTAL FUNERAL-RELATED EXPENSES:</b> |          | <b>\$</b> _____ |

**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:   |                         |                |
| <b>TOTAL OF MEDICAL EXPENSES FOR LAST ILLNESS:</b> |                         | \$             |
| <b>Insurance Benefits Paid to Date:</b>            |                         | -              |
| <b>NET MEDICAL EXPENSES NOT PAID BY INSURANCE:</b> |                         | \$             |

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: \_\_\_\_\_

| <b>FOR OFFICE USE ONLY</b>  |          |                 |
|---|----------|-----------------|
| <b>PROBATE ADMINISTRATION DATE CHART</b>  |          |                 |
| 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

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Please return completed Datapack to:

## **HOG PARTNERS, PLLC**

Suite 400 SOUTH, First Trust Centre

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## 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.

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