

**FORMAL ADMINISTRATION CHECKLIST**

\*ESTATE OF: \_\_\_\_\_ \*DOD: \_\_\_\_\_ \*AGE @DOD \_\_\_\_\_  
 \*TESTATE: \_\_\_\_\_ \*INTESTATE: \_\_\_\_\_ \*DOMICILIARY: \_\_\_\_\_ \*ANCILLARY: \_\_\_\_\_  
 \*ATTORNEY: \_\_\_\_\_ \*PHONE #(\_\_\_\_\_) \_\_\_\_\_  
 \*ADDRESS: \_\_\_\_\_  
 PERSONAL REPRESENTATIVE: \_\_\_\_\_  
 LETTERS/DATE ISSUED: \_\_\_\_\_ BOND AMOUNT: \_\_\_\_\_  
 INVENTORY/DATE SERVED: \_\_\_\_\_  
 IF TRUST, NOTICE OF TRUST FILED: \_\_\_\_\_ TRUSTEE: \_\_\_\_\_  
 PROOF SERVICE OF NOTICE ADM. (OR WAIVERS) FILED ON SPOUSE: \_\_\_\_\_ ON BENEFICIARIES: \_\_\_\_\_  
 ON TRUSTEES: \_\_\_\_\_ ON PERSONS ENTITLED TO EXEMPT PROP: \_\_\_\_\_  
 NOTICE TO CREDITORS : 1ST PUB. FILED: \_\_\_\_\_ ; AFF. FILED: \_\_\_\_\_ ; SRC FILED: \_\_\_\_\_  
 IF OVER 55, AGENCY FOR HCA SERVED: \_\_\_\_\_  
 NON-TAX AFFIDAVIT/FINAL CERTIFICATES FILED: STATE: \_\_\_\_\_ ; FEDERAL: \_\_\_\_\_  
 FINAL ACCOUNTING/WAIVERS FILED: \_\_\_\_\_

*BENEFICIARY'S NAME	*RELATIONSHIP	*DOB IF MINOR	*TYPE/SHARE	RECEIPT

CLAIMANT'S NAME	AMOUNT	DATE FILED	SATISFIED	OBJ	INDEPENDENT ACTION FILED

DISCHARGE EXTENDED TO: \_\_\_\_\_  
 NOTICE OF FEDERAL ESTATE TAX DUE FILED: \_\_\_\_\_  
*\*TO BE COMPLETED BY ATTORNEY FOR PETITIONER AND FILED WITH INITIAL PLEADING*