

# Checklist to Use When A Person Dies

## THINGS TO DO WHEN A PERSON DIES\*

**To do immediately:**

**date completed:**

- |                          |   |                |
|--------------------------|---|----------------|
| <input type="checkbox"/> | Contact a relative or friend who can spend the next few/several days with you if you are alone. There is much to be done and you probably will not be in a good condition to do it yourself.  | _____          |
| <input type="checkbox"/> | Notify immediate family & close friends   | _____          |
| <input type="checkbox"/> | Evaluate need for emotional support for family  | _____          |
| <input type="checkbox"/> | Find and review known funeral and burial wishes   | _____          |
| <input type="checkbox"/> | Deal with organ donation issues   | _____          |
| <input type="checkbox"/> | Arrange for care for dependents   | _____          |
| <input type="checkbox"/> | Arrange for pet care  | _____          |
| <input type="checkbox"/> | Locate important papers; they may become very useful to you   | _____          |
| <input type="checkbox"/> | Read will/letter of instructions (if any)   | _____          |
| <input type="checkbox"/> | Begin funeral arrangements<br>Facts for funeral director: full name, residence, date of birth, marital status, birthplace, father's name, mother's maiden name, length of US residence, military records, social security number, occupation, spouse's name | _____<br>_____ |
| <input type="checkbox"/> | Notify clergy   | _____          |
| <input type="checkbox"/> | Conclude funeral arrangements<br>(request 5-10 certified copies of death certificate—ask atty.)   | _____          |
| <input type="checkbox"/> | Contact Decedent's employer to check on expected death benefits (employer life insurance, pension or accident insurance) obtain policy numbers  | _____          |
| <input type="checkbox"/> | Avoid making contracts for anything and avoid lending or spending large sums of money   | _____          |

**To do within 7 – 10 days:**

**date completed:**

- Notify landlord, if any \_\_\_\_\_
- Have mail forwarded (if applicable) \_\_\_\_\_
- Check homeowners' insurance for unoccupied house coverage \_\_\_\_\_
- Stop newspaper/magazines/mail to house \_\_\_\_\_
- Arrange for lawn care, other home maintenance \_\_\_\_\_
- Notify insurance companies and file claims \_\_\_\_\_
- Notify Veterans' Administration to apply for benefits (survivors may be eligible for death or disability benefits) \_\_\_\_\_
- Notify Social Security to stop/apply for benefits; Request spousal benefits if applicable \_\_\_\_\_
- Notify Medicare/Medicaid, if applicable (NOTE: if Decedent left minor children or other dependents, they may qualify for benefits) \_\_\_\_\_
- Review auto insurance for accidental death, medical, or other coverage \_\_\_\_\_
- Make an appointment to meet with your attorney \_\_\_\_\_
- Retain/contact attorney competent in estate/trust administration \_\_\_\_\_
- Retain/contact accountant competent in estate/inheritance taxes \_\_\_\_\_
- Retain/contact financial advisor \_\_\_\_\_
- Keep record of expenses for funeral and last illness \_\_\_\_\_

**To do within 30-60 days**

- Search for Will/Trust (Will may be with Probate Court-- 5 years deadline). If no Will and no Trust, "intestate" probate may be necessary. \_\_\_\_\_
- Obtain Surety Bond, if required per attorney instruction \_\_\_\_\_
- Change name on any joint checking and savings accts. (NOTE: wait until instructed by attorney) \_\_\_\_\_

Courtesy of:

**Law Office of Brenda Vassaur Taylor, JD, LLM**  
PO Box 8068; 2949 Point Circle, Suite 2  
Fayetteville, Arkansas 72703  
(479) 527-0006

This information is current as of \_\_\_\_/\_\_\_\_/20\_\_\_\_

- Change name on securities accounts, funds, US Bonds (NOTE: wait until instructed by attorney) \_\_\_\_\_
- Obtain Taxpayer Identification Number (TIN/EIN) for the Estate or Trust \_\_\_\_\_
- Establish "Estate of \_\_\_\_" bank accounts—per instruction \_\_\_\_\_
- Notify IRA and Keogh accounts [NOTE: beneficiary may want to "stretch out" distributions, so don't cash these in without further inquiry] \_\_\_\_\_
- Review medical policies for limits or additional coverage \_\_\_\_\_
- Check for travel accident coverage, if applicable \_\_\_\_\_
- Check for Workers' Compensation benefits \_\_\_\_\_
- Check credit card and club membership benefits \_\_\_\_\_
- Check for safe deposit box and who has access \_\_\_\_\_
- When access allowed, inventory box contents \_\_\_\_\_
- Obtain safe deposit box in the estate's name and inventory contents transferred there \_\_\_\_\_
- Transfer real estate to heirs' name [NOTE: Await attorney instruction] \_\_\_\_\_
- Change name on homeowners' insurance policy \_\_\_\_\_
- Transfer autos to title of "estate of" --per instruction \_\_\_\_\_
- Change name on auto policies \_\_\_\_\_
- Change name on credit accounts, or close \_\_\_\_\_
- Change name on utility accounts \_\_\_\_\_
- Change name in phone directory \_\_\_\_\_
- Notify creditors of death \_\_\_\_\_
- Review beneficiaries on your insurance policies \_\_\_\_\_
- Review your own medical insurance \_\_\_\_\_
- Review your own will/trust** \_\_\_\_\_
- When probate closed, make distributions to heirs \_\_\_\_\_

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**6-9 Months Later:**

**date completed:**

- |                          |   |       |
|--------------------------|---|-------|
| <input type="checkbox"/> | Disclaim any asset you wish by 9 months after date of death | _____ |
| <input type="checkbox"/> | Complete a new budget for yourself                          | _____ |
| <input type="checkbox"/> | Review your insurance and investment plans                  | _____ |
| <input type="checkbox"/> | Consider your disability coverage                           | _____ |
| <input type="checkbox"/> | Review old records of bank and check statements             | _____ |
| <input type="checkbox"/> | Obtain a new written valuation of assets, where needed      | _____ |
| <input type="checkbox"/> | File appropriate tax returns (death taxes by 9 months)      | _____ |

\*This checklist is meant to be a general guideline and list of action points to discuss with an attorney competent in estate and trust administration. It is not to be used without specific legal advice regarding any specific situation [either probate or non-probate]. One of my goals is to keep clients out of probate, through the use of revocable or irrevocable trusts. Some or most of the above duties may not be required with appropriate planning prior to death.

Please call my office for specific advice when needed.

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***BRING TO THE INITIAL OFFICE APPOINTMENT:***

- the ***original*** Will or Trust with Ancillary Documents
- a death certificate (does not need to be certified copy at this time)
- The names and addresses of the witnesses to the Will, unless the Will is self-proving (the ones we do for our clients are self-proving. If you are not sure if a Will is self-proving, I will examine the Will during your appointment)
- name and address of person named as Executor ***and*** all “alternate” executors and Trustees
- the approximate dollar values of all assets whether owned solely by deceased or owned jointly with spouse; these are to include all retirement accounts, life insurance policies, and annuities in the name of the deceased and spouse
- names, addresses, and ages of heirs at law and beneficiaries. These are not necessarily the beneficiaries of the Will or Trust. Heirs at law are determined by kinship to the deceased according to Arkansas law
- names, addresses, and ages of every person named in the Will or Trust.

If the Executor/Executrix or Trustee named in the Will or Trust does not wish to serve, [s]he must submit a renunciation letter (I will supply the appropriate form). If the named Executor in the Will or Trustee of the Trust is deceased, a death certificate is required.

If the decedent left no Will or Trust, bring the remaining items above to the Office. If the decedent was married at the time of death, preference is given to the surviving spouse as Administrator. The spouse may relinquish duties of Administrator by submitting a written statement expressing intent not to qualify as Administrator

***FEES & EXPENSES FOR PROBATE OR TRUST ADMINISTRATION***

These will be discussed at the initial visit. They are appropriate depending upon work requested.

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