



ESTATE ADMINISTRATION FORM & CHECKLIST

Donor: Name: _____

Last address: _____

Date of Death: _____ Date of Will/Trust: _____

Name of surviving Spouse/Partner: _____

Personal Representative or Trustee:

Name: _____

Address: _____

Telephone: _____ Email: _____

Attorney: Name: _____

Firm: _____

Address: _____

Telephone: _____ Email: _____

Charitable bequest (amount, percentage): _____

Restrictions (if any): _____

Paragraph of Will/Trust providing for gift: _____ (Attach a copy of relevant text)

Testator/Settlor's relationship to Charity: _____

Other Estate/Trust information; _____

Other Charitable Beneficiaries: _____

Distributions Received:

Date: _____ Amount: _____ Final: Y N

Date: _____ Amount: _____ Final: Y N

Date: _____ Amount: _____ Final: Y N

Documentation Received:

Date

_____ Notice of Estate Administration

_____ Copy of Will/Trust

_____ Death Certificate

_____ Inventory

_____ Federal Estate Tax Return

_____ Notice of Audit

_____ Receipt & Release

_____ Final Distribution

Documentation Sent:

_____ 501(c) (3) letter

_____ Form W-9