

# **EXECUTOR/ADMINISTRATOR CHECKLIST**

## **I. IMMEDIATE MATTERS**

### **1. NOTIFICATIONS** - *notify of death and cancel any mailings or appointments for:*

- Landlord     Neighbors     Homeowners Association     Physicians
- Employer     School     Civic Organizations     Dentist
- Church (*check for unmet pledges – Executor’s option to fulfill them or not*)

*Check Decedent’s calendar and address book for additional persons or organizations.*

### **2. PETS** - *make care arrangements, after checking with veterinarian*

- \_\_\_\_\_     \_\_\_\_\_

### **3. VEHICLES** – (including boats and trailers) *Secure keys and arrange for proper storage:*

- Vehicle \_\_\_\_\_     Vehicle \_\_\_\_\_
- Vehicle \_\_\_\_\_     Vehicle \_\_\_\_\_

### **4. HOME MAINTENANCE**

#### A. Security:

- Retrieve all keys and/or re-key
- Retrieve all garage door openers
- Confirm doors and windows are properly locked
- Confirm alarm system is properly set and working
- Notify alarm company of change in contact numbers for system alerts
- Confirm home safe is intact and properly set
- Confirm outside lights are properly set
- Possibly replace any gate locks

#### B. Heating/Cooling Systems:

- Check thermostat setting for appropriate temperature and humidity
- Confirm HVAC filters are clean and units are properly working
- Close vents in unused rooms

#### C. Lawn care:

- Continue or discontinue lawn service
- Check sprinkler system and outside faucets
- Put timer on hoses if there is no sprinkler system
- Check for dead or overhanging limbs
- Arrange for bulk trash or brush pick-up per city and/or HOA instructions, if needed

#### D. Appliances:

- Unplug or turn off unused appliances
- Check any preset timers (e.g. lamps, coffee pot, alarm clock)
- Check for frayed cords or fire hazards

**5. UTILITIES** - *turn off or adjust settings for:*

- Electric     Gas     Water     Sewer/Septic

**6. COMMUNICATIONS / MEDIA**

- Mail – forward or place on hold  
 Subscriptions – cancel and request refunds for pre-paid costs for newspapers, magazines, book clubs, etc.  
 Remove name from mailing lists:  
[www.dmachoice.org](http://www.dmachoice.org)    [www.directmail.com](http://www.directmail.com)  
[www.abacusoptout.com](http://www.abacusoptout.com)    [www.privacyrights.org](http://www.privacyrights.org)

**7. MEDICATIONS**

- Safely dispose of unused prescription medications  
 Notify pharmacy to cancel automatic refills

**8. ITEMS ON LOAN/RENTAL** - *return to owner and request return of any deposit:*

- Medical equipment (e.g. walker, toilet chair, etc.)  
 Household equipment (e.g. water filter, rug cleaner, etc.)  
 Library books  
 DVDs, audio books, etc.  
 Other: \_\_\_\_\_

**9. DELIVERIES** - *cancel scheduled deliveries and request refunds for any pre-paid costs:*

- Groceries     Bottled water     Pharmacy     Other

**10. PICKUPS** - *cancel pickup and request refund for any pre-paid costs:*

- Trash/recycling     Dry cleaners/laundry

**11. MEMBERSHIPS** - *cancel and request refund of pre-paid dues or deposits:*

- Fitness center     Country Club     Alumni organization  
 Political party     Other: \_\_\_\_\_

**12. FUTURE EVENTS AND ACTIVITIES** - *cancel reservation and request refund of pre-paid costs*

- Sporting events     Musical/theater performances  
 Travel plans     Conferences/reunions  
 Lessons     Other: \_\_\_\_\_

*Check Decedent's calendar and account statements for additional events and activities*

**13. MISCELLANEOUS**

- \_\_\_\_\_     \_\_\_\_\_  
 \_\_\_\_\_     \_\_\_\_\_  
 \_\_\_\_\_     \_\_\_\_\_

## II. MATTERS AFFECTING THE ESTATE BEFORE PROBATE

### 1. DECEDENT'S PERSONAL BELONGINGS - locate and secure:

- Wallet, Purse, Briefcase (*check for cash, debit/charge cards, checkbook and Social Security Card*)
- Cell phone                       Computer                       Digital devices
- Calendar, agenda, etc.       Jewelry                       Collectibles (e.g. art, coins, guns, etc.)

### 2. DECEDENT'S RECORDS AND PAPERS

#### A. Locations to search:

- House (desk, file cabinet, closet, garage, other)
- Office                       Storage Unit                       Safety Deposit Box

#### B. Items to locate:

- Income tax returns
- Real property deeds, purchase documents and tax statements
- Account agreements and statements
- Loan documents
- Titles and purchase records (vehicles, boats, trailers, mobile home, motorcycle)
- Lease agreements
- Insurance records (life, health, property, automobile)
- Stock certificates
- Bonds
- Annuity contracts
- Governmental benefits statements (Social Security, Medicare, etc.)
- Pension records
- Military records
- Passport
- Legal records (lawsuits, divorce, adoption, etc.)
- Employment Records
- Other: \_\_\_\_\_

### 3. DECEDENT'S DATA STORAGE - search these to locate and identify Decedent's assets and obligations:

- Files/papers
- Computer
- Digital device
- Calendar/agenda
- Account records
- Voice mail
- Safe/deposit box

**III. DECEDENT'S FINANCIAL ASSETS**

**1. BANK ACCOUNTS** - notify institution of death and request records; locate Decedent's account register. For each account complete the information below and perform the listed tasks:

A. INSTITUTION: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Account No.: \_\_\_\_\_  Savings *or*  Checking  
Payable on death to : \_\_\_\_\_  
Date of Death balance (principal): \_\_\_\_\_ Accrued interest : \_\_\_\_\_  
Notes: \_\_\_\_\_

- Signature Card       Print-out of accounts (depository and loans)  
 Account Statements (last six months)    Confirm auto deposits/withdrawals  
COMPLETED:  Funds transferred into Estate Account

B. INSTITUTION: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Account No.: \_\_\_\_\_  Savings *or*  Checking  
Payable on death to : \_\_\_\_\_  
Date of Death balance (principal): \_\_\_\_\_ Accrued interest : \_\_\_\_\_  
Notes: \_\_\_\_\_

- Signature Card       Print-out of accounts (depository and loans)  
 Account Statements (last six months)    Confirm auto deposits/withdrawals  
COMPLETED:  Funds transferred into Estate Account

C. INSTITUTION: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Account No.: \_\_\_\_\_  Savings *or*  Checking  
Payable on death to : \_\_\_\_\_  
Date of Death balance (principal): \_\_\_\_\_ Accrued interest : \_\_\_\_\_  
Notes: \_\_\_\_\_

- Signature Card       Print-out of accounts (depository and loans)  
 Account Statements (last six months)    Confirm auto deposits/withdrawals  
COMPLETED:  Funds transferred into Estate Account

**2. BROKERAGE ACCOUNTS – Notify institution of death and obtain records:**

A. COMPANY: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Account No.: \_\_\_\_\_ Payable on death to : \_\_\_\_\_  
Date of Death balance (principal): \_\_\_\_\_ Accrued interest : \_\_\_\_\_  
Notes: \_\_\_\_\_

Signature Card       Print-out of accounts (depository and loans)  
 Account Statements (last six months)    Confirm auto deposits/withdrawals  
COMPLETED:    Funds transferred into Estate Account

B. COMPANY: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Account No.: \_\_\_\_\_ Payable on death to : \_\_\_\_\_  
Date of Death balance (principal): \_\_\_\_\_ Accrued interest : \_\_\_\_\_  
Notes: \_\_\_\_\_

Signature Card       Print-out of accounts (depository and loans)  
 Account Statements (last six months)    Confirm auto deposits/withdrawals  
COMPLETED:    Funds transferred into Estate Account

C. COMPANY: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Account No.: \_\_\_\_\_ Payable on death to : \_\_\_\_\_  
Date of Death balance (principal): \_\_\_\_\_ Accrued interest : \_\_\_\_\_  
Notes: \_\_\_\_\_

Signature Card       Print-out of accounts (depository and loans)  
 Account Statements (last six months)    Confirm auto deposits/withdrawals  
COMPLETED:    Funds transferred into Estate Account

**3. ANNUITY & LIFE INSURANCE CONTRACTS – Notify institution of death and request claim forms:**

A. COMPANY: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Payable on death to : \_\_\_\_\_  
Death benefit: \_\_\_\_\_  
Notes: \_\_\_\_\_  
COMPLETED:    Funds transferred into Estate Account (if applicable)

B. COMPANY: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Payable on death to : \_\_\_\_\_  
Death benefit: \_\_\_\_\_  
Notes: \_\_\_\_\_  
COMPLETED:  Funds transferred into Estate Account (if applicable)

C. COMPANY: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Payable on death to : \_\_\_\_\_  
Death benefit: \_\_\_\_\_  
Notes: \_\_\_\_\_  
COMPLETED:  Funds transferred into Estate Account (if applicable)

D. COMPANY: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Payable on death to : \_\_\_\_\_  
Death benefit: \_\_\_\_\_  
Notes: \_\_\_\_\_  
COMPLETED:  Funds transferred into Estate Account (if applicable)

**4. PROPERTY INSURANCE – Notify of death, verify coverage, request account records:**

A. HOUSE – notify of any potential vacancy of house:  
Agent: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Coverage effective through:  Declaration page  Account statement

B. VEHICLE – notify of any change in location of vehicle(s):  
Agent: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Coverage effective through:  Declaration page  Account statement

C. PROPERTY/CASUALTY– notify of any change in location of covered item(s):  
Agent: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Coverage effective through:  Declaration page  Account statement

**5. OIL AND GAS ROYALTIES AND LEASES – Notify distributor of death; consider requesting  
suspense of payment pending probate:**

A. Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Account No.: \_\_\_\_\_ Unit No./Well/No.: \_\_\_\_\_  
Date of lease: \_\_\_\_\_  
COMPLETED:  Funds/payments transferred into Estate Account

B. Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Account No.: \_\_\_\_\_ Unit No./Well/No.: \_\_\_\_\_  
Date of lease: \_\_\_\_\_  
COMPLETED:  Funds/payments transferred into Estate Account

C. Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Account No.: \_\_\_\_\_ Unit No./Well/No.: \_\_\_\_\_  
Date of lease: \_\_\_\_\_  
COMPLETED:  Funds/payments transferred into Estate Account

**6. CLAIMS OWED TO DECEDENT** – notify debtor of death; give instructions for payments prior to death:

A. Debtor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type/Status of Debt: \_\_\_\_\_  
Amount: \_\_\_\_\_ When promised or due: \_\_\_\_\_  
COMPLETED/PAID:  Funds transferred into Estate Account

B. Debtor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type/Status of Debt: \_\_\_\_\_  
Amount: \_\_\_\_\_ When promised or due: \_\_\_\_\_  
COMPLETED/PAID:  Funds transferred into Estate Account

C. Debtor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type/Status of Debt: \_\_\_\_\_  
Amount: \_\_\_\_\_ When promised or due: \_\_\_\_\_  
COMPLETED/PAID:  Funds transferred into Estate Account

**IV. DECEDENT'S FINANCIAL OBLIGATIONS**

**1. CREDIT BUREAUS** - notify of death, request copy of decedent's credit report:

- Experian ([www.experian.com](http://www.experian.com))       Equifax ([www.equifax.com](http://www.equifax.com))
- TransUnion ([www.transunion.com](http://www.transunion.com))       Other: \_\_\_\_\_

**2. MORTGAGE LOAN(S)** - notify of death; confirm payment terms; inquire about purchase money insurance:

A.  Company: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

B.  Company: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

**3. CREDIT CARDS** - notify of death; request statements for last 6 months; ask about credit life insurance:

A.  Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

B.  Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

C.  Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

**4. OTHER DEBTS OWED BY DECEDENT** - notify creditor of death; request payment terms and amount:

A.  Creditor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Type of Debt: \_\_\_\_\_  
Status: \_\_\_\_\_

B.  Creditor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Type of Debt: \_\_\_\_\_  
Status: \_\_\_\_\_



C.  Creditor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Type of Debt: \_\_\_\_\_  
Status: \_\_\_\_\_

**5. CONTRACTUAL OBLIGATIONS OF DECEDENT** - notify contract holder of death; confirm status of contract:

A.  Contract Holder: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Type/Status of Obligation: \_\_\_\_\_  
\_\_\_\_\_

B.  Contract Holder: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Type/Status of Obligation: \_\_\_\_\_  
\_\_\_\_\_

**6. JUDGMENT OBLIGATIONS OF DECEDENT** - confirm Decedent's obligations under judgment:

Judgment Terms: \_\_\_\_\_  
Obligee: \_\_\_\_\_  
Amount Due: \_\_\_\_\_

**V. DECEDENT'S MISCELLANEOUS FINANCIAL AFFAIRS**

**1. ONLINE AND MISCELLANEOUS ACCOUNTS**

- Websites owned or controlled by Decedent: confirm and/or arrange for interim management
- Accounts: locate password, print out statement or content, terminate account.
- Social Media Accounts (e.g., Facebook, Twitter): locate password, print out statement or content, terminate account.
- E-mail accounts
- Merchants (e.g., Paypal, eBay, Paypal, etc.)
- Banks and brokerage companies
- Internet service - consider terminating service, request refund of pre-paid costs

**2. EMPLOYEE BENEFITS** - contact Decedent's employer and confirm status of accrued/unpaid benefits:

- Salary (including unused vacation pay, sick leave or PTO)
- Medical savings plan
- Life insurance
- Accidental death/dismemberment insurance
- Pension/retirement plan

**3. UTILITIES** - notify of death; consider turning off service and/or changing billing address:

- Electric                       Gas                       Water                       Sewer/Septic
- Phone (land line)             Phone (cell)             Cable/Satellite

**4. INCOME TAX RETURNS**

- Contact Decedent’s accountant and check whether any filing or tax is due
- Consider paying any amounts owed, to stop accrual of penalties and interest

**5. MILITARY BENEFITS**

- Contact Veteran’s Administration and determine nature and value of any available benefits

**6. UNCLAIMED PROPERTY**

- Contact Texas State Comptroller’s Office to determine whether Estate is entitled to funds ([www.window.state.tx.us/up/reclaiming.html](http://www.window.state.tx.us/up/reclaiming.html))

**7. TUITION REFUNDS**

- Contact any school or training institute to cancel Decedent’s enrollment; request refund for portion of unused tuition; request whether tuition-guarantee provision was in place.

**8. ITEMS ON ORDER**

- Check with any retail, wholesale or mail-order outlets for orders placed by Decedent and make arrangements for payment or refund.

**9. INTELLECTUAL PROPERTY RIGHTS**

- Check applicable registries for trademarks, patents, copyrights or other intellectual property, to determine whether any renewals or modifications must be filed.

**VI. OTHER MATTERS AND GENERAL NOTES**

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