Form: Planned Gift File Checklist

NAME: _____

OPEN DATE: _____

CLOSED DATE: _____

NOTICE OF PROBATE DATE: _____

WILL _____

Date Requested: _____ Date Received: _____

Share: _____ Estimated Amount: _____

Terms of Will: _____

_____

_____

FUND NUMBER: _____ TITLE: _____

1. TRUST/ESTATE _____ ID# _____

2. ATTORNEY _____ ID# _____

Name: _____ Phone: _____

Assistant: _____

3.EXECUTOR(S)/TRIXES

Name: _____ Phone: _____

Assistant: _____

COMMENTS: