**Instruction and Progress Sheet of %DECEASED NAME% Deceased**

|  |  |
| --- | --- |
| Name [check death certificate and will: any difference will need to be explained] | %DECEASED NAME% |
| Address [check death certificate and will: again, any difference needs to be explained] | %DECEASED ADDRESS% |
| Date of death [see death certificate] | %DATE OF DEATH% |
| Surviving relatives [attach list, include in the case of intestacy relatives of the full and the half blood] |  |
| Occupation [‘retired’ will not do: must be ‘retired occupation’] | %DECEASED OCCUPATION% |
| Domicile/Residence: Origin/Death [Caution, confirm with family, may have tax implications] |  |
| Age at death [check death certificate is correct] |  |
| Date of birth [check death certificate] |  |
| Death certificate obtained Yes/No |  |
| Marital status [check it is correct on death certificate] Separated/Divorced? | %DECEASED MARITAL STATUS% |
| Place of death | %PLACE OF DEATH% |
| Date of Irish grant |  |
| Date of foreign grant (if any) |  |
| Valuation date(s) |  |
| Date of ascertainment |  |
| PPS no of deceased [This number is required for ALL Revenue forms] |  |
| Revenue file no. [only use when deceased did not have a PPS no.] |  |
| Social Welfare claim no. |  |
| Surviving spouse [consider fresh will] |  |

|  |  |
| --- | --- |
| Did deceased leave a will? Yes/No |  |
| Will all named executors act/reserve right/renounce right? |  |
| Location of will |  |
| Date of will/Date of any codicils | %DATE OF WILL% |

**If YES above then compete the following section (Testate)**

|  |  |
| --- | --- |
| **Executor appointed/alive?** Yes/No |  |
| Executor no 1 name: | Relationship to deceased |
| Address |  |
| Occupation | Mobile No |
| Phone no | Email |
| Fax no | PPS no |

|  |  |
| --- | --- |
| **Executor appointed/alive?** Yes/No |  |
| Executor no 2 name: | Relationship to deceased |
| Address |  |
| Occupation | Mobile No |
| Phone no | Email |
| Fax no | PPS no |

If there is no will or if the executor cannot act, then complete the following section

(Intestate, Will annxed; De bonis non)

**ADMINISTRATOR/S no 1 [check entitlement]**

|  |  |
| --- | --- |
| Administrator no 1 name: | Relationship to deceased |
| Address |  |
| Occupation | Mobile No |
| Phone no | Email |
| Fax no | PPS no |

**ADMINISTRATOR/S no 2 [check entitlement]**

|  |  |
| --- | --- |
| Administrator no 2 name: | Relationship to deceased |
| Address |  |
| Occupation | Mobile No |
| Phone no | Email |
| Fax no | PPS no |

Assets [we recommend that in time a copy of the CA24 as certified is attached to the instruction sheet]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Value at date of death (€)** | **Grant noted Y/N** | **Value at and date of collection (if applicable)** |
| 1. | Bank accounts |  |  |  |
|  | 1. |  |  |  |
|  | 2. |  |  |  |
|  | 3. |  |  |  |
| 2. | Building Society |  |  |  |
| 3. | Post Office |  |  |  |
|  | 1. Account |  |  |  |
|  | 2. Savings certs (total value) |  |  |  |
|  | 3. Index linked bonds |  |  |  |
| 4. | Prize bonds |  |  |  |
| 5. | Credit union |  |  |  |
| 6. | Cash in house |  |  |  |
| 7. | Household goods |  |  |  |
| 8. | Car |  |  |  |
| 9. | Real/leasehold property [attach valuation/location of title deeds] |  |  |  |
| 10. | Shares/securities (total value) [attach valuation] |  |  |  |
| 11. | Government stock (if not included in value of shares above) |  |  |  |
| 12. | Insurance policies s 72/73 (formerly s 60) policy |  |  |  |
| 13. | Pension/gratuities  Sate pension/Assistance Bereavement grant? |  |  |  |
| 14. | VHI/BUPA/other medical scheme payments |  |  |  |
| 15. | Other |  |  |  |
|  | Total to be carried forward to schedule of assets | € |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Foreign Assets**  **Currency** | **Value at date of death (€)** | **Grant noted Y/N** | **Value at and date of collection (if applicable)** |
| 1. | Bank accounts |  |  |  |
|  | 1. |  |  |  |
|  | 2. |  |  |  |
|  | 3. |  |  |  |
| 2. | Share [attach list] |  |  |  |
| 3. | Property |  |  |  |
|  | Total to be carried forward to schedule of assets | €  [This figure is not included in the gross value of the Irish estate] |  |  |

**Rate of exchange at date of death =**

[Always check the currency/currencies in which you are dealing, and the rate of exchange. You may have a number of different rates during the administration. Keep an eye on these.]

**Debts**

[Include only debts as at date of deaths; keep a separate record of administration debts]

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address of creditor | Amount  (€) | Date paid | Receipt  Yes/No |
| Name of funeral directors  Funeral expenses  Other pre-death expenses |  |  |  |
| Total | € |  |  |

**Joint property/joint assets**

[If deceased held property jointly with another, ascertain full detailed answers to questions on Part 5 of schedule of assets and insert appropriate details. Attach a list or schedule. Note that when referring to a schedule attached to the CA24, a copy of that schedule must be attached to the CA24 when applying to the Probate Office.]

**BENEFICIARIES**

|  |  |
| --- | --- |
| Name |  |
| Address | Tax liability? Yes/No [insert amount] |
| PPS no | Date of CAT clearance |
| Legacy/share | Date of payment |
| Relationship | Receipt |

|  |  |
| --- | --- |
| Name |  |
| Address | Tax liability? Yes/No [insert amount] |
| PPS no | Date of CAT clearance |
| Legacy/share | Date of payment |
| Relationship | Receipt |

|  |  |
| --- | --- |
| Name |  |
| Address | Tax liability? Yes/No [insert amount] |
| PPS no | Date of CAT clearance |
| Legacy/share | Date of payment |
| Relationship | Receipt |

|  |  |
| --- | --- |
| Name |  |
| Address | Tax liability? Yes/No [insert amount] |
| PPS no | Date of CAT clearance |
| Legacy/share | Date of payment |
| Relationship | Receipt |

|  |  |
| --- | --- |
| Name |  |
| Address | Tax liability? Yes/No [insert amount] |
| PPS no | Date of CAT clearance |
| Legacy/share | Date of payment |
| Relationship | Receipt |