

## SUPPLEMENTARY G – DECEASED TAXPAYER

NAME OF THE DECEASED:

NAME OF EXECUTOR(S):

DATE OF DEATH:

### I HAVE INCLUDED A COPY OF THE:

Death Certificate

Yes  No

Will

Yes  No

Probate documents (if applicable)

Yes  No

### PLEASE COMPLETE THE FOLLOWING REGARDING THE REAL PROPERTY OWNED BY THE DECEASED ON THE DATE OF DEATH (EVEN IF JOINTLY OWNED WITH A SPOUSE):

ADDRESS	FMV ON DATE OF DEATH:	YEAR PURCHASED	JOINTLY OWNED WITH SPOUSE?	ORIGINAL COST*	PRINCIPAL RESIDENCE?	1994 ELECTION?
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* ORIGINAL COST IS NOT REQUIRED IF THE PROPERTY IS THE PRINCIPAL RESIDENCE

### OTHER ASSETS AND PROPERTY OWNED BY THE TAXPAYER ON DATE OF DEATH (THIS INCLUDES BANK AND INVESTMENT ACCOUNTS)

DESCRIPTION:	IS SPOUSE BENEFICIARY?	FMV ON DATE OF DEATH:	ORIGINAL COST:
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### INVESTMENT ADVISOR

I/We give Aspire permission to contact my/our advisor directly for any missing information needed to file my/our 2020 tax return accurately, including related to foreign income verification?  Yes  No

Name

Company/Firm

Phone

Email