

**Worksheet 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?	Principal Residence?	Original Cost*	1994 Election filed?
			<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) OR PLEASE PROVIDE A COPY OF PROBATE DOCUMENTS**

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		