

Corcoran & Company

SCHEDULE OF INFORMATION REQUIRED

Name of Deceased:

SECTION 1: INFORMATION RELATING TO THE DECEASED PERSON

PPSN:	
Date of death (dd/mm/yyyy):	
Forename:	
Surname:	
Address line 1:	
Address line 2:	
Address line 3:	
County/City:	
Country:	
Date of birth: (dd/mm/yyyy):	
Place of death (City/Town/County):	
Occupation:	
Domicile at death:	
Domicile of origin:	
Resident or ordinary resident in Ireland:	
Individual Status:	
Surviving Relatives:	
Define the remoter relationship:	

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Was the deceased in receipt of a state pension?	
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SECTION 2: EXECUTORS

PERSON 1

Forename:	
Surname:	
Occupation:	
Relationship to the deceased:	
Phone number:	
Email address:	
Address line 1:	
Address line 2:	
Eircode:	
County/city:	
Country:	

PERSON 2

Forename:	
Surname:	
Occupation:	
Relationship to the deceased:	
Phone number:	
Email address:	
Address line 1:	
Address line 2:	

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Eircode:	
County/city:	
Country:	

SECTION 3: DETAILS OF BENEFICIARIES

(Use a continuation page if more than 5 beneficiaries)

Person 1

Forename:	
Surname:	
Date of birth:	
PPSN:	
Address line 1:	
Address line 2:	
Eircode:	
County/city:	
Country:	
Is the beneficiary resident in the State:	
Is the beneficiary domiciled in the State:	
Relationship to the deceased:	
Has any prior inheritance ever been received? (a) Please confirm from whom it was received (b) Please confirm date of inheritance (c) Please confirm how much was received (approx.)	

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PERSON 2

Forename:	
Surname:	
Date of birth:	
PPSN:	
Address line 1:	
Address line 2:	
Eircode:	
County/city:	
Country:	
Is the beneficiary resident in the State:	
Is the beneficiary domiciled in the State:	
Relationship to the deceased:	
Has any prior inheritance ever been received? (a) Please confirm from whom it was received (b) Please confirm date of inheritance (c) Please confirm how much was received (approx.)	

PERSON 3

Forename:	
Surname:	
Date of birth:	

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PPSN:	
Address line 1:	
Address line 2:	
Eircode:	
County/city:	
Country:	
Is the beneficiary resident in the State:	
Is the beneficiary domiciled in the State:	
Relationship to the deceased:	
Has any prior inheritance ever been received? (a) Please confirm from whom it was received (b) Please confirm date of inheritance (c) Please confirm how much was received (approx.)	

PERSON 4

Forename:	
Surname:	
Date of birth:	
PPSN:	
Address line 1:	
Address line 2:	
Eircode:	

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County/city:	
Country:	
Is the beneficiary resident in the State:	
Is the beneficiary domiciled in the State:	
Relationship to the deceased:	
<p>Has any prior inheritance ever been received?</p> <p style="margin-left: 40px;">(a) Please confirm from whom it was received</p> <p style="margin-left: 40px;">(b) Please confirm date of inheritance</p> <p style="margin-left: 40px;">(c) Please confirm how much was received (approx.)</p>	

PERSON 5

Forename:	
Surname:	
Date of birth:	
PPSN:	
Address line 1:	
Address line 2:	
Eircode:	
County/city:	
Country:	
Is the beneficiary resident in the State:	
Is the beneficiary domiciled in the State:	
Relationship to the deceased:	

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<p>Has any prior inheritance ever been received?</p> <p style="margin-left: 20px;">(a) Please confirm from whom it was received</p> <p style="margin-left: 20px;">(b) Please confirm date of inheritance</p> <p style="margin-left: 20px;">(c) Please confirm how much was received (approx.)</p>	
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Section 4: Assets:

PROPERTY:

1.

Address of Property:	
Is the property owned solely by the deceased?	
Is there any known charges registered to the property?	
Where are the deeds held ?	
Has a valuation been requested?	
<p>Is the property insured?</p> <p>*It is the duty of the Executor to ensure that the property is insured.</p>	

2.

Address of Property:	
Is the property owned solely by the deceased?	

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Is there any known charges registered to the property?	
Where are the deeds held ?	
Has a valuation been requested?	
Is the property insured? *It is the duty of the Executor to ensure that the property is insured.	

BANK ACCOUNTS / BUILDING SOCIETY

1.

Bank Name & Address	
Account Number	

2.

Bank Name & Address	
Account Number	

3.

Bank Name & Address	
Account Number	

4.

Bank Name & Address	
Account Number	

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5.

Bank Name & Address	
Account Number	

6.

Bank Name & Address	
Account Number	

CREDIT UNION ACCOUNT

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Name & Address of Credit Union	
Account Number	
Was a nomination been made on the account? Any payments made from account to beneficiary?	

PRIZE BONDS

Were Prize Bonds held?	
Please provide original Prize Bond Certificates	

AN POST SAVINGS ACCOUNT

Name & Address of Post Office	
Account Number	

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LIFE POLICY

1.

Name & Address of Provider	
Account Number	

2.

Name & Address of Provider	
Account Number	

PRIVATE PENSION

Name & Address of Provider	
Account Number	

ANY OTHER ASSETS

Please use a continuation page if required.

Cars, Boats, Machinery	
Agricultural Assets	
Cash	
Household Contents	
Superannuation or Capital Payments	
Debts owing to the deceased	
Foreign assets	
Any other assets not declared	
Stocks, Shares, Securities	

SECTION 5. LIABILITIES

FUNERAL EXPENSES

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Funeral Director Name & Address	
Cost of funeral	
Has the funeral costs been discharged? If so, by whom?	
Please provide a receipt for funeral and misc expenses (catering, headstone etc)	

FAIR DEAL NURSING HOME

Are there monies owed in respect of the Fair Deal Scheme?	
Please confirm the amount?	
Have these been discharged? If so, by whom,	
Please provide a receipt if available	

MONIES OWED TO REVENUE

Are monies owed to Revenue?	
Please provide further details as to how these arise.	

HOUSEHOLD BILLS

Please provide a copy of all household bills	
If these have been paid, please confirm by whom.	

AMOUNTS DUE TO OTHER FINANCIAL INSTITUTIONS (mortgage/ Loan etc)

1.

Name & Address of Institution	
Amount owed	

2.

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Name & Address of Institution	
Amount owed	

3.

Name & Address of Institution	
Amount owed	

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