

The personal representative/trustee has a primary duty to first notify and clear creditors prior to making distributions to beneficiaries. This stage of the process leads you through the legal requirements to satisfy one of the most important obligations, including:

- 1 Creditor Conference Agenda
- 2 Identification of reasonably ascertainable creditors
- 3 Estate Settlement Program Creditor Checklist
- 4 Conference Action Plan

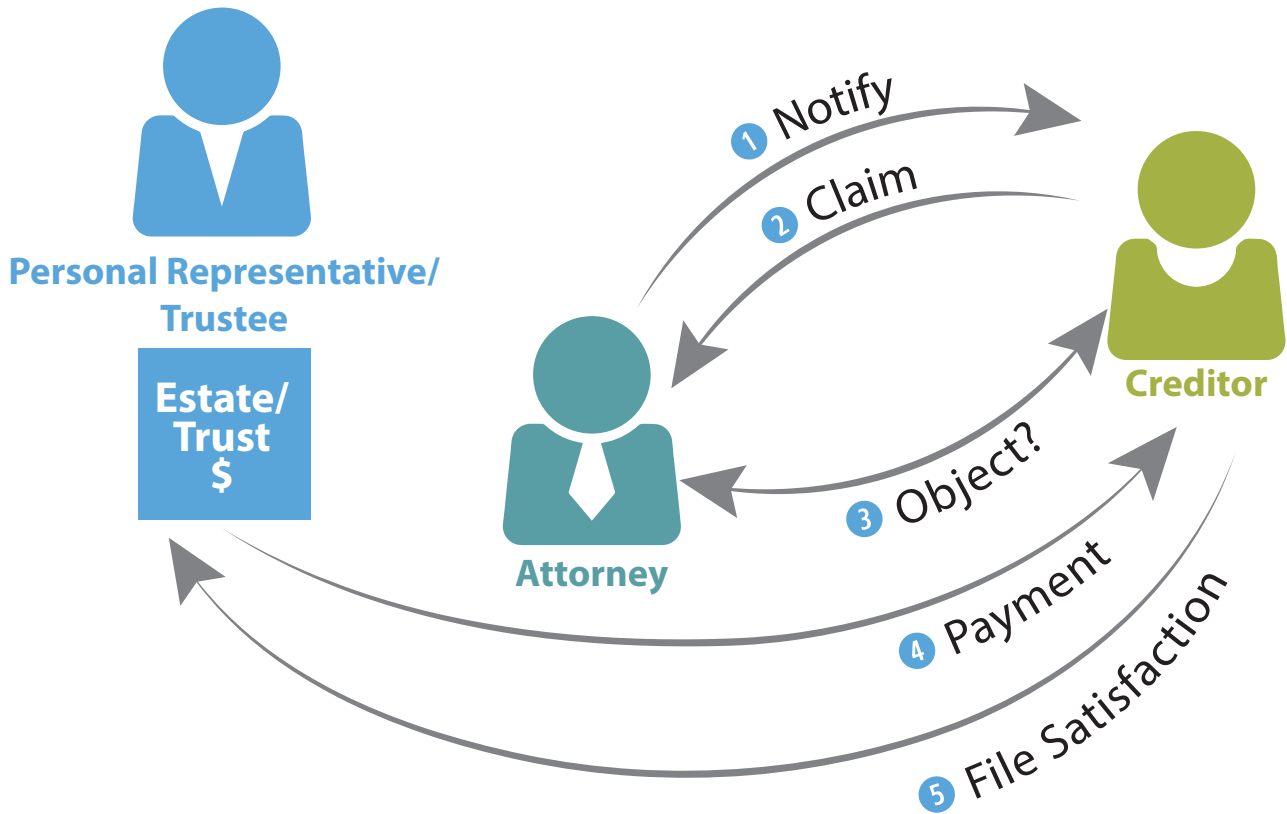


Creditor Conference

| Team Members to Attend | Invitees |
|---|---|
| <input type="checkbox"/> Attorney <input type="checkbox"/> Probate/Trust Coordinator <input type="checkbox"/> Funding Assistant | <input type="checkbox"/> Personal Representative/trustee <input type="checkbox"/> Surviving spouse <input type="checkbox"/> Beneficiaries who would like to participate <input type="checkbox"/> CPA <input type="checkbox"/> Financial advisor/trust officer |

Creditor Conference Agenda

1. Open points since last meeting
2. Creditors/potential creditors objection to any claims
3. Assets sufficient to cover creditors
4. Beneficiary disputes, if any
5. Reimbursement of expenses to Personal Representative/Trustee
 - Funeral/clergy
 - Travel
6. Discussion of end of creditor's notice period
7. 90 day probate or 2 year reserves if no probate
8. Any other questions or issues



2 Years
Trust

No Probate
Creditor Notice
Period

90
Days
Probate

Probate
Creditor Notice
Period

Identification of Reasonably Ascertainable Creditors

| | Description | Amount | Secured | Unsecured | |
|---------------------------|-------------|--------|--------------------------|--------------------------|--------------------------|
| Household Services | | | | | |
| Mortgage Lender (1) | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mortgage Lender (2) | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lines of Credit | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lawn | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pool | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pest | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Homeowner's Association | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Insurance | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Bank Loans | | | | | |
| Automobile | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Business | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Personal | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Miscellaneous | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Credit Card | | | | | |
| Credit Card (1) | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Credit Card (2) | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Credit Card (3) | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Credit Card (4) | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Credit Card (5) | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Business | | | | | |
| Business (1) | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Business (2) | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Business (3) | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lawsuits | | | | | |
| Lawsuits (1) | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lawsuits (2) | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lawsuits (3) | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | Health Insurance | Medicare | Supplemental |
| Medical | | | | | |
| Doctors | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospitals | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Care Facilities | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rehabilitation Facilities | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Miscellaneous | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Creditor Checklist

- Determine reasonably ascertainable creditors
 Notify attorney's office of bills
 Attorney's office provide creditor's notice (probate only)

Completed

| Bills to be paid | Date of Bill | End of Notice Period | Date of Payment | Check # |
|------------------|--------------|----------------------|-----------------|---------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ | _____ |
| 8. _____ | _____ | _____ | _____ | _____ |
| 9. _____ | _____ | _____ | _____ | _____ |
| 10. _____ | _____ | _____ | _____ | _____ |

| Claims Filed | Object to Claim? | Objection Filed |
|--------------|--|--|
| 1. _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Creditor's notice period ends _____

| Reserve for Creditors | Amount | Date |
|-----------------------|--------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |

Conference Action Plan

| Action Items | Who's Responsible | By When |
|--------------|-------------------|---------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |