

ESTATE ADMINISTRATION INTAKE

***ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL**

1.DECEDENT INFORMATION

Name of Deceased: _____
(name most often used to title property and accounts)

Also Known As _____

(other names used in military service or to title property or accounts)

Last residence address _____

Date of Death _____ Place of Death _____

Did the deceased leave a will? Yes No
If yes, date of Last Will and Testament _____
Location of the original Will? _____

Did the deceased have any trusts? Yes No

2.MARRIAGE INFORMATION:

Was the deceased married at the time of death? Yes No
Surviving Spouse's full legal name: _____
Home Address _____

Home Phone _____ Cell Phone _____
E-mail _____
Birth date _____ SS# _____

Had the deceased been married previously? Yes No
Name of Spouse: _____
Date of Marriage: _____ Date Marriage Ended: _____
Reason Ended: (divorce, death?) _____

3.EXECUTOR/ADMINISTRATOR/TRUSTEE INFORMATION

Full name of the person named as Executor/Trustee: _____
Relationship to deceased: _____
Home Address: _____

Home Phone _____ Cell Phone _____
E-mail _____ Social Security Number _____
(Needed to obtain estate Tax ID number)

4.FINANCIAL INFORMATION

Did the deceased own any interest in real estate (house, farmland, commercial property, time share, condo)? Yes No

Please list properties and estimated value (if known):

PROPERTY	VALUE

What is the total estimated value of the deceased's other assets (cash, bank accounts, investments, CD's, bonds, securities)? \$ _____

Did the deceased own any valuable collectibles or personal property (artwork, vehicles, coins, jewelry, antiques)? Yes No Estimated value: \$ _____

Does the deceased owe any outstanding debts or bills (credit cards, medical bills, mortgages, bank loans, or any overdue or unpaid bills)? Yes No
Estimated amount: \$ _____

5. FAMILY INFORMATION

Did the deceased have any living children? Yes No

Please list names and addresses.

Name	Address	Minor?

Did the deceased have any deceased children? Yes No

Please list names and addresses (if known).

If NO surviving spouse of children, please list the names and addresses of the deceased's other family.

Name	Address