

1 Personal Data

Your Name Name of Deceased

XXX-XX-
 Date of Death Date of Birth for Deceased Last 4 digits of Deceased's Social Security #

Home Address of Deceased:

City State Zip County of Residence

Did the Deceased have a will? Yes No Do you have the original? Yes No

2 Family Information

Is there a surviving spouse? Yes No What is the surviving spouse's name?

What was the date of marriage?

Did the Deceased have children? If yes, list below:

Full Legal Name	Age	Address (Street, Town, State & Zip)	Living
			<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

3 Assets (Bank Accounts, CDs, Stocks and Bonds, etc.)

Real Estate

Property Address	Year Purchased	Joint Owners (If applicable)

Bank Account(s)

Financial Institution & Type of Account	Value	Last 2 Digits of Account #	Joint Owner (if applicable)

Life Insurance

Company	Beneficiary	Value

Cars, Boats, Vehicle etc.

Make/Model	Year	Mileage	Condition

Did the Deceased own any interest in a business? Yes No

Was the Deceased entitled to an inheritance? Yes No

Was the Deceased the beneficiary of a trust? Yes No

Concerns

Please provide our office with the following documents:

1. Original Will, Codicils, Trust Agreements and Personal Property Memorandums
2. Deeds for Real Estate, Appraisals and recent tax bills
3. Two (2) Death Certificates
4. Divorce Decrees, Prenuptial Agreements and Adoption Papers
5. Life Insurance Policies
6. Income Tax Returns
7. Bank Statements as of the date of death