



Date and Time of Appointment: _____ **Attorney:** _____

Who is attending the appointment today? _____

Who completed this form? _____

Type of appointment **Estate / Trust Administration**

Client's Name: (NAME OF DECEDENT)

(First) (Middle) (Last)

Address: _____

Township/Borough: _____

County: _____

Date of Birth: _____

Date of Death: _____

SSN: _____

Executor's Name:

(First) (Middle) (Last)

Address: _____

Township/Borough: _____

County: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

SSN: _____

Executor's Relation to Decedent:

***By providing your email address, you are consenting to electronic communications from our office, including use of the secure Client Portal to review documents and receive correspondence.**

Decedent's Spouse's Name:

(First) (Middle) (Last)

Address: _____

Date of Death (if applicable): _____

Please list the decedent's CHILDREN (full legal names, oldest to youngest):

*If the decedent did not have children, please write None

*List predeceased children

1. Name/Age: _____ Contact Number: _____

Spouse's Name: _____

Address: _____

Grandchildren's Names/Ages: _____

2. Name/Age: _____ Contact Number: _____

Spouse's Name: _____

Address: _____

Grandchildren's Names/Ages: _____

3. Name/Age: _____ Contact Number: _____

Spouse's Name: _____

Address: _____

Grandchildren's Names/Ages: _____

4. Name/Age: _____ Contact Number: _____

Spouse's Name: _____

Address: _____

Grandchildren's Names/Ages: _____

5. Name/Age: _____ Contact Number: _____

Spouse's Name: _____

Address: _____

Grandchildren's Names/Ages: _____

Are any children or grandchildren listed above special needs or legally disabled? Yes No

Name: _____

If the decedent had no surviving spouse, children, or grandchildren OR if the decedent's Will listed other beneficiaries, please list those individuals here:

*Provide full legal names

Check here if the only estate beneficiaries are the spouse/children/grandchildren listed above.

1. Name: _____

Approximate Age: _____ Relation to Client/Spouse: _____

2. Name: _____

Approximate Age: _____ Relation to Client/Spouse: _____

3. Name: _____

Approximate Age: _____ Relation to Client/Spouse: _____

4. Name: _____

Approximate Age: _____ Relation to Client/Spouse: _____

5. Name: _____

Approximate Age: _____ Relation to Client/Spouse: _____

6. Name: _____

Approximate Age: _____ Relation to Client/Spouse: _____

Are any individual(s) listed above special needs or legally disabled? Yes No

Name: _____

The following churches or charities are listed in the decedent's Will:

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Assets

Please list all assets owned by the decedent. If owned jointly, please provide names and relation of joint owners. You may attach a separate sheet if additional space is needed.

Real Estate:

1. Address:

Twp/Boro: _____ Do you have a copy of Deed? Yes No

Intentions for Real Estate: _____

Realtor (if any): _____

Is this property serviced by public sewer?: Yes No

If Yes, has the sewer line been tested? Yes No

Date of sewer line test: _____ Was it a pressure test, dye test, or camera? _____

2. Address:

Twp/Boro: _____ Do you have a copy of Deed? Y / N

Intentions for Real Estate: _____

Realtor (if any): _____

Is this property serviced by public sewer?: Yes No

If Yes, has the sewer line been tested? Yes No

Date of sewer line test: _____ Was it a pressure test, dye test, or camera? _____

Bank Accounts/CDs:

<u>Bank Name</u>	<u>Joint Owner(s)</u>	<u>Branch</u>	<u>Type/Account No.</u>	<u>Value</u>
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Safe Deposit Box? Location: _____ Do you have two (2) keys? Yes No

IRAs/401(k):

<u>Bank/Company</u>	<u>Account No.</u>	<u>Beneficiaries</u>	<u>Value</u>
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Stocks:

Company	Joint Owner(s)	No. of Shares	Value

Do you have stock certificates? Yes No

If Yes, for which stock? _____

U.S. Savings Bonds:

No. of Bonds/Series	Joint Owner(s)	Value

Annuities:

Company	Beneficiaries	Value

Investment Accounts/Brokerage Accounts:

Bank/Company	Joint Owner(s)	Beneficiaries	Value

Life Insurance Policies:

Company	Beneficiaries	Has Claim Been Filed?	Death Benefit

Vehicles and Boats:

Make	Model	Year	Joint Owner(s)	Mileage	Condition

Debts and Expenses

Funeral Information and Expenses:

Name of Funeral Home: _____

Do you have a copy of the funeral bill? Yes No

Funeral Cost: _____ Paid? Yes No

If paid, how? (family, pre-paid) _____

Other Expenses:

Family Dinner: _____ Flowers: _____

Grave Opening: _____ Other Expenses: _____

Who paid these expenses and from what source? _____

Did the decedent have any credit cards? Yes No

If Yes:

Company	Account No.	Has the card been cancelled?	Balance?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If the decedent owned real estate, is there a mortgage? Yes No

If Yes:

Property Address	Bank/Lender	Account No.	Monthly Payment	Balance
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If the decedent owned real estate:

Real Estate Taxes:

Property Address: _____

School Taxes – Amount Paid: _____ Date of Last Payment: _____

County/Local Taxes - Amount Paid: _____ Date of Last Payment: _____

Property Address: _____

School Taxes – Amount Paid: _____ Date of Last Payment: _____

County/Local Taxes - Amount Paid: _____ Date of Last Payment: _____

Homeowner Insurance:

Property Address: _____

Insurance Company: _____ Policy No. _____

Premium Amount: _____ Date Due: _____ Date Policy Expires: _____

Property Address: _____

Insurance Company: _____ Policy No. _____

Premium Amount: _____ Date Due: _____ Date Policy Expires: _____

Did the decedent have any car loans? Yes No

If Yes:

Bank/Lender Amount Owed or Monthly Payment Date Due

If the decedent owned a car, please provide vehicle insurance information:

Insurance Company: _____ Policy No. _____

Premium Amount: _____ Date Due: _____ Date Policy Expires: _____

Medical Bills (unpaid after death):

Doctor/Hospital Amount Owed Paid? By Whom?

Was decedent in a nursing home or personal care home?

Facility Name: _____ Level of care: _____

Is decedent's estate owed a refund? Yes No Amount: _____

Is there an outstanding balance owed to facility? Yes No Amount: _____

Was decedent on Medicaid? Yes No

Miscellaneous Debt or Expenses:

ITEMS NEEDED FOR ESTATE / TRUST ADMINISTRATION CONSULTATION

Did the decedent have a Last Will and Testament? Yes No

If Yes, do you have the original Last Will and Testament? Yes No

***If Yes, please bring the original Last Will and Testament to your initial consultation.**

Did the decedent have a Revocable Trust? Yes No

If Yes, do you have the original OR a copy of the Revocable Trust? Yes No

***If Yes, please bring the original OR a copy of the Revocable Trust to your initial consultation.**

Please bring the following information to your initial consultation or bring them to our office at 218 College Park Plaza prior to your appointment.

- **Original** Death Certificates (please bring as many as you have)
- Deeds to all real estate
- Current statement(s) from all bank accounts, money market accounts, CDs, investment/brokerage accounts, and annuities
 - Names and addresses of owners and beneficiaries (if any)
- Current statement(s) for all IRAs, 401(k) accounts, deferred compensation accounts, and any other retirement accounts
 - Names and addresses of beneficiaries (if any)
- **Original** stock certificates (if any)
- **Original** U.S. savings bonds
 - Address for any joint bond owners
 - Date of death (and death certificate, if possible) for any deceased joint bond owners
- Copies of all vehicle titles
- Copy of Funeral bill + receipts for all other funeral related expenses (dinner, flowers)
- Current credit card statement(s)