



ANDERSON ELDER LAW

ELDER LAW • ESTATE PLANNING • SPECIAL NEEDS PLANNING

ESTATE ADMINISTRATION

This form is extremely important. Your accuracy and completeness in responding will help Anderson Elder Law represent you. Please bring this completed information packet, including each of the attached schedules, to your initial consultation.

Date: _____ File No.: _____

I. DECEDENT

A. Name of Decedent (as shown on Will): _____

Also Known As: _____

B. Decedent's Domicile at Date of Death:

Street Address: _____

City: _____ State: _____ Zip: _____

Year Domicile Established: _____

C. Birth and Death Information

Date of Decedent's Birth: _____

Place of Decedent's Birth: _____

Date of Decedent's Death: _____

Place of Decedent's Death: _____

Decedent was a citizen of: USA Other: _____

D. Name of Decedent's Physician:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E. Important Numbers:

Social Security Number: _____

Veteran Administration ID Number: _____

Date of Service: _____ Branch of Service: _____

Estate Administration

II. DECEDENT'S SPOUSE, IF MARRIED

Full Name of Spouse: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone Number: _____
Business Phone Number: _____ E-mail Address: _____
Date of Birth: _____ Social Security Number: _____

III. PRIOR MARRIAGES

Provide the names and addresses of all other persons to whom decedent was married, date and manner in which such marriage was terminated (i.e., divorce, death, annulment):

Full Name of Former Spouse: _____
Street Address (if known): _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone Number: _____
E-mail Address: _____
Date of Birth: _____ Date of Marriage: _____
Marriage was terminated by:
 Divorce – Date of Divorce: _____
 Death – Date of Death: _____
 Annulment – Date of Annulment: _____

Full Name of Former Spouse: _____
Street Address (if known): _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone Number: _____
E-mail Address: _____
Date of Birth: _____ Date of Marriage: _____
Marriage was terminated by:
 Divorce – Date of Divorce: _____
 Death – Date of Death: _____
 Annulment – Date of Annulment: _____

IV. CHILDREN (if applicable, include adult and minor children, as well as any who have predeceased decedent)

NAME OF CHILD: _____

Male Female Married Single

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ E-mail Address: _____

NAME OF CHILD: _____

Male Female Married Single

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ E-mail Address: _____

NAME OF CHILD: _____

Male Female Married Single

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ E-mail Address: _____

NAME OF CHILD: _____

Male Female Married Single

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ E-mail Address: _____

Relationship to Client: Natural child Adopted Stepchild Child born out of wedlock Deceased

Relationship to Co-Client: Natural child Adopted Stepchild Child born out of wedlock Deceased

Please check this box and attach a separate page to list additional children.

Did any Decedent's children predecease Decedent? Yes No

If so, please list the child's name and the child's surviving children:

Name of Deceased Child: _____

Name(s) of Deceased Child's Surviving Child(ren): _____

If any are minors, list name of parent or legal guardian: _____

V. IF DECEDENT LEFT A WILL; DECEDENT'S FAMILY AND OTHER BENEFICIARIES IN WILL

List the names of any persons included in the Will, other than Decedent's spouse or children:
Attach separate paper if needed:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

VI. EXECUTOR/ADMINISTRATOR

If Decedent's Executor is different than Spouse, please provide the following information:

A. Individual Executor/Administrator

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone Number: _____

Business Phone Number: _____ E-mail Address: _____

Date of Birth: _____ Social Security Number: _____

B. Co-Executor/Co-Administrator

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone Number: _____

Business Phone Number: _____ E-mail Address: _____

Date of Birth: _____ Social Security Number: _____

Check if Executor or Co-Executor is a Corporate Fiduciary.

VII. IF DECEDENT DIED WITHOUT A WILL; (INTESTACY)

Intestate Succession laws control who inherits property if no Will exists. If you are responsible for settling an estate of a Decedent who has not left a Will, you probably have many questions as to who receives an inheritance. The basic rules of Intestate Succession are complicated. But, if the decedent died and was not survived by a spouse or children, please provide contact information for the following relatives.

1. Parent(s):

Name of Father: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Name of Mother: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

2. Sibling(s):

Name of Sibling: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Name of Sibling: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Name of Sibling: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

3. If no parent(s) or sibling(s), we will review the family tree at our meeting.

VIII. EMPLOYMENT

Full Name of Decedent's Current/Former Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Nature of Decedent's Former Occupation: _____

IX. DECEDENT'S ACCOUNTANT

Name of Accountant: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone Number: _____

Business Phone Number: _____ E-mail Address: _____

X. DECEDENT'S FINANCIAL ADVISOR

Name of Financial Advisor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone Number: _____

Business Phone Number: _____ E-mail Address: _____

XI. OTHER PROFESSIONAL ADVISORS

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone Number: _____

Business Phone Number: _____ E-mail Address: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone Number: _____

Business Phone Number: _____ E-mail Address: _____

SCHEDULE ONE: ASSETS AND RESOURCES

A. REAL ESTATE

(Please provide copies of deeds and most recent tax bills)

Description (Location)	Cost (Basis)	Market Value	Mortgage Bal.	How Title Held
123 Know Way <i>(Sample)</i>	\$ xxx,xxx.xx	\$ xxx,xxx.xx	\$ xx,xxx.xx	Joint tenant
\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	\$ _____	_____

B. CASH AND BANK ACCOUNTS (CDs, Checking, Savings, etc.)

(Please provide copies of most recent statements)

Name of Bank/Branch	Account No.	Type of Account	Balance/Value	How Title Held
Big Bank/Main St. <i>(Sample)</i>	xxx-xxxx	Savings	\$ xx,xxx.xx	Jointly w/ son
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

C. SECURITIES (Bonds, Marketable Securities, etc.)

(Please provide copies of most recent statements)

Name of Company	Type of Sec.	# Shares/Face Val.	Cost	Current Val.	How Title Held
Acme Corp. <i>(Sample)</i>	Common <i>(or Preferred)</i>	xx Shares	\$ x,xxx.xx	\$ x,xxx.xx	Sole owner
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____

D. RETIREMENT ACCOUNTS (IRAs, Annuities, Keoghs, etc.)

(Please provide copies of most recent statements and beneficiary designations)

Name of Institution	Account No.	Owner	Beneficiary	Date Est.	Current Value
Big Broker <i>(Sample)</i>	xxx-xxxx	Client	Spouse	Jan, 1970	\$ xx,xxx.xx
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

E. LIFE INSURANCE (Whole Life, Term, Endowment, etc.)

(Please provide copies of most recent statements and beneficiary designations)

Name of Institution	Account No.	Owner	Beneficiary	Date Est.	Current Value
Apple Ins. Co. <i>(Sample)</i>	xxx-xxxx	Client	Son/Daughter	Jan, 1970	\$ xx,xxx.xx
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

F. PERSONAL PROPERTY

	Market Value and Item	How Title Held
Home Furnishings:	\$ _____	_____
Cars, RVs, Boats, etc.:	\$ _____	_____
Cars, RVs, Boats, etc.:	\$ _____	_____
Cars, RVs, Boats, etc.:	\$ _____	_____
Jewelry , Furs, etc.:	\$ _____	_____
Other :	\$ _____	_____
Other :	\$ _____	_____

G. PRIOR INHERITANCES

Did Decedent inherit any assets in the past 10 years

Yes

No

If yes, from whom and when? _____

H. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES

Briefly describe or give the name of any Trust in which you have an interest, or the person who is the source of the inheritance and what you expect to receive. Please provide a copy of the Will or Trust which creates the interest, if available. If not, please advise if and how we may obtain a copy.

I. BUSINESS INTERESTS

If client has an ownership in any business (whether sole proprietorship, corporation or partnership), please provide additional information regarding the nature of the interest and value of the business interest. If there are business documents (such as Buy-Sell Agreements, Stock Certificates, etc.) please provide copies.

J. MISCELLANEOUS

If client has any property interests not described above, please explain the nature of the interests and the estimated value of each.

SCHEDULE TWO: DEBTS AND ADMINISTRATIVE EXPENSES

A. EXPENSES OF DECEDENT’S LAST ILLNESS

Please provide a list of decedent’s expenses, including the name and address of the provider, the amount, and the date paid, or provide copies of invoices or canceled checks.

Name of Provider	Address of Provider	Amount	Date Paid

B. OUTSTANDING DEBT

Name of Creditor: _____

Business Phone Number: _____ E-mail Address: _____

Amount of Debt: \$ _____

Name of Creditor: _____

Business Phone Number: _____ E-mail Address: _____

Amount of Debt: \$ _____

Name of Creditor: _____

Business Phone Number: _____ E-mail Address: _____

Amount of Debt: \$ _____

Name of Creditor: _____

Business Phone Number: _____ E-mail Address: _____

Amount of Debt: \$ _____

Name of Creditor: _____

Business Phone Number: _____ E-mail Address: _____

Amount of Debt: \$ _____

C. ADMINISTRATIVE EXPENSES

Please provide copies of any items paid relating to burial arrangements, luncheon, and other expenses incurred settling the affairs of the decedent.