

HERITAGE

ELDER LAW & ESTATE PLANNING, LLC.



Estate Information Intake

Individual filling out the form: _____

All information provided is strictly confidential.

Please complete these forms and bring them with you.

Date of Initial Meeting: _____

*****Please fill out as accurately and fully as possible*****

Decedent Information:

Legal Name (First, MI, Last): _____ Social Security # : _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Date of Death: _____ Age: _____

Physical Address: _____
Street Address City County State Zip Code

Decedent died (*choose one*): ☐ Testate (with a Will) Date of Will: _____ ☐ Intestate (without a Will)

Place of Death: _____

Name of Hospital: _____

Name of Funeral Home: _____

Did the Decedent have a prearranged, prepaid funeral? ☐ Yes ☐ No

Executor/trix / Administrator Information:

Legal Name (First, MI, Last): _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Social Security # : _____

Physical Address: _____
Street Address City County State Zip Code

Is Mailing Address the same: ☐ Yes ☐ No (*If not, please include below*)

Mailing Address: _____
Mailing Address City County State Zip Code

Home Phone: _____ Cell Phone: _____ (Can we send text reminders? ☐ Yes ☐ No)

Work Phone: _____ Email Address: _____

Occupation: _____ ☐ Currently Employed ☐ Retired

Co-Executor / Co-Administrator Information:

Legal Name (First, MI, Last): _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Social Security # : _____

Physical Address: _____
Street Address City County State Zip Code

Is Mailing Address the same: ☐ Yes ☐ No (*If not, please include below*)

Mailing Address: _____
Mailing Address City County State Zip Code

Home Phone: _____ Cell Phone: _____ (Can we send text reminders? ☐ Yes ☐ No)

Work Phone: _____ Email Address: _____

Occupation: _____ ☐ Currently Employed ☐ Retired

Heirs / Beneficiaries of Decedent (if more space required, please include on a separate sheet)

Legal Name (First, MI, Last): _____

Home Phone: _____ Cell Phone: _____ Social Security # : _____

Physical Address: _____
Street Address City County State Zip Code

Is Mailing Address the same: ☐ Yes ☐ No *(If not, please include below)*

Mailing Address: _____
Mailing Address City County State Zip Code

Legal Name (First, MI, Last): _____

Home Phone: _____ Cell Phone: _____ Social Security # : _____

Physical Address: _____
Street Address City County State Zip Code

Is Mailing Address the same: ☐ Yes ☐ No *(If not, please include below)*

Mailing Address: _____
Mailing Address City County State Zip Code

Legal Name (First, MI, Last): _____

Home Phone: _____ Cell Phone: _____ Social Security # : _____

Physical Address: _____
Street Address City County State Zip Code

Is Mailing Address the same: ☐ Yes ☐ No *(If not, please include below)*

Mailing Address: _____
Mailing Address City County State Zip Code

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Home Phone: _____ Cell Phone: _____ Social Security # : _____

Physical Address: _____
Street Address City County State Zip Code

Is Mailing Address the same: ☐ Yes ☐ No *(If not, please include below)*

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Mailing Address City County State Zip Code

Legal Name (First, MI, Last): _____

Home Phone: _____ Cell Phone: _____ Social Security # : _____

Physical Address: _____
Street Address City County State Zip Code

Is Mailing Address the same: ☐ Yes ☐ No *(If not, please include below)*

Mailing Address: _____
Mailing Address City County State Zip Code

Legal Name (First, MI, Last): _____

Home Phone: _____ Cell Phone: _____ Social Security # : _____

Physical Address: _____
Street Address City County State Zip Code

Is Mailing Address the same: ☐ Yes ☐ No *(If not, please include below)*

Mailing Address: _____
Mailing Address City County State Zip Code

Legal Name (First, MI, Last): _____

Home Phone: _____ Cell Phone: _____ Social Security # : _____

Physical Address: _____
Street Address City County State Zip Code

Is Mailing Address the same: ☐ Yes ☐ No *(If not, please include below)*

Mailing Address: _____
Mailing Address City County State Zip Code

Questionnaire

1. Did the Decedent have a safe deposit box at the bank? ☐ Yes (*please see below*) ☐ No

If yes, what is the name of the bank: _____

If yes, what is the bank's address: _____

2. Place of employment of the Decedent (currently or before retirement):

Was the Decedent receiving any retirement/pension benefits: ☐ Yes (*please see below*) ☐ No

If yes, name of where benefits were coming from: _____

Address of where benefits were coming from: _____

3. Was the Decedent receiving any Social Security Benefits? ☐ Yes ☐ No

4. Was the Decedent receiving any Railroad Benefits? ☐ Yes ☐ No

5. Was the Decedent involved in any Estate Planning prior to death? ☐ Yes (*please see below*) ☐ No

If yes, name of Estate Planning Attorney: _____

If yes, address of Attorney's Law Firm: _____

6. Did the Decedent have a Living Trust? ☐ Yes (*please see below*) ☐ No

If yes, was the Trust funded? ☐ Yes (*please bring a copy of the Trust Agreement*) ☐ No

7. Did the Decedent have any Jointly Held Properties? ☐ Yes (*please bring a copy of documentation showing info*) ☐ No

8. Was the Decedent a shareholder in any corporation? ☐ Yes (*please bring a copy of Articles of Corporation, etc.*) ☐ No

9. Did the Decedent own an interest in any partnership? ☐ Yes (*please see below*) ☐ No

If yes, please bring a copy of Partnership Agreement and a copy of the most current Partnership Income Tax Return

10. Does Decedent have an interest in any oil/gas/mineral rights? ☐ Yes (*please see below*) ☐ No

If yes, is there a lease signed by the Decedent? ☐ Yes (*please bring a copy of lease*) ☐ No

Is the Decedent currently receiving royalty check? ☐ Yes (*please see below*) ☐ No

If yes, please include a copy of a stub of a recent check showing the following: name & address of any payor(s)

- _____
- _____
- _____
- _____
- _____

11. Did the Decedent own any Life Insurance Policy(ies) at the time of death? ☐ Yes (*please see below*) ☐ No

If yes, please list the following and include a copy of each policy(ies):

- Name of Insurance Company: _____
- Phone Number of Insurance Company: _____
- Name of Beneficiary(ies) on Policy(ies): _____
 - ◊ Name: _____
 - ◊ Name: _____
- Name of Insurance Company: _____
- Phone Number of Insurance Company: _____
- Name of Beneficiary(ies) on Policy(ies): _____
 - ◊ Name: _____
 - ◊ Name: _____
- Name of Insurance Company: _____
- Phone Number of Insurance Company: _____
- Name of Beneficiary(ies) on Policy(ies): _____
 - ◊ Name: _____
 - ◊ Name: _____

Please note: Some Insurance Companies have merged, therefore it is important to receive as much updated info from the client as possible.

Sometimes there is only one Beneficiary named on the policy(ies) and if the named Beneficiary predeceased the Insured, the Decedent's Estate becomes the Beneficiary - therefore we need to have the Life Insurance info in the sub-file marked "Life Insurance."

****IMPORTANT FACTOR: LIFE INSURANCE IS EXEMPT FROM INHERITANCE TAX NO MATTER THE NAME OF THE BENEFICIARY. HOWEVER, IF THE ESTATE IS THE BENEFICIARY, IT MUST BE LISTED ON THE INVENTORY****

Assets in Decedent's Estate

Did the Decedent own any Real Estate: ☐ Yes (*please see below*) ☐ No

Real Estate titled i/n/o(s) as follows: _____

Address of Real Estate: _____

Home Owner's Insurance Information (*please include a copy of the current policy*)

Name of Company: _____

Agent's Name: _____

Household Furniture / Personal Property	Value at DOD
	\$

Vehicles	Value at DOD
	\$
	\$
	\$

Financial Institutions: Checking / Savings / CD's. Money Management Accounts Acct, etc.	Value upon DOD
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Stocks / Bonds	Value at DOD
	\$
	\$
	\$

Series EE / E / H Bonds	Value at DOD
	\$
	\$
	\$

IRA(s) / Annuities	Value at DOD
	\$
	\$
	\$

Other Assets Not Listed (<i>please name</i>)	Value at DOD
	\$
	\$
	\$

(These accounts usually have named Beneficiaries)

[illegible]

*****This Page is for Attorney Use Only*****

After review of the prior information, the following action is needed for this Estate:

1. Prepare Petition for Grant of Letters and other required documents to have the Executor/trix sworn in
2. Value for Petition for Grant of Letters

Probate Assets (Assets in Decedent's name alone):

a. Real Estate: \$_____

b. Personal Property: \$_____

Note: Non-probate Asset(s) **ARE NOT** included on the Petition for Grant of Letters which include assets held in a Trust, jointly held assets, assets with named Beneficiaries

3. Advertise the Estate? ☐ Yes ☐ No

4. Estate attorney fee will be figured on:

☐ Flat Fee ☐ Percentage according to Johnson chart

☐ Hourly Rate ☐ Other (Explanation: _____)

Attorney Notes:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.