

ESTATE ADMINISTRATION INTAKE FORM

DECEDENT'S INFORMATION

Name _____ Date of Death _____

Any a/k/a's _____

Residence/Address _____

_____ Social Security Number _____

PERSONAL REPRESENTATIVE'S INFORMATION

Name _____

Address _____

Social Security Number _____ Telephone Nos. _____

Relation to decedent _____

BENEFICIARY INFORMATION

Beneficiary #1 (as named in the Last Will and Testament):

Complete Name (First, Middle Initial, Last) _____

Street Address _____

Apartment Number _____ City _____

State _____ Zip Code _____

Social Security Number _____

Home Phone _____ Work Phone _____

Fax Phone _____ Cell Phone _____

If minor, birth date _____

Beneficiary's relationship to decedent _____

*Please copy this page **before** filling in the information if there are more than four (4) beneficiaries.*

Beneficiary #2 (as named in the Last Will and Testament):

Complete Name (First, Middle Initial, Last) _____

Street Address _____

Apartment Number _____ City _____

State _____ Zip Code _____

Social Security Number _____

Home Phone _____ Work Phone _____

Fax Phone _____ Cell Phone _____

If minor, birth date _____

Beneficiary's relationship to decedent _____

Beneficiary #3 (as named in the Last Will and Testament):

Complete Name (First, Middle Initial, Last) _____

Street Address _____

Apartment Number _____ City _____

State _____ Zip Code _____

Social Security Number _____

Home Phone _____ Work Phone _____

Fax Phone _____ Cell Phone _____

If minor, birth date _____

Beneficiary's relationship to decedent _____

Beneficiary #4 (as named in the Last Will and Testament):

Complete Name (First, Middle Initial, Last) _____

Street Address _____

Apartment Number _____ City _____

State _____ Zip Code _____

Social Security Number _____

Home Phone _____ Work Phone _____

Fax Phone _____ Cell Phone _____

If minor, birth date _____

Beneficiary's relationship to decedent _____

Are any of the beneficiaries of decedent's Will deceased? _____ If yes, who? _____

Does the decedent have any children, a spouse or relatives not mentioned in this Will? _____

If yes, please list, on a separate sheet of paper if necessary, their names, relation to decedent and addresses _____

ASSET INFORMATION

Please list all of the following on the blank lined page and follow the numbering format below.

Include name, address, telephone number, approximate value, and copy of last statement, deeds, leases, contracts and other relevant documents

1. Cash
2. Bank accounts, including checking and savings
3. Certificate of Deposit (CD's)
4. Bonds
5. Stocks that are not held in an investment account
6. Investment Accounts

7. Loans and other debts owed to decedent
8. Contracts signed by decedent prior to death that are not closed or otherwise validly terminated.
9. Retirement accounts
10. Deferred compensation
11. Pensions
12. Life insurance policies
13. Other insurance policies, contracts or plans with a death benefit
14. Business interests (partial or total ownership)
15. Residence real estate (Is it homestead status in Florida?) (deed)
16. Other real estate (deed)
17. Leases
18. Inheritance
19. Trust Agreements
20. Security deposits held by others
21. Claims of any kind and nature, including personal injury and breach of contract
19. Debts
 - A. Mortgage loans
 - B. Business loans
 - C. Credit Cards
 - D. Liens
 - E. Judgments
 - F. Support Obligations (child and spousal)
 - G. Unpaid taxes
 - H. Medical bills

DECEDENT'S HOMESTEAD/RESIDENCE

Did decedent own a primary residence _____ If yes, does it have homestead status _____

Provide address _____

Years residing at homestead _____ Approximate value _____

OTHER REAL ESTATE PROPERTY

Does decedent own any real estate other than primary residence? _____ If yes, please describe
