

Please help us by filling out this form for your consultation.

For Office Use Only	
FU/C _____	@ _____
X _____	@ _____
File No. _____	

Confidential Financial Survey for Estate Administration

We recognize that this information is of a personal nature. We assure you that all information provided to this office by you will be treated confidentially and will not be revealed to anyone outside of this office without your permission.

Date: _____

NAME OF DECEASED: _____

ADDRESS: _____

DATE OF BIRTH: _____

DATE OF DEATH: _____

SOCIAL SECURITY #: _____

REFERRED BY: _____

SPOUSE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY #: _____ IF DECEASED, DATE OF DEATH: _____

RESIDENCE ADDRESS (IF DIFFERENT): _____

HOME TELEPHONE #: _____ CELL PHONE #: _____

EMAIL ADDRESS (PLEASE PRINT): _____

CONTACT PERSON: _____

ADDRESS: _____

HOME TELEPHONE #: _____ CELL PHONE #: _____

EMAIL ADDRESS (PLEASE PRINT): _____

NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF CHILDREN AND/OR BENEFICIARIES (PLEASE NOTE IF ANY BENEFICIARIES ARE MINORS OR DISABLED):

ASSETS

OWN REAL PROPERTY? YES NO NAME(S) ON DEED: _____

ADDRESS: _____

APPROXIMATE VALUE: _____

IS THERE A MORTGAGE ON THE PROPERTY?

YES NO

IS THERE A LIFE ESTATE INTEREST IN ANY PROPERTY?

YES NO

LIST ALL BANK ACCOUNTS AND C.D.'S:

NAME OF BANK	TYPE OF OWNERSHIP	BENEFICIARY	BALANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ANY STOCKS, BONDS OR MUTUAL FUNDS:

NAME OF INSTITUTION	NAME(S) ON TITLE	BENEFICIARY	CURRENT VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ANY LIFE INSURANCE POLICIES AND/OR ANNUITIES:

NAME OF INSTITUTION	POLICY OWNER	BENEFICIARY	DEATH BENEFIT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ANY RETIREMENT FUNDS (IRA'S, 401K'S, ETC.):

NAME OF INSTITUTION	ACCOUNT OWNER	BENEFICIARY	CURRENT VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ALL VEHICLES (CARS, BOATS, TRAILERS, ETC.):

MAKE/MODEL	NAME(S) ON TITLE	APPROXIMATE VALUE
_____	_____	_____
_____	_____	_____

ANY PENDING LAWSUITS?

ANY BUSINESS INTEREST/OWNERSHIP? MARKET VALUE

ANY COLLECTIBLES (ANTIQUES, COINS, JEWELRY, ETC.)? MARKET VALUE

IS ANY MONEY OWED TO THE DECEDENT (MORTGAGE, PERSONAL LOAN, ETC.)?

DOES THE DECEDENT HAVE ANY OUTSTANDING BILLS AND OR DEBTS (FUNERAL, MEDICAL, ETC)?

DOES THE DECEDENT HAVE A SAFE DEPOSIT BOX?

DO YOU HAVE ANY SPECIFIC QUESTIONS?

PLEASE BRING ORIGINAL DEATH CERTIFICATE AND ANY ESTATE PLANNING DOCUMENTS
TO CONSULTATION (BLUE BINDER IF EXISTING ETTINGER LAW FIRM CLIENT)