

Confidential Estate Administration Survey Form

We recognize that this information is of a personal nature. 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.

Today's Date _____

Your Name (for legal documents) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Your Relationship to Decedent: _____

Part 1: Information About Decedent

Decedent's Full Name _____

Street Address _____

City _____ State _____ Zip _____

County _____ Date of Death _____ Date of Birth _____

Soc Sec # _____

Part 2: Will, Codicil

Location of Will, if any _____ Date of Will _____

Location of Codicil, if any _____ Date of Codicil _____

Personal Representative Named in Will:

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Your Relationship to Decedent: _____

Alternative Personal Representative Named in Will:

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Your Relationship to Decedent: _____

Part 3: Beneficiaries or Heirs at Law

Decedent's Spouse:

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Soc Sec # _____ Date of Marriage _____

Place of Marriage _____

Decedent's Children:

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Soc Sec # _____ Date of Birth, If Minor _____

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Soc Sec # _____ Date of Birth, If Minor _____

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Soc Sec # _____ Date of Birth, If Minor _____

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Soc Sec # _____ Date of Birth, If Minor _____

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Soc Sec # _____ Date of Birth, If Minor _____

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Soc Sec # _____ Date of Birth, If Minor _____

Other Beneficiaries:

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Soc Sec # _____ Date of Birth, If Minor _____

Relationship to Decedent _____

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Soc Sec # _____ Date of Birth, If Minor _____

Relationship to Decedent _____

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Soc Sec # _____ Date of Birth, If Minor _____

Relationship to Decedent _____

Part 4: Assets

Note: When providing answers to "How Titled," indicate if the asset was:

Solely owned by decedent

In the decedent's trust

Jointly owned with right of survivorship

Owned with another person(s), indicating whom

Any other form of ownership

Safe Deposit Box: Yes No If yes, location _____

Who has access? _____

Real Estate:

Street Address _____

City _____ State _____ Zip _____

County _____ Date of Death Value _____

How Titled _____

Homestead? Yes No _____ Mortgage Amount _____

Street Address _____

City _____ State _____ Zip _____

County _____ Date of Death Value _____

How Titled _____

Homestead? Yes No

Street Address _____

City _____ State _____ Zip _____

County _____ Date of Death Value _____

How Titled _____

Homestead? Yes No

Brokerage Accounts:

Broker Name _____ Account # _____

How Titled _____

Date of Death Value \$ _____

Broker Name _____ Account # _____

How Titled _____

Date of Death Value \$ _____

Broker Name _____ Account # _____

How Titled _____

Stocks (those held individually, not with a broker):

Company Name _____ Number of Shares _____

How Titled _____

Location of Stock Certificates _____

Company Name _____ Number of Shares _____

How Titled _____

Location of Stock Certificates _____

Company Name _____ Number of Shares _____

How Titled _____

Location of Stock Certificates _____

Company Name _____ Number of Shares _____

How Titled _____

Location of Stock Certificates _____

Bonds (those held individually, not with a broker):

Company or Government Agency _____

How Titled _____

Value of Bond _____ Location of Bond _____

Company or Government Agency _____

How Titled _____

Value of Bond _____ Location of Bond _____

Company or Government Agency _____

How Titled _____

Value of Bond _____ Location of Bond _____

Company or Government Agency _____

How Titled _____

Value of Bond _____ Location of Bond _____

U.S. Government Bonds (E, EE, H):

How Titled _____

Location _____ Date of Death Value \$ _____

To be cashed? Yes No If yes, name of transferee _____

How Titled _____

Location _____ Date of Death Value \$ _____

To be cashed? Yes No If yes, name of transferee _____

Money Market Accounts, Certificates of Deposit:

Name of Institution _____

Account # _____ Date of Death Value\$ _____

How Titled _____

Name of Institution _____

Account # _____ Date of Death Value\$ _____

How Titled _____

Name of Institution _____

Account # _____ Date of Death Value\$ _____

How Titled _____

Bank Accounts:

Bank Name _____

Account # _____ Date of Death Value\$ _____

How Titled _____

Bank Name _____

Account # _____ Date of Death Value\$ _____

How Titled _____

Bank Name _____

Account # _____ Date of Death Value\$ _____

How Titled _____

Mortgages and Notes (Receivables):

Mortgagor _____

Street Address _____

City _____ State _____ Zip _____

Terms of Obligation _____ Date of Death Value\$ _____

Mortgagor _____
Street Address _____
City _____ State _____ Zip _____
Terms of Obligation _____ Date of Death Value\$ _____

Mortgagor _____
Street Address _____
City _____ State _____ Zip _____
Terms of Obligation _____ Date of Death Value\$ _____

Insurance on Decedent's Life:

Company Name _____
Policy # _____ Date of Death Value\$ _____
Beneficiaries Named _____
Location of Policy _____

Company Name _____
Policy # _____ Date of Death Value\$ _____
Beneficiaries Named _____
Location of Policy _____

Company Name _____
Policy # _____ Date of Death Value\$ _____
Beneficiaries Named _____
Location of Policy _____

Annuities:

Company Name _____
Policy # _____ Date of Death Value\$ _____
Beneficiaries Named _____
Location of Policy _____

Company Name _____
Policy # _____ Date of Death Value\$ _____
Beneficiaries Named _____
Location of Policy _____

Company Name _____
Policy # _____ Date of Death Value\$ _____
Beneficiaries Named _____
Location of Policy _____

Vehicles, Recreational Vehicles, Mobile Homes:

Model _____ Year _____ Date of Death Value \$ _____

How Titled _____

Location of Title _____

Model _____ Year _____ Date of Death Value \$ _____

How Titled _____

Location of Title _____

Model _____ Year _____ Date of Death Value \$ _____

How Titled _____

Location of Title _____

Part 5: Creditors

Name of Creditor _____

Street Address _____

City _____ State _____ Zip _____

Account # _____ Amount Owed \$ _____

Name of Creditor _____

Street Address _____

City _____ State _____ Zip _____

Account # _____ Amount Owed \$ _____

Name of Creditor _____

Street Address _____

City _____ State _____ Zip _____

Account # _____ Amount Owed \$ _____

Part 6: Other Information/Your Questions and Concerns

Please use this area to list any information you believe is relevant, or specific questions you wish to address during your consultation.

Would you please tell us how you heard about The Karp Law Firm?

If someone referred you to us, may we thank them? Yes No

Please also refer to the "Checklist of Estate Administration Items"



THE KARP LAW FIRM

A Professional Association

Elder Law • Estate Planning & Administration • Probate • Disability, Special Needs, Medicaid & Veterans Benefits Planning
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