

### Confidential Estate Administration Survey Form

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Your Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
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 with area code \_\_\_\_\_  
Work Phone with area code \_\_\_\_\_  
Cell Phone with area code \_\_\_\_\_  
Relationship to Decedent \_\_\_\_\_

#### Alternative Personal Representative Named in Will:

Full Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone with area code \_\_\_\_\_  
Work Phone with area code \_\_\_\_\_  
Cell Phone with area code \_\_\_\_\_  
Relationship to Decedent \_\_\_\_\_

#### Part 3: Beneficiaries or Heirs at Law

#### Decedent's Spouse:

Full Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone with area code \_\_\_\_\_  
Work Phone with area code \_\_\_\_\_  
Cell Phone with area code \_\_\_\_\_  
Soc Sec # \_\_\_\_\_

**Decedent's Children:**

**Full Name** \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone with area code \_\_\_\_\_  
Work Phone with area code \_\_\_\_\_  
Cell Phone with area code \_\_\_\_\_  
Soc Sec # \_\_\_\_\_ Date of Birth, If Minor \_\_\_\_\_

**Full Name** \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone with area code \_\_\_\_\_  
Work Phone with area code \_\_\_\_\_  
Cell Phone with area code \_\_\_\_\_  
Soc Sec # \_\_\_\_\_ Date of Birth, If Minor \_\_\_\_\_

**Full Name** \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone with area code \_\_\_\_\_  
Work Phone with area code \_\_\_\_\_  
Cell Phone with area code \_\_\_\_\_  
Soc Sec # \_\_\_\_\_ Date of Birth, If Minor \_\_\_\_\_

**Full Name** \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone with area code \_\_\_\_\_  
Work Phone with area code \_\_\_\_\_  
Cell Phone with area code \_\_\_\_\_  
Soc Sec # \_\_\_\_\_ Date of Birth, If Minor \_\_\_\_\_

**Full Name** \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone with area code \_\_\_\_\_  
Work Phone with area code \_\_\_\_\_  
Cell Phone with area code \_\_\_\_\_  
Soc Sec # \_\_\_\_\_ Date of Birth, If Minor \_\_\_\_\_

**Full Name** \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone with area code \_\_\_\_\_  
Work Phone with area code \_\_\_\_\_  
Cell Phone with area code \_\_\_\_\_  
Soc Sec # \_\_\_\_\_ Date of Birth, If Minor \_\_\_\_\_

**Other Beneficiaries:**

**Full Name** \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone with area code \_\_\_\_\_  
Work Phone with area code \_\_\_\_\_  
Cell Phone with area code \_\_\_\_\_  
Soc Sec # \_\_\_\_\_ Date of Birth, If Minor \_\_\_\_\_  
Relationship to Decedent \_\_\_\_\_

**Full Name** \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone with area code \_\_\_\_\_  
Work Phone with area code \_\_\_\_\_  
Cell Phone with area code \_\_\_\_\_  
Soc Sec # \_\_\_\_\_ Date of Birth, If Minor \_\_\_\_\_  
Relationship to Decedent \_\_\_\_\_

**Full Name** \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone with area code \_\_\_\_\_  
Work Phone with area code \_\_\_\_\_  
Cell Phone with area code \_\_\_\_\_  
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

**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 \_\_\_\_\_

Date of Death Value \$ \_\_\_\_\_

**Broker Name** \_\_\_\_\_ Account # \_\_\_\_\_

How Titled \_\_\_\_\_

Date of Death Value \$ \_\_\_\_\_

**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?

\_\_\_\_\_

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