

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: _____

City: _____ State: _____ Zip: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____

SPOUSE: _____ DATE OF BIRTH: _____

IF DECEASED, DATE OF DEATH: _____

ADDRESS: (IF DIFFERENT) _____

City: _____ State: _____ Zip: _____

HOME PHONE #: _____ CELL PHONE #: _____

EMAIL ADDRESS (PLEASE PRINT): _____

CONTACT PERSON: _____

ADDRESS: _____

City: _____ State: _____ Zip: _____

HOME TELEPHONE #: _____ CELL PHONE #: _____

EMAIL ADDRESS (PLEASE PRINT): _____

NAMES, ADDRESSES AND PHONE 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 CDS:

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 INSURANCE POLICIES AND/OR ANNUITIES:

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

LIST ANY RETIREMENT FUNDS (IRAS, 401(k)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 CERTIFICATES AND ANY ESTATE PLANNING DOCUMENTS TO YOUR CONSULTATION (BLUE BINDER IF EXISTING ETTINGER LAW FIRM CLIENT)

PLEASE LET US KNOW IF SOMEONE REFERRED YOU TO US THAT WE MAY THANK.

REFERRED BY: _____