

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

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

## Confidential Financial Survey for Probate and Trust 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: \_\_\_\_\_**