

Estate Administration Interview Form

Date: _____

How were you referred to the firm:

Date:
Consult Time:
Attorney:

Your Information:

Name: _____ Maiden Name _____

SSN: xxx-xx- _____ Date of Birth: _____ Age: _____ State of Birth: _____

Address: _____ City/Town/State: _____

Zip Code: _____ Relationship to Decedent: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Decedent's Information:

Name: _____ Maiden Name _____

SSN: _____ Date of Birth: _____ State of Birth: _____ Date of Death _____

Address: _____ City/Town: _____

Zip Code: _____ Driver's License number: _____

Did the Decedent have a Will? Yes/No

Did the Decedent have a Trust? Yes/No

Children's Information: (Please include any deceased children)

Name: _____ Age: _____ DOB: _____ SSN: _____

Current Address: _____ Phone: _____

Name: _____ Age: _____ DOB: _____ SSN: _____

Current Address: _____ Phone: _____

Name: _____ Age: _____ DOB: _____ SSN: _____

Current Address: _____ Phone: _____

Name: _____ Age: _____ DOB: _____ SSN: _____

Current Address: _____ Phone: _____

Other Information:

Marital Status at time of death: _____ / Please fill out any applicable items below:

Date of Marriage: _____ Date of Separation / Date of Divorce: _____

Number of Marriages: _____ How did marriage(s) end: _____

Asset Information:

Real Estate Owned: _____
Fair Market Value: \$ _____ Current Mortgage Balance: \$ _____

Name(s) on Mortgage: _____
Names(s) on Deed: _____

Other Real Estate Owned: _____
Fair Market Value: \$ _____ Current Mortgage Balance: \$ _____
Name(s) on Mortgage: _____
Names(s) on Deed: _____

Bank Accounts (please indicate types and approximate balance if exact amounts are unknown):

Retirement Accounts: _____

Life Insurance Policies: _____
Stocks, bonds, collections, other: _____
Motor Vehicles (make/model/vin/possession or disposition): _____

Did the decedent have any genetic materials (sperm, eggs, embryos), if yes, where are they stored?
Please provide all paperwork in your possession regarding the genetic materials, if you do not have it,
please indicate below where it is.

Other Property of Value:

Debt Information:

Credit Cards Balance(s) owed \$ _____

Other outstanding bills (medical, personal, student loans, etc.): _____

Miscellaneous Information/Notes: _____

Emergency Contact (Closest Relative)

Name: _____

Address: _____

Home Phone: _____

Relationship to you: _____

I give permission to contact emergency contact should I be incapacitated or if the attorney cannot
get ahold of me.

Signature Date

STAFF USE ONLY:

Photo ID Received: _____