

**Estate Administration Interview Form**

Date: \_\_\_\_\_

How were you referred to the firm:  
\_\_\_\_\_

Date:  
Consult Time:  
Attorney:  
Hired: Y/N

**Your Information:**

Name: \_\_\_\_\_ Maiden Name \_\_\_\_\_

SSN: \_\_\_\_\_ 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