

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: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ IF DECEASED, DATE OF DEATH: \_\_\_\_\_

RESIDENCE ADDRESS (IF DIFFERENT): \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMAIL ADDRESS (PLEASE PRINT): \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMAIL ADDRESS (PLEASE PRINT): \_\_\_\_\_

**NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF CHILDREN AND/OR BENEFICIARIES (PLEASE NOTE IF ANY BENEFICIARIES ARE MINORS OR DISABLED):**

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**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 C.D.'S:**

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 LIFE INSURANCE POLICIES AND/OR ANNUITIES:**

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

**LIST ANY RETIREMENT FUNDS (IRA'S, 401K'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.)?**

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**DOES THE DECEDENT HAVE ANY OUTSTANDING BILLS AND OR DEBTS (FUNERAL, MEDICAL, ETC)?**

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**DOES THE DECEDENT HAVE A SAFE DEPOSIT BOX?**

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**DO YOU HAVE ANY SPECIFIC QUESTIONS?**

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PLEASE BRING ORIGINAL DEATH CERTIFICATE AND ANY ESTATE PLANNING DOCUMENTS  
TO CONSULTATION (BLUE BINDER IF EXISTING ETTINGER LAW FIRM CLIENT)