## **INFORMATION FOR DECEDENT'S ESTATE**

The information provided below is intended to be helpful to you in preparing for your conference, but is not required in order for the attorney to answer many of your basic questions.

<b>DOCUN</b>	MENTS	TO	<b>BRING:</b>
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- 1. Original Will or Trust
- 2. Death certificate
- 3. Most recent bank and brokerage statements
- 4. Deed or Title policy for real property
- 5. Title to motor vehicles held in the name of Decedent
- 6. Recent tax returns
- 7. Employee benefit documentation
- 8. Life Insurance policies and beneficiary designations

	cedent money?   No Yes  convicted of a felony?   No Yes
·	DECEDENT'S INFORMATION
Full Name of Decedent:	
Date of Birth:	Place of Birth (city, county & state):
Date of Death:	Place of Death (city, county & state):
Legal residence at date of d	leath (city, county & state):
Did Decedent leave a valid	Will?
	rty (Lot and Block Description or Attach copy of Deed/Title
Approximate Value of real	and personal property owned by Decedent (i.e., cash, household al effects:

## **DECEDENT'S SPOUSE'S INFORMATION**

FIRST SPOUSE	
Full Name:	
Date of Marriage:	Date of Divorce :
8	Place of Divorce:
If termination of marriage was <u>CHILREN OF THE FIRST N</u>	s due to death, provide spouse's date of death: <u>MARRIAGE</u>
NAME:	
Address:	
Date of Birth:	Date of Death, if applicable:
NAME:	
Address:	
Date of Birth:	Date of Death, if applicable:
SECOND SPOUSE	
Full Name:	
Date of Marriage:	Date of Divorce :
	Place of Divorce:
If termination of marriage was	s due to death, provide spouse's date of death:
CHILREN OF THE SECON	D MARRIAGE
NAME:Address:	
<b>Current Marital Status:</b>	
Date of Birth:	Date of Death, if applicable: _
NAME:	

THIRD SPOUSE	
Full Name:	
Date of Marriage:	Date of Divorce :
If termination of marriage was c	due to death, provide spouse's date of death:
CHILREN OF THE THIRD M	APRIACE
CHILKEN OF THE THIRD WI	ARMAGE
NAME:	
Address:	
Current Marital Status:	
Date of Birth:	Date of Death, if applicable:
NAME:	
Address:	
Current Marital Status:	
Date of Birth:	Date of Death, if applicable:
NAME:	
Address:	
Date of Birth:	Date of Death, if applicable:
Kciationship.	
NAME:	
Address:	
Date of Rirth·	Date of Death, if applicable:
	Date of Death, if applicable.
NAME:	
Address:	
	Date of Death, if applicable:
Relationship:	, v <sub>F</sub>