

**Law Offices
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ESTATE AND PROBATE INFORMATION SHEET

Decedent's Name: _____

Decedent's Address: _____

Decedent's DATE OF DEATH: ____/____/____ (GET COPY OF DEATH CERTIFICATE)

Decedent's PLACE OF DEATH (incl. County) : _____

CITIZENSHIP: ___ Citizen ___ Perm. Resident ___ Temp. Resident ___ Refugee ___ Illegal Alien

S.S.# _____ - _____ - _____ DATE OF BIRTH: ____/____/____

Marital Status: ___ Married ___ Divorced ___ Legally Separated ___ Widowed

Spouse's Name: _____

Spouse's Address: _____

Spouse's Telephone Nos: _____

Spouse's Date of Birth: ____/____/____ Spouse's S.S. #: _____ - _____ - _____

CHILDREN and OTHER BENEFICIARIES/HEIRS:

Name & Address	Relationship to Decedent:	Date of Birth:	S.S.#:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PRIMARY CONTACT PERSON:

Name: _____ Relation to Client: _____

Address: _____

Telephone Nos: _____ (h) _____ (w) _____ (c)

ASSETS:

Real Estate Y N Address: _____

How is property titled?: _____

Estimated Market Value: _____

Outstanding Mortgage? Y N Balance: _____

Checking Account(s) Y N Bank: _____ Acct #: _____

Name(s) on Account: _____

Date of Death Balance: _____

Bank: _____ Acct #: _____

Name(s) on Account: _____

Date of Death Balance: _____

Savings Account(s) Y N Bank: _____ Acct #: _____

Name(s) on Account: _____

Date of Death Balance: _____

Bank: _____ Acct #: _____

Name(s) on Account: _____

Date of Death Balance: _____

Money Market(s) Y N Bank: _____ Acct #: _____

Name(s) on Account: _____

Date of Death Balance: _____

Bank: _____ Acct #: _____

Name(s) on Account: _____

Date of Death Balance: _____

Certificates of Deposit Y N Institution: _____
 Acct #: _____ Maturity Date: _____
 Name(s) on Account: _____
 Date of Death Balance: _____
 Institution: _____
 Acct #: _____ Maturity Date: _____
 Name(s) on Account: _____
 Date of Death Balance: _____

IRA(s) Y N Institution: _____ Acct # _____
 Name(s) on Account: _____
 Beneficiary(ies): _____
 Date of Death Balance: _____
 Institution: _____ Acct # _____
 Name(s) on Account: _____
 Beneficiary(ies): _____
 Date of Death Balance: _____

Mutual Fund(s) Y N Held by: _____ Acct #: _____
 Name(s) on Account: _____
 Date of Death Balance: _____
 Held by: _____ Acct #: _____
 Name(s) on Account: _____
 Date of Death Balance: _____

Stock(s) Y N Stock Name: _____ # of Shares: _____
 Held by: _____
 Date of Death Balance: _____
 Stock Name: _____ # of Shares: _____
 Held by: _____
 Date of Death Balance: _____

Annuities Y N Company: _____ Acct #: _____
 Account Balance: _____ Paying? Y N Amt: _____
 Date of Death Balance: _____
 Company: _____ Acct #: _____
 Account Balance: _____ Paying? Y N Amt: _____
 Date of Death Balance: _____

Savings Bonds Y N Series EE Y N # of Bonds: _____
 Name(s) on Bonds: _____
 Date of Death Balance: _____

Life Insurance Y N Company: _____ Policy #: _____
 Named Insured: _____ Value: _____
 Named Beneficiary(ies): _____
 Company: _____ Policy #: _____
 Named Insured: _____ Value: _____
 Named Beneficiary(ies): _____

Pre-Paid Funeral Y N Funeral Home/Inst: _____
 Name on Account: _____
 Account #: _____ Date of Death Balance: _____

Motor Vehicle(s) Y N Year: _____ Make: _____ Model: _____
 Name(s) on Title: _____
 Book Value: _____ Balance Owed: _____
 Year: _____ Make: _____ Model: _____
 Name(s) on Title: _____
 Book Value: _____ Balance Owed: _____

