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 CERTIFIC	CATE)
Decedent's PLACE OF DEATH (incl. County)	:		
CITIZENSHIP: Citizen Perm. Reside	ent Temp. Resident Refu	ıgee Illegal Alien	
S.S.#	DATE OF BIR	RTH:/	
Marital Status: Married		Widowed	
Spouse's Name:			
Spouse's Address:			
Spouse's Telephone Nos:			
Spouse's Date of Birth://_	Spouse's S.S. #:		
CHILDREN and OTHER BENEFICIAR	IES/HEIRS:		
Name & Address	Relationship to Decedent:	Date of Birth:	S.S.#:
PRIMARY CONTACT PERSON:			
Name:	Relation	to Client:	
Address:			
Telephone Nos:	(h)(\	v)	(c)

ASSETS:

Real Estate	Υ	N		Address:	
	How is	s pro	perty	titled?:	
Estimated Market Value:				et Value:	
	Outsta	andin	g Mo	ortgage? Y N Balance:	
Checking Accou	ınt(s)	Υ	N	Name(s) on Account:	Acct #:
					Acct #:
				Date of Death Balance:	
Savings Accoun	ıt(s)	Υ	N	Bank:	Acct #:
				Name(s) on Account:	
				Date of Death Balance:	
				Bank:	Acct #:
				Name(s) on Account:	
				Date of Death Balance:	
Money Market(s	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 Inst	tution:
	Acc	t #: Maturity Date:
	Nan	ne(s) on Account:
	Date	e of Death Balance:
	Inst	itution:
	Acc	t #: Maturity Date:
	Nan	ne(s) on Account:
	Date	e of Death Balance:
IRA(s) Y N	Institution:	Acct #
	Name(s) on Account	:
	Beneficiary(ies):	
	Date of Death Balan	ce:
	Institution:	Acct #
	Name(s) on Account	·
	Beneficiary(ies):	
	Date of Death Balan	ce:
M		• • "
Mutual Fund(s) Y	•	Acct #:
		Account:
		th Balance:
	, and the second	Acct #:
		Account:
		h Balance:
Stock(s) Y N	Stock Name:	# of Shares:
	-	
	Date of Death	Balance:
	Stock Name:	# of Shares:
	Held by:	
	Date of Death	Balance:

Annuities Y	N	N	Company:		Acct #:_			-
		Account Balance:		Paying?	Υ	N	Amt:	
		Date of Death Balance:			_			
			Company:		Acct #:_			
			Account Balance:		Paying?	Υ	N	Amt:
			Date of Death Balance:			_		
Savings Bonds Y N		N	Series EE Y N Name(s) on Bonds:_					
			Date of Death Balance					
Life Insurance	Υ	N	Company:			Polic	y #: ₋	
		Named Insured:			Valu	ıe:		
			Named Beneficiary(ie	es):				
		Company:			Polic	y #: ₋		
		Named Insured:			Valu	ıe:		
			Named Beneficiary(ie	es):				
Pre-Paid Funeral	Υ	N	Funeral Home/Inst:_					
			Name on Account:					
			Account #:		_ Date of D	eath	Balar	nce:
Motor Vehicle(s)	Υ	N	Year:	Make:		_ M	odel:	
		Name(s) on Title:						
		Book Value:		Balance Ow	/ed:_			
			Year:	Make:		_ M	odel:	
			Name(s) on Title:					
		Book Value:		Balance Ow	/ed:_			

Personal Property Y	N	Description:	
		Appraised Value:	
Safe Deposit Box Y	N	Bank Name:	
DEBTS OF DECEDE	<u>INT</u>		
Loans Y (personal, home equity		Lender:Borrower(s):	
		Account #:	Outstanding Balance:
Credit Cards Y	N	Creditor:	
		Account #:	Outstanding Balance:
		Creditor:	
		Account #:	Outstanding Balance:
		Creditor:	
		Account #:	Outstanding Balance:

PLEASE PROVIDE DOCUMENTATION OF EXPENSES/DEBTS OF DECEDENT:

Funeral Expenses – including funeral, flowers, luncheon, travel and lodging arrangements, burial, headstone, thank you cards, clothing

Household Expenses – utility bills, insurance premiums, R.E. taxes, etc. due and payable on date of death

Medical Expenses – outstanding medical bills, final nursing home bill, etc. due and payable on death of death