



THE LAW OFFICE OF
RANDY HOPE STEEN, LTD.

ESTATE ADMINISTRATION
For Individuals with Deceased Loved Ones

This form is extremely important. Your accuracy and completeness in responding will help me represent you. Please bring this completed form to your appointment.

A. Decedent Information

As on Will

Full Legal Name

Social Security #

U.S. Citizen

Yes

No

Children

Yes

No

If yes, complete children table on the last page

Decedent Spouse (if married)

Full Legal Name

Address

City

State / Zip

U.S. Citizen

Yes

No

Address of Decedent at time of Death

Street

City

State

Zip

Decedent Birth and Death

Date of Birth

Place of Birth

Date of Death

Place of Death

Spouse Information (if married)

Phone Number

Cell Phone #

Fax Number

Business #

Email Address

Referral Information *Who referred you to this office?*

Name

Street

City

State

Zip

Referral is:

Attorney

Financial Planner

Previous Client of

Other

Have you visited our Website at www.rsteenlaw.com?

Yes

No

Do you have suggestions to improve our website?

B. Estate Information - If Decedent left a Will

List the names of any persons (beneficiaries) included in the Will (other than Spouse or Children)

Beneficiary			
Name	<input type="text"/>	Address	<input type="text"/>
City	<input type="text"/>	State / Zip	<input type="text"/>
Phone #	<input type="text"/>	Email	<input type="text"/>

Additional Beneficiary			
Name	<input type="text"/>	Address	<input type="text"/>
City	<input type="text"/>	State / Zip	<input type="text"/>
Phone #	<input type="text"/>	Email	<input type="text"/>

Additional Beneficiary			
Name	<input type="text"/>	Address	<input type="text"/>
City	<input type="text"/>	State / Zip	<input type="text"/>
Phone #	<input type="text"/>	Email	<input type="text"/>

Executor / Administration

If Decedent's Executor is different than Spouse, please provide the following information

Name

Address

City

State / Zip

Home #

Business #

Cell #

Email

Co-Executor / Co-Administration

Name

Address

City

State / Zip

Home #

Business #

Cell #

Email

C. Important Contacts

Decedent's Physician

Name

Address

City

State / Zip

Business #

Email

Decedent's Accountant

Name

Address

City

State / Zip

Business #

Email

Decedent's Financial Advisor

Name

Address

City

State / Zip

Business #

Email

Funeral Home

Name

Contact

City

State / Zip

Business #

Fax

D. Financial Summary

Assets and Liabilities

	Account #1 Dollar Value	Account #2 Dollar Value	How is the title held (Joint, Tenants, etc.)
Bank Accounts Attach copies of Statements			
Real Estate (Residence) Attach copies of deeds			
Real Estate (Other) Attach copies of deeds			
Certificates of Deposit Attach copies of statements			
Stocks (Non Mutual Funds; Not Held by Broker) Attach copies of statements			
Stocks (Non Mutual Funds; Held by Broker) Attach copies of statements			
Bonds (Non Mutual Funds; Not Held by Broker) Attach copies of statements			
Bonds (Non Mutual Funds; Held by Broker) Attach copies of statements			

Expenses of Decedent 's Last Illness

Please provide a list of decedent's expenses, including the name and address of the provider, the amount, and the date paid, or provide copies of invoices or cancelled checks.

Name of Provider	Address of Provider	Amount	Date Paid

1. Original Will, Codicils, Personal Property List, and/or Trust for the decedent and for the surviving spouse, if any.
2. Certified Death Certificates for the decedent and predeceased spouse, if any.
3. Data needed for spouse, children, and all other beneficiaries: name, address and phone number, date of birth (and date of death, if predeceased), and social security number.
4. Most recent statements for all accounts (checking, savings, investment, retirement, etc.) in the decedent's name or in joint names with anyone else.
5. Original stock and bond certificates, including savings bonds in the decedent's name or in joint names with anyone else.
6. Title for all automobiles.
7. For all real estate: Deeds, Title Insurance Policy, most recent property tax statements, and certified appraisal (if available), homeowners insurance information.
8. For all life insurance policies: Company name, address and phone number, and policy number for all policies insuring the life of the decedent, or policies owned by the decedent on the life of another person.
9. Copy of the decedent's most recent Federal and State Income Tax Return, and copies of any Gift Tax Returns filed by the decedent.
10. If the decedent owned an interest in a partnership or unincorporated business, a statement of assets and liabilities for the date of death and for the last five (5) years, plus statements of net earnings for the same 5 years, or the contact information for the business' accountant.
11. Copies of all known debts owed by the decedent (credit card balances, car loans, mortgages, etc.), including outstanding amounts expended by family and friends for debts that should be reimbursed.
12. Copies of all bills and receipts for any expenses relating to the administration expenses for the estate (funeral, luncheon, obituary, etc.), as well as information regarding amounts expended by the family and friends.

