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## **ESTATE ADMINISTRATION INTAKE FORM**

This Form is extremely important. Your thoroughness and accuracy in completing the Form will help Promise Law provide you recommendations. Please bring this Form and the items in the Estate Administration Consultation Checklist to your initial consultation.

<b>Part 1: Decedent's Information</b>	
Full Name	
Other Names Known By	
Address, City & Zip Code	
Date of Birth, Place of Birth, Age	
Date of Death & City/County of Death	
Marital Status	
Retired Military (Provide Branch)	
Current/Former CPA or Tax Preparer Address, City & Zip Code & Phone	
Current/Former Financial Advisor Address, City & Zip Code & Phone	
Current/Former Employer & Address Address, City & Zip Code & Phone	

<b>Part 2: Proposed Fiduciary's Information (Executor / Administration / Trustee)</b>			
<i>The court may require the fiduciary to have a surety bond. The following questions help determine the ability to obtain that bond. If a bond is needed, then a bonding company must secured to underwrite the bond.</i>			
Full Name			
Address, City, State & Zip Code			
Home Phone		Cell Phone	
Employer		Work Phone	
Occupation		Years in Occupation	
Email User	<input type="checkbox"/> YES <input type="checkbox"/> NO	Email Address	
Have you ever served as a fiduciary?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what type, when and in which jurisdiction.	
Have you ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever declared bankruptcy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any judgments against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have any accounts in collection?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been declared incapacitated?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, then provide date and court.	

**Part 3: Heirs at Law***The beneficiaries are not necessarily the heirs at law.**We must identify all heirs at law even if they are estranged from the family or are disinherited.**\*If a child or sibling is predeceased, provide the information requested for their children.*

<i>Relationship to Decedent</i>	<i>Full Name</i>	<i>Address, City, State &amp; Zip Code</i>
Surviving Spouse		
*Child, Over 18: <input type="checkbox"/> YES <input type="checkbox"/> NO Child of surviving spouse? <input type="checkbox"/> YES <input type="checkbox"/> NO		
*Child, Over 18: <input type="checkbox"/> YES <input type="checkbox"/> NO Child of surviving spouse? <input type="checkbox"/> YES <input type="checkbox"/> NO		
*Child, Over 18: <input type="checkbox"/> YES <input type="checkbox"/> NO Child of surviving spouse? <input type="checkbox"/> YES <input type="checkbox"/> NO		
*Child, Over 18: <input type="checkbox"/> YES <input type="checkbox"/> NO Child of surviving spouse? <input type="checkbox"/> YES <input type="checkbox"/> NO		

*If the Decedent is survived by a spouse and/or children STOP HERE and go to Part 4.**If there was no spouse or children, then provide information for the Decedent's parents and siblings below.*

<i>Relationship to Decedent</i>	<i>Full Name</i>	<i>Address, City, State &amp; Zip Code</i>
Mother (if living)		
Father (if living)		
*Sibling		
*Sibling		
*Sibling		
*Sibling		

**Part 4: Beneficiaries in Will or Trust****If the Decedent's Will or Trust includes beneficiaries other than those listed in Part 3, then list the other individuals or entities below.**

<i>Relationship to Decedent</i>	<i>Full Name</i>	<i>Address, City &amp; Zip Code</i>

**Part 5: Assets**

<i>Real Estate &amp; Timeshares (List Address)</i>	<i>Tax Assessed Value</i>	<i>Jointly Owned</i>
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
<i>Checking Accounts (List Bank)</i>	<i>Date of Death Value</i>	<i>Jointly Owned or Pay on Death</i>
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
<i>Saving Accounts (List Bank)</i>	<i>Date of Death Value</i>	<i>Jointly Owned or Pay on Death</i>
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):

<i>Brokerage or Investment Accounts NOT including Retirement or Annuity Accounts (List Bank)</i>	<i>Date of Death Value</i>	<i>Jointly Owned or Pay on Death</i>
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
<i>Retirement &amp; Annuity Accounts Including IRAs, 401Ks, 403bs, etc. (List Bank)</i>	<i>Date of Death Value</i>	<i>Pay on Death Beneficiaries:</i>
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
<i>Stock Certificates Outside of Brokerage or Investment Accounts (List Each Certificate)</i>	<i>Date of Death Value</i>	<i>Jointly Owned or Pay on Death</i>
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
<i>Savings Bonds Outside of Brokerage or Investment Accounts (List Each Bond)</i>	<i>Date of Death Value</i>	<i>Jointly Owned or Pay on Death</i>
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
<i>Cars, Trucks, RVs, Boats, or Trailers (List Year, Make and Model)</i>	<i>Tax Assessed Value</i>	<i>Jointly Owned</i>
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
<i>Privately Owned Business (List Name)</i>	<i>Date of Death Value</i>	<i>Jointly Owned</i>
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
<i>Fine Art, Gold Coins, or Other Rare or Highly Valuable Tangible Property (Describe)</i>	<i>Insured Value</i>	<i>Insurer / Property's Current Location</i>
		/
		/
		/
		/
<i>Safe Deposit or Strong Box (Location)</i>	<i>Keys Available</i>	<i>Contents</i>
<i>Other (Describe)</i>	<i>Date of Death Value</i>	<i>Jointly Owned</i>
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):

Part 6: Life Insurance		
Insurance (List Each Policy)	Death Benefit (Less Any Loan)	Pay On Death Beneficiary
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):
		<input type="checkbox"/> YES <input type="checkbox"/> NO Name(s):

Part 7: Interest in Trusts, Estates or Prospective Inheritances			
Name of Estate or Trust	Name of Administrator	Amount Expected to Receive	Date of Payment

Part 8: Gifts & Loans				
Date	Recipient	Amount	Gift or Loan?	Purpose of Gift or Loan

Part 9: Debts			
Company Owed	Co-Signor	Amount Owed	Due Date

Part 10: Other Obligations	
Did decedent have any obligations for support of a minor child?	<input type="checkbox"/> YES <input type="checkbox"/> NO Describe:
Did decedent have any obligations for support of a former spouse?	<input type="checkbox"/> YES <input type="checkbox"/> NO Describe:

By my signature below, I affirm that the information provided in this Estate Administration Intake Form is accurate and complete to the best of my knowledge. I understand that Promise Law will rely upon this information that I am providing, and if the information is inaccurate or incomplete, then the recommendations provided by Promise Law may not be appropriate.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Client's Signature

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Client's Signature