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## **DECEDENT INFORMATION:** Name:\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death: Street Address: SS#: City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ County: \_\_\_\_ Has he/she lived in another state? If so, list state and include last name if different **EXECUTOR/ADMINSTRATOR INFORMATION:** Name:\_\_\_\_\_\_ Phone \_\_\_\_\_ SS#:\_\_\_\_\_ Street Address: \_\_\_\_\_ Email: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ County: \_\_\_\_ **DID DECEDENT HAVE A WILL?** YES NO (If yes, list all beneficiaries named in Will – If no, list immediate family members, both living and deceased. Please note if adopted into/out of family.) Adopted Address Name (birth name & "goes by") Living? Relationship Age to decedent if minor in out Y/N

Beneficiaries continue on next page

McGuire, Wood & Bissette	, P.A.					
Name (birth name & "goes by")	Living? Y/N	Relationship to decedent		Adopte in ou		
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DECEDENT'S PROFESSIO	NAL AD	VISORS:				
Accountant/Tax Advisor		A	Address:			
Phone Number:						
Fax Number:						
Financial Advisor		A	Address:			
Phone Number:						
Fax Number:						
(Please comple	te to the b		SSETS nowledge	regardii	ng the Dece	dent's assets)
BANK ACCOUNTS (CD, che	ecking, sa	vings, money	y market)	: If J7	TWROS plo	ease list with whom.
Account Type	Finan	cial Institution		Account	No.	Balance at time of death

McGuire, Wood & Bissette, P.A.

Account Type	Financial Institution	Value	Beneficiary/Beneficiaries
	_		
	ATINES (ID A. 401)		
REIREMENT ACCO Account Type	OUNTS: (IRA, 401k, pension Financial Institution	on) Value	Beneficiary/Beneficiaries
	<u> </u>		
REAL ESTATE:  Location/Description		Title Ho	lder/Owner(s)
VEHICLES (automol	oiles, boats, planes):		
	lodel Color	Condition	Automobile Mileage

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## PROMISSORY NOTES OR OTHER MONEYS DUE TO DECEDENT:

Description	Debtor	Amount Owed
BUSINESS INTERESTS:		
Entity Name	Number of Shares Hel	d Estimated Value
LIFE INSURANCE:		
Company		Value
OTHER TANGIBLE PERSO	ONAL PROPERTY (jew	elry, guns, household furnishings, etc.):
Туре	Value	Type Value

## **DEBTS/CREDITORS**

(Please complete to the best of your knowledge regarding the Decedent's debts)
List known medical providers, auto lenders, credit cards, etc.

Name:		Name:	
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	_		
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	_		
	_		
	_		

Please provide us with copies the following documents as soon as possible. Originals may be requested at a later date.

- Will (if applicable)
- Trust (if applicable)
- Death Certificate
- Car Title