



**McGUIRE WOOD & BISSETTE**

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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.)

Name (birth name & "goes by")	Living? Y/N	Relationship to decedent	Age if minor	Adopted in out	Address
_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____

Beneficiaries continue on next page



McGuire, Wood & Bissette, P.A.

**INVESTMENTS (stocks, bonds, mutual funds, brokerage accounts):**

Account Type	Financial Institution	Value	Beneficiary/Beneficiaries
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**REIREMENT ACCOUNTS: (IRA, 401k, pension)**

Account Type	Financial Institution	Value	Beneficiary/Beneficiaries
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**REAL ESTATE:**

Location/Description	Title Holder/Owner(s)
_____	_____
_____	_____
_____	_____

**VEHICLES (automobiles, boats, planes):**

Year	Make & Model	Color	Condition	Automobile Mileage
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



**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:

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Name:

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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