



## McGUIRE WOOD & BISSETTE

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### DECEDENT INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Street Address: \_\_\_\_\_ SS#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

If ever lived in another state, list here \_\_\_\_\_

### EXECUTOR/ADMINISTRATOR INFORMATION:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Would you like to receive invoices via U.S. Mail or email? \_\_\_\_\_

### 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

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"/>	_____

**Accountant/Tax Advisor** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Financial Advisor** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

(Please complete to the best of your knowledge regarding the Decedent's assets)

Account Type	Financial Institution	Account No.	Balance at time of death

McGuire, Wood & Bissette, P.A.

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

Account Type	Financial Institution	Value	Beneficiary/Beneficiaries

**RETIREMENT 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

McGuire, Wood & Bissette, P.A.

**PROMISSORY NOTES OR OTHER MONEYS DUE TO DECEDENT:**

Description	Debtor	Amount Owed

**BUSINESS INTERESTS:**

Entity Name	Number of Shares Held	Estimated Value

## LIFE INSURANCE:

Company	Value
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**OTHER TANGIBLE PERSONAL PROPERTY (jewelry, guns, household furnishings, etc.):**

Type	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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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