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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/ADMINSTRATOR INFORMATION:** 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? Relationship Age Adopted Address Y/N to decedent if minor in out

Beneficiaries continued on next page

McGuire, Wood & Bissette, P.A.

Name (birth name & "goes by")		Relationship to decedent				Address
DECEDENT'S PROFESSION	NAL ADV	VISORS:				
Accountant/Tax Advisor:			Address:			
Phone Number:						
Fax Number:						
Financial Advisor:		<i>F</i>	Address:			
Phone Number:						
Fax Number:						
(Please comple		est of your kr	_	_		the Decedent's assets) (ROS please list with whom.
Account Type	Finan	cial Institution		Acco	unt No	b. Balance at time of death

INVESTMENTS	(stocks, bond	ls, mutual funds,	brokerage account	ts):
Account Type Financial Institution		ncial Institution	Value	Beneficiary/Beneficiaries
RETIREMENT A Account Type		(IRA, 401k, pens	ion): Value	Beneficiary/Beneficiaries
				<u> </u>
REAL ESTATE: Location/Description	n		Title Ho	lder/Owner(s)
VEHICLES (auto	omobiles, boa & Model	i ts, planes): Color	Condition	Automobile Mileage
Teal Iviance	C Model		Condition	

McGuire, Wood & Bissette, P.A.

PROMISSORY NOTES OR OTHER MONEYS DUE TO DECEDENT:

Description	Debtor	Amount Owed	Amount Owed		
BUSINESS INTERESTS:					
Entity Name	Number of Shares Held	Estimated Value			
HEALTH INSURANCE:					
☐ Medicare☐ Secondary☐ Marketplace☐ None	☐Medicaid ☐Other:	□Employer Provided			
LIFE INSURANCE: Company		Value			
OTHER TANGIBLE PERSONA	AL PROPERTY (jewo	elry, guns, household f	furnishings, etc.):		
Туре	Value	Туре	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:
	_	
	_	
	_	
	_	
	_	
	_	
	_	
	_	
	_	
	_	

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