



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/ADMINSTRATOR 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 continued on next page

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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