

**CONFIDENTIAL ESTATE ADMINISTRATION SURVEY**

We recognize that this information is of a personal nature. Information you provide to this office will be treated confidentially and will not be revealed to anyone outside of this office without your permission.

Please print this form and complete it. Bring the completed form to your consultation, or scan and fax to (561) 625-0060 or email to [consultforms@KarpLaw.com](mailto:consultforms@KarpLaw.com).

Your Name (for legal documents)

Street Address

City  State  Zip

Home Phone  Work Phone

Cell Phone  Email

Your Relationship to Decedent:

**PART 1: INFORMATION ABOUT DECEDENT**

Decedent's Full Name

Street Address

City  State  Zip

County  Date of Death  Date of Birth

**PART 2: DOCUMENTS****WILL AND CODICIL (if any)**

Location of Will  Date of Will

Location of Codicil  Date of Codicil

**Personal Representative Named in Will**

Full Name

Street Address

City  State  Zip

Home Phone  Work Phone

Cell Phone  Email

Relationship to Decedent:

**Alternate Personal Representative Named in Will**

Full Name   
Street Address   
City  State  Zip   
Home Phone  Work Phone   
Cell Phone  Email   
Relationship to Decedent:

**TRUST (if any)**

Location of Trust  Date of Trust

**Successor Trustee Named in Trust**

Full Name   
Street Address   
City  State  Zip   
Home Phone  Work Phone   
Cell Phone  Email   
Relationship to Decedent:

**Alternate Successor Trustee Named in Trust**

Full Name   
Street Address   
City  State  Zip   
Home Phone  Work Phone   
Cell Phone  Email   
Relationship to Decedent:

**PART 3: BENEFICIARIES OR HEIRS AT LAW**

**Full Name of Decedent's Spouse**   
Street Address   
City  State  Zip   
Home Phone  Work Phone   
Cell Phone  Email   
Date of Marriage  Place of Marriage

**Decedent's Children**

**Child's Full Name**   
Street Address   
City  State  Zip   
Home Phone  Work Phone   
Cell Phone  Email   
Date of Birth, if Minor

**Child's Full Name**   
Street Address   
City  State  Zip   
Home Phone  Work Phone   
Cell Phone  Email   
Date of Birth, if Minor

**Child's Full Name**   
Street Address   
City  State  Zip   
Home Phone  Work Phone   
Cell Phone  Email   
Date of Birth, if Minor

**Child's Full Name**   
Street Address   
City  State  Zip   
Home Phone  Work Phone   
Cell Phone  Email   
Date of Birth, if Minor

**Other Beneficiaries**

**Full Name**   
Street Address   
City  State  Zip   
Home Phone  Work Phone   
Cell Phone  Email   
Date of Birth, if Minor  Relationship to Decedent

**Full Name**   
Street Address   
City  State  Zip   
Home Phone  Work Phone   
Cell Phone  Email   
Date of Birth, if Minor  Relationship to Decedent

**Full Name**   
Street Address   
City  State  Zip   
Home Phone  Work Phone   
Cell Phone  Email   
Date of Birth, if Minor  Relationship to Decedent

**PART 4: ASSETS**

**Safe Deposit Box?**  Yes  No If yes, location

Who has access?

**Real Estate**

**Street Address**

City  State  Zip

County  Date of Death Value\$

Owner  Decedent Only  Decedent's Trust  Decedent & Spouse

Decedent & another person Who?   Any other form of ownership

Homestead?  Yes  No Mortgage Amount \$

**Street Address**

City  State  Zip

County  Date of Death Value\$

Owner  Decedent Only  Decedent's Trust  Decedent & Spouse

Decedent & another person Who?   Any other form of ownership

Homestead?  Yes  No Mortgage Amount \$

**IRAs, Retirement Plans, 401ks, 403bs**

Institution	Beneficiary	Date of Death Value \$
	<input type="radio"/> Spouse <input type="radio"/> Trust <input type="radio"/> Other	
	<input type="radio"/> Spouse <input type="radio"/> Trust <input type="radio"/> Other	
	<input type="radio"/> Spouse <input type="radio"/> Trust <input type="radio"/> Other	
	<input type="radio"/> Spouse <input type="radio"/> Trust <input type="radio"/> Other	

**Brokerage Accounts (Exclude IRAs, Retirement Accounts)**

Broker Name	Owner	Date of Death Value \$
	<input type="radio"/> Decedent Only <input type="radio"/> Decedent's Trust <input type="radio"/> Decedent & Spouse <input type="radio"/> Owned with another person(s). Name: <input type="radio"/> Any other form of ownership. Describe	
	<input type="radio"/> Decedent Only <input type="radio"/> Decedent's Trust <input type="radio"/> Decedent & Spouse <input type="radio"/> Owned with another person(s). Name: <input type="radio"/> Any other form of ownership. Describe	
	<input type="radio"/> Decedent Only <input type="radio"/> Decedent's Trust <input type="radio"/> Decedent & Spouse <input type="radio"/> Owned with another person(s). Name: <input type="radio"/> Any other form of ownership. Describe	

**Stocks Held Individually (not with a broker)**

Company	# Shares	Owner	Location of Stock Certificates
		<input type="radio"/> Decedent Only <input type="radio"/> Decedent's Trust <input type="radio"/> Decedent & Spouse <input type="radio"/> Owned with another person(s). Name: <input type="radio"/> Any other form of ownership. Describe:	
		<input type="radio"/> Decedent Only <input type="radio"/> Decedent's Trust <input type="radio"/> Decedent & Spouse <input type="radio"/> Owned with another person(s). Name: <input type="radio"/> Any other form of ownership. Describe:	
		<input type="radio"/> Decedent Only <input type="radio"/> Decedent's Trust <input type="radio"/> Decedent & Spouse <input type="radio"/> Owned with another person(s). Name: <input type="radio"/> Any other form of ownership. Describe:	

**Bonds Held Individually (not with a broker)**

Company or Gov't. Agency	Owner	Value\$	Location of Bond
	<input type="radio"/> Decedent Only <input type="radio"/> Decedent's Trust <input type="radio"/> Decedent & Spouse <input type="radio"/> Owned with another person(s). Name: <input type="radio"/> Any other form of ownership. Describe:		
	<input type="radio"/> Decedent Only <input type="radio"/> Decedent's Trust <input type="radio"/> Decedent & Spouse <input type="radio"/> Owned with another person(s). Name: <input type="radio"/> Any other form of ownership. Describe:		
	<input type="radio"/> Decedent Only <input type="radio"/> Decedent's Trust <input type="radio"/> Decedent & Spouse <input type="radio"/> Owned with another person(s). Name: <input type="radio"/> Any other form of ownership. Describe:		

**US Government Bonds (E, EE, HH)**

Owner	Location Of Bond	Date of Death Value\$	Beneficiary, If Any
<input type="radio"/> Decedent Only <input type="radio"/> Decedent's Trust <input type="radio"/> Decedent & Spouse <input type="radio"/> Owned with another person(s). Name: <input type="radio"/> Any other form of ownership. Describe:			
<input type="radio"/> Decedent Only <input type="radio"/> Decedent's Trust <input type="radio"/> Decedent & Spouse <input type="radio"/> Owned with another person(s). Name: <input type="radio"/> Any other form of ownership. Describe:			
<input type="radio"/> Decedent Only <input type="radio"/> Decedent's Trust <input type="radio"/> Decedent & Spouse <input type="radio"/> Owned with another person(s). Name: <input type="radio"/> Any other form of ownership. Describe:			

**Money Market Account, Certificates of Deposit (Exclude IRAs, Retirement Accounts)**

Institution	Owner	Date of Death Value\$
	<input type="radio"/> Decedent Only <input type="radio"/> Decedent's Trust <input type="radio"/> Decedent & Spouse <input type="radio"/> Owned with another person(s). Name: <input type="radio"/> Any other form of ownership. Describe:	
	<input type="radio"/> Decedent Only <input type="radio"/> Decedent's Trust <input type="radio"/> Decedent & Spouse <input type="radio"/> Owned with another person(s). Name: <input type="radio"/> Any other form of ownership. Describe:	
	<input type="radio"/> Decedent Only <input type="radio"/> Decedent's Trust <input type="radio"/> Decedent & Spouse <input type="radio"/> Owned with another person(s). Name: <input type="radio"/> Any other form of ownership. Describe:	

**Bank Accounts**

Bank Name	Owner	Date of Death Value\$
	<input type="radio"/> Decedent Only <input type="radio"/> Decedent's Trust <input type="radio"/> Decedent & Spouse <input type="radio"/> Owned with another person(s). Name: <input type="radio"/> Any other form of ownership. Describe:	
	<input type="radio"/> Decedent Only <input type="radio"/> Decedent's Trust <input type="radio"/> Decedent & Spouse <input type="radio"/> Owned with another person(s). Name: <input type="radio"/> Any other form of ownership. Describe:	
	<input type="radio"/> Decedent Only <input type="radio"/> Decedent's Trust <input type="radio"/> Decedent & Spouse <input type="radio"/> Owned with another person(s). Name: <input type="radio"/> Any other form of ownership. Describe:	



**Money Owed To You**

Type:  Mortgage  Promissory Note  Other

Borrower

Street Address

City  State  Zip

Lender  Decedent  Decedent & Spouse  Trust  Decedent & Other

Terms of Obligation  Date of Death Value\$

Type:  Mortgage  Promissory Note  Other

Borrower

Street Address

City  State  Zip

Lender  Decedent  Decedent & Spouse  Trust  Decedent & Other

Terms of Obligation  Date of Death Value\$

**Insurance on Decedent's Life**

Company  Policy #

Location of Policy  Date of Death Value\$

Policy Owner  Decedent  Spouse  Trust  Other

Beneficiaries Named:

Company  Policy #

Location of Policy  Date of Death Value\$

Policy Owner  Decedent  Spouse  Trust  Other

Beneficiaries Named:

Company  Policy #

Location of Policy  Date of Death Value\$

Policy Owner  Decedent  Spouse  Trust  Other

Beneficiaries Named:

**Annuities**

**Company**  **Policy #**   
**Location of Policy**  **Date of Death Value\$**   
**Beneficiaries Named:**

**Company**  **Policy #**   
**Location of Policy**  **Date of Death Value\$**   
**Beneficiaries Named:**

**Company**  **Policy #**   
**Location of Policy**  **Date of Death Value\$**   
**Beneficiaries Named:**

**Vehicles, Recreational Vehicles, Mobile Homes**

**Model & Year**  **Location of Title**  **Date of Death Value\$**   
 Owner:  Decedent Only  Decedent's Trust  Decedent & Spouse  
 Decedent & another person.   Any other form of ownership

**Model & Year**  **Location of Title**  **Date of Death Value\$**   
 Owner:  Decedent Only  Decedent's Trust  Decedent & Spouse  
 Decedent & another person.   Any other form of ownership

**Model & Year**  **Location of Title**  **Date of Death Value\$**   
 Owner:  Decedent Only  Decedent's Trust  Decedent & Spouse  
 Decedent & another person.   Any other form of ownership

**PART 5: CREDITORS**

Name of Creditor   
 Street Address   
 City  State  Zip   
 Account #  Amount Owed \$

Name of Creditor   
 Street Address   
 City  State  Zip   
 Account #  Amount Owed \$

Name of Creditor   
 Street Address   
 City  State  Zip   
 Account #  Amount Owed \$

**PART 6: QUESTIONS AND CONCERNS, OTHER INFORMATION**

Please list any specific questions you wish to address during your consultation, and provide any other information you believe is relevant.

*Would you please tell us how you*

*heard about The Karp Law Firm?*

*If someone referred you to us, what is their name?*

*May we thank them?*    Yes    No

Please see also the "Checklist of Additional Items," available on our website, [www.karplaw.com](http://www.karplaw.com). **DO NOT WORRY if you do not have these items in time for your initial consultation!** Just bring whatever you have. We will let you know what other items are needed as we go along and you can provide them as you locate them.