

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.
- To save this form, go to the location of the download. Then open this form using Acrobat.
- Fill in the fields.
- Save. (If you have entered information and want to return to the form to enter more information, you may do so, but you will need to save the form first.)
- When complete, save the form, print it, and bring it to your consultation. Or fax to (561) 625-0060 or email to 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. **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.