

**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](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"/> <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"/> <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"/> <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.