



Harris J. Resnick
22 State Road
Media, PA 19063
(610)-565-0301
Fax (610) 565-5011
hjresnick@resnickelderlaw.com

ESTATE CLIENT INFORMATION SHEET

Private _____ PFT _____

Date of Interview _____

Name of Client _____ S.S. No. _____

Address _____ H# _____

_____ W# _____

Decedent Information

Date of Death _____

Name _____ Relationship to Client _____

Last Address _____ S.S. No. _____

_____ Marital Status _____

Family of Decedent Information
(Names and Addresses)

Executor/Administrator Information

Spouse _____

Name _____

Address _____

Children _____

Phone #: (H) _____

(W) _____

(C) _____

Name of Closest Living Relative _____

S.S. No. _____

Did Decedent die testate? * [] Yes [] No *(If yes, Attach Copy of Will)

Has estate been probated? If so, provide a copy of the receipt for the probate fee.

Name, address and telephone number of Funeral Director _____

*****Have Client Provide Several Original Death Certificates*****

(All legitimate expenses incurred by the decedent are deductible for inheritance tax purposes. Obtain all information re: obituary, minister, musicians, flowers, repast, attire, travel expenses, cemetery fees, head stone, postage, etc.)

Did decedent have a Safe Deposit Box? If yes, does client have legal access or the key to the box? Please provide the following:

Name of Bank _____ Tele. No. _____

Address _____

ASSETS

Real Estate*

<u>Location</u>	<u>How Owned</u>	<u>Market Value</u>	<u>Mortgage</u>
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*(Any Liens Against Property?)

Bank Accounts, CD's, etc.**

** (Any accounts held jointly with another party?)

(*) (**) For those items involving Liens and/or Joint Accounts, please provide the names of all lien holders and/or the names/addresses of all parties with who joint accounts were held:

Stocks/Bonds**

<u>Name</u>	<u>Type</u>	<u>How Acquired</u>	<u>Market Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

** (Any accounts held jointly with another party? If so, please provide the names and addresses of all parties with whom such stocks/bonds were held.)

Occupational Benefits (pension, unpaid sick or vacation time, profit sharing, etc.)

<u>Name of Company</u>	<u>Type of Benefit</u>
_____	_____
_____	_____
_____	_____
_____	_____

Other Investments/Significant Personal Effects

<u>Name</u>	<u>Type</u>	<u>How Acquired</u>	<u>Market Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Non-Probate Property***

<u>Name</u>	<u>Type</u>	<u>How Acquired</u>	<u>Market Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*** (If there are policies of insurance or other assets with suspected beneficiary designations, contact respective companies to obtain written confirmation.)

Debts of Decedent/Administrative Expenses

<u>Creditor</u>	<u>Account No.</u>	<u>Date of Death</u>	<u>Balance</u>

Beneficiaries/Heirs

<u>Name</u>	<u>Address</u>	<u>Tele. No.</u>

Life Insurance

<u>Company</u>	<u>Insured</u>	<u>Policy No.</u>	<u>Type</u>	<u>Face Value</u>

Business

<u>Name</u>	<u>Type</u>	<u>How Acquired</u>	<u>Market Value</u>