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Personal Information - Decedent

Name:	
Address, City, State, ZIP, County:	
Date of Birth:	SSN:
Date of Death:	

Personal Information - Client

Name:	
Address, City, State, ZIP:	
Home Phone:	Cell Phone:
Date of Birth:	SSN:
Email:	

Family Information - Decedent

Surviving Spouse

Name:	
Address:	
City, State ZIP:	
Home Phone:	Date of Marriage:

Children: Please list all the decedent's children, including any children that predeceased the decedent. If a child predeceased the decedent, please list each of their living children in the next section.

Child Name:	Child Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Date of Birth/Date of Death:	Date of Birth/Date of Death:
Child Name:	Child Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Date of Birth/Date of Death:	Date of Birth/Date of Death:
Child Name:	Child Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Date of Birth/Date of Death:	Date of Birth/Date of Death:

Grandchildren: Please only list decedent's grandchildren in this section if their parent predeceased the decedent and they are still living themselves.

Grandchild Name:	Grandchild Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Date of Birth:	Date of Birth:
Grandchild Name:	Grandchild Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Date of Birth:	Date of Birth:
Grandchild Name:	Grandchild Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Date of Birth:	Date of Birth:

Family Information Cont. - Decedent

Parents: Please only list the decedent's living parents in this section if the decedent had no surviving spouse and no living children or grandchildren.

Father's Name:	Mother's Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Date of Birth:	Date of Birth:

Siblings: Please only list the decedent's living siblings in this section if the decedent had no surviving spouse, no living children or grandchildren, and no living parents.

Sibling Name:	Sibling Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Date of Birth/Date of Death:	Date of Birth/Date of Death:
Sibling Name:	Sibling Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Date of Birth/Date of Death:	Date of Birth/Date of Death:

Will Information

Date:	Codicil Date:
Personal Representative Name:	Do you have the original?

Asset Information

Asset Description:	Asset Description:
Value:	Value:
Account Number (if applicable):	Account Number (if applicable):
Owner(s):	Owner(s):
Beneficiary (if applicable):	Beneficiary (if applicable):

Asset Description:	Asset Description:
Value:	Value:
Account Number (if applicable):	Account Number (if applicable):
Owner(s):	Owner(s):
Beneficiary (if applicable):	Beneficiary (if applicable):
Asset Description:	Asset Description:
Value:	Value:
Account Number (if applicable):	Account Number (if applicable):
Owner(s):	Owner(s):
Beneficiary (if applicable):	Beneficiary (if applicable):
Asset Description:	Asset Description:
Value:	Value:
Account Number (if applicable):	Account Number (if applicable):
Owner(s):	Owner(s):
Beneficiary (if applicable):	Beneficiary (if applicable):