

This form is extremely important. Your accuracy and completeness in responding will help me best represent you.

1. YOUR INFORMATION (Person filling out form)

Full Name: _____

Street Address: _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

E-mail Address _____ Fax _____

2. PERSONAL REPRESENTATIVES (If known)

A. Full Name: _____

Street Address: _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

E-mail Address _____ Fax _____

B. Full Name: _____

Street Address: _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

E-mail Address _____ Fax _____

3. DECEDENT

A. Name of Decedent: _____

Also Known As: _____

B. Decedent's Domicile (State of Residence) at Date of Death: _____

Street Address: _____

City _____ State _____ Zip _____

C. Birth and Death Information:

Date of Decedent's Birth _____ Place of Decedent's Birth _____

Date of Decedent's Death _____ Age of Decedent at Date of Death _____

Place of Decedent's Death _____

Approximate Date Decedent Became a Florida Resident _____

Decedent's was a Citizen of: USA Other _____

D. Name of Decedent's Physician _____

Street Address: _____

City _____ State _____ Zip _____

E. Important Numbers:

Social Security Number _____ VA ID Number _____

Dates of Service _____ Branch of Service _____

4. **DECEDENT'S SPOUSE**

If Decedent's spouse is different than the Personal Representative above, furnish the following information:

Full Name of Spouse: _____

Street Address: _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

E-mail Address _____ Fax _____

5. **PRIOR MARRIAGES**

Provide the names and addresses of all other persons to whom decedent was married, date and manner in which such marriage was terminated (i.e., divorce, death, annulment):

Name of Former Spouse _____

Street Address: _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

E-mail Address _____ Fax _____

Marriage was Terminated by: Divorce Death - Date of Death _____ Annulment

6. DECEDENT'S CHILDREN (if applicable)

A. Name of Child _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail Address _____

Date of Birth _____ Social Security Number _____

B. Name of Child _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail Address _____

Date of Birth _____ Social Security Number _____

C. Name of Child _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail Address _____

Date of Birth _____ Social Security Number _____

D. Name of Child _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail Address _____

Date of Birth _____ Social Security Number _____

Did any of Decedent's children predecease Decedent? Yes No

If so, please list the child's name and the child's surviving children: _____

If any are minors, list name of parent or legal guardian

7. DECEDENT'S FAMILY AND OTHERS DECEDENT INCLUDED IN WILL

A. List the names of any persons included in the Will, other than Decedent's spouse or children:

(1) Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

(2) Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

(3) Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

(4) Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

B. Will Parents inherit? Yes No If so, list parents

(1) Name of Father _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

(2) Name of Mother _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

C. Will sibling(s) inherit? 9 Yes 9 No If so, list sibling(s)

(1) Name of Sibling _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

(2) Name of Sibling _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

(3) Name of Sibling _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

8. EMPLOYMENT

Name of Decedent's Current or Former Employer _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Nature of Decedent's Former Occupation _____

Name of Human Resources Contact (if any) _____

9. EXPENSES OF DECEDENT'S LAST ILLNESS

Name of Provider	Address of Provider	Amount	Date Paid

10. DECEDENT'S ACCOUNTANT

Name of Accountant _____

Street Address: _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

E-mail Address _____

11. DECEDENT'S INSURANCE AGENT

Name of Insurance Agent _____

Street Address: _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

E-mail Address _____

12. DECEDENT'S STOCK BROKER

Name of Stock Broker _____

Street Address: _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

E-mail Address _____

13. OTHER PROFESSIONAL ADVISORS

A. Name _____

Street Address: _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

E-mail Address _____

B. Name _____

Street Address: _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

E-mail Address _____

C. Name _____

Street Address: _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

E-mail Address _____

14. OUTSTANDING DEBT

A. Name of Creditor _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Type of Debt _____ Amount of Debt: \$ _____

B. Name of Creditor _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Type of Debt _____ Amount of Debt: \$ _____

C. Name of Creditor _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Type of Debt _____ Amount of Debt: \$ _____

15. REAL ESTATE

Addresses of All Real Estate Owned by Decedent:

A. Street Address _____
City _____ State _____
Tax Block # _____, Lot # _____ (obtained from tax bill)

B. Street Address _____
City _____ State _____
Tax Block # _____, Lot # _____ (obtained from tax bill)

C. Street Address _____
City _____ State _____
Tax Block # _____, Lot # _____ (obtained from tax bill)

D. Street Address _____
City _____ State _____
Tax Block # _____, Lot # _____ (obtained from tax bill)

16. Financial Institutions: Banks accounts/Certificates of Deposits (please attach latest statement)

A. Name _____ Type of Account _____
Street Address _____
City _____ State _____
Account # _____ Balance _____

B. Name _____ Type of Account _____

Street Address _____

City _____ State _____

Account # _____ Balance _____

C. Name _____ Type of Account _____

Street Address _____

City _____ State _____

Account # _____ Balance _____

D. Name _____ Type of Account _____

Street Address _____

City _____ State _____

Account # _____ Balance _____

17. Stocks (Please attach latest statement)

A. Stock Name _____ Certificate # _____ Value _____

Name(s) on Certificate _____ Number of Shares _____

B. Stock Name _____ Certificate # _____ Value _____

Name(s) on Certificate _____ Number of Shares _____

18. Bonds

A. Name of Bond _____ Bond # _____

Name(s) of Bondholder(s) _____ Value _____

B. Name of Bond _____ Bond # _____

Name(s) of Bondholder(s) _____ Value _____

19. Automobiles, Boats, Motors, Motorcycles, & Recreational Vehicles

A. Year _____ Make _____ Model _____

VIN _____ Body Style _____

Name Vehicle Registered in _____

Value _____ Location _____

B. Year _____ Make _____ Model _____

VIN _____ Body Style _____

Name Vehicle Registered in _____

Value _____ Location _____

C. Year _____ Make _____ Model _____

VIN _____ Body Style _____

Name Vehicle Registered in _____

Value _____ Location _____

20. Collections

A. Collection _____

Value _____ Location _____

B. Collection _____

Value _____ Location _____

21. Furniture & Household Goods

A. Item _____ Value _____

B. Item _____ Value _____

C. Item _____ Value _____

D. Item _____ Value _____

22. Additional Miscellaneous Property

23. FUNERAL HOME

Name of Funeral Home _____

Name of Contact Person _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

24. RECEIVABLES

List any receivables to which the decedent was entitled (i.e., Notes, Mortgages, Unsecured Debts):

A. Name of Debtor _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Amount of Receivable: \$ _____

B. Name of Debtor _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Amount of Receivable: \$ _____

25. PRIOR GIFTS

Did Decedent make any gifts in excess of \$10,000 in any calendar year to any one individual?

Yes No

If yes, please attach a list of the names and addresses of the recipients, the dates, and the amounts.

26. SAFE DEPOSIT BOX

Name of Bank _____

Name of Contact Person _____

Branch - Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Name(s) in Which Box Was Held _____

27. SOCIAL SECURITY AND VETERAN'S BENEFITS

Has Funeral Director applied for lump sum death benefit? Yes No

Has Surviving Spouse applied for survivor's benefit? Yes No

Is Decedent a Veteran? Yes No

If yes, has Funeral Director applied for Veteran's benefit for head stone? Yes No

The undersigned hereby represents to the Parri Law Firm, PLLC that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature

Date

**Please Return to:
The Parri Law Firm, PLLC
1217 Ponce de Leon Blvd.
Clearwater, FL 33756
(727) 586-4224 Phone
(727) 585-4452 Fax**