

CLARKE LAW FIRM, PLC

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PROBATE/ESTATE/TRUST ADMINISTRATION

...about you

Your Name(s): _____

Your Address: _____ City, State, Zip: _____

Relationship to Incapacitated Person: _____

Telephone Nos: Day: _____ Evening: _____ E-mail: _____

Your Soc. Security Number: _____ Date of Birth: _____

Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Your Citizenship: _____ Employer: _____

Referred By: _____

Other Family Members who will be attending conference: _____

...about the deceased person

Name: _____

Date of Death: _____

Last Address: _____

Birth date: _____

Soc. Sec. No.: _____

Citizenship: _____

Last Employer: _____

This information is accurate and complete to the best of my/our knowledge and the attorney may rely upon it.

Date: _____ Signed: _____ Signed: _____

All information provided shall be held in the strictest confidence by the attorney

MARITAL STATUS At Date of Death

Single, Married, Divorced, Separated, Widowed, Living Together

Name(s) of former Spouse(s) and Date of Death or Divorce of Decedent:

CHILDREN of DECEDENT (Please (check) ✓ box to left of name of a deceased child)

	Name	DOB	Parent/s	City of Residence
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____

OTHER FAMILY MEMBERS who are his/her Beneficiaries who will be named in the will:

	Name	Relationship
1.	_____	_____
2.	_____	_____
3.	_____	_____

Are any of the listed family members or friends dependent upon him/her for financial support, if so, please list their names, amount and type of support provided by decedent:

	Name	Amount	Type of Support
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PLEASE LIST DECEDENT'S ADVISORS:

Accountant: **Firm Name:** **Telephone Number:**

Life Insurance Agent: **Firm Name:** **Telephone Number:**

Trust / Bank Officer: **Bank Name:** **Telephone Number:**

Investment Advisor: **Brokerage or Firm Name:** **Telephone Number:**

Other Advisor: **Brokerage or Firm Name:** **Telephone Number:**

SAFETY DEPOSIT BOX INFORMATION:

Financial Institution where his/her safety deposit box is located: _____

Box Number: _____ Location of Keys: _____

Person(s) with access: Name: _____ Telephone No.: _____

Does he/she have a home safe? No Yes If Yes; location:

Person(s) with access: _____ Telephone No.: _____

ESTATE PLANNING DOCUMENTS:

Does he/she have Will? No Yes - Dated: _____ Located at: _____

Does he/she have a Trust? No Yes - Dated: _____ Located at: _____

ASSET LIST (Sole, joint or community that Decedent held an interest):

1. BANK ACCOUNTS, MONEY MARKET & CERTIFICATES OF DEPOSIT:

<i>Name of Institution</i>	<i>Account No.</i>	<i>Current Balance</i>	<i>Separate</i>	<i>Joint</i>	<i>Other</i>

2. MONIES OWED TO DECEDENT:

<i>Name of Debtor</i>	<i>Type of Debt</i>	<i>Current Amount</i>	<i>Separate</i>	<i>Joint</i>	<i>Other</i>

3. SECURITIES (MUTUAL FUNDS, STOCKS, BONDS – PLEASE PROVIDE COPY OF LAST STATEMENT):

BROKERAGE ACCOUNT WITH:

ACCOUNT No:

BROKERAGE ACCOUNT WITH:

ACCOUNT No:

BROKERAGE ACCOUNT WITH:

ACCOUNT No:

4. CERTIFICATES HELD:

<i>No. Of Shares</i>	<i>fund, stock, bond</i>	<i>Current \$ Value</i>	<i>Name of Title</i>

5. REAL PROPERTY: (Please provide copies of Deeds)

Address:

Address:

6. VALUABLE PERSONAL PROPERTY: (BOATS, AIRPLANES, JEWELRY, ART, ANTIQUES)

Asset	Location	Value \$	Owner

7. LIFE INSURANCE POLICIES ON THE LIFE OF DECEDENT:

Company	Value	Beneficiary

8. ANNUITY/RETIREMENT BENEFITS/IRA'S

Company	Type of Plan	Current Value

9. Debts (Mortgages, Medical Expenses, Credit Cards, Etc.) OWED TO OTHERS:

Type:	Due To:	Balance Due: \$

10. Other Assets:

Type:	Location:	Value: