

THOMPSON, THOMPSON & GLANVILLE, PLC - PROBATE AND TRUST ADMINISTRATION

BASIC INITIAL INFORMATION FOR ESTATES

CLIENT NAME: \_\_\_\_\_

**Decedent**

Full name of decedent \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_

Street address at time of death \_\_\_\_\_

City, state and zip at time of death \_\_\_\_\_

County of residence \_\_\_\_\_

Age at death \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Personal Representative (or Trustee)**

FULL NAME of Personal Representative/Trustee \_\_\_\_\_

Street address \_\_\_\_\_

City, state and zip \_\_\_\_\_

Home Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Work Phone number \_\_\_\_\_ Cell Phone number \_\_\_\_\_

Email Address \_\_\_\_\_

Personal Representative's Social Security number \_\_\_\_\_

Personal Representative's Date of Birth \_\_\_\_\_

Relationship of Personal Representative to Decedent (i.e. "Heir", family relationship or other description) \_\_\_\_\_

**Will (if applicable)**

Did the Decedent leave a will? \_\_\_\_\_ Date of Will \_\_\_\_\_ Date of Codicil \_\_\_\_\_

**Trust (if applicable)**

Did the Decedent leave a trust? \_\_\_\_\_ Date of Trust \_\_\_\_\_ Date of Amendment(s) \_\_\_\_\_

**Checklist: Items to Be Brought by Client to Initial Interview (or Sent to Attorney)**

1. Decedent's **original** last will and testament and any codicils (and/or trust and amendments)
2. Death Certificate
3. As much information as is available describing decedent's assets and liabilities, such as bills, bank statements, investment reports, income tax returns, business records, real estate documents, and the like
4. Names and addresses of the following:
  - a. decedent's spouse, if any, and surviving children and issue of deceased children, if any
  - b. if no surviving spouse, children, or grandchildren, decedent's surviving parents
  - c. if no surviving parents, the brothers and sisters of decedent and the children of deceased brothers and sisters

**Devises (named in the will/trust) and Interested Persons (relatives)**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/state/zip: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Under Age 18?    No            Yes (Age of minor \_\_\_\_\_)

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/state/zip: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Under Age 18?    No            Yes (Age of minor \_\_\_\_\_)

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/state/zip: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Under Age 18?    No            Yes (Age of minor \_\_\_\_\_)

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/state/zip: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Under Age 18?    No            Yes (Age of minor \_\_\_\_\_)

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/state/zip: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Under Age 18?    No            Yes (Age of minor \_\_\_\_\_)

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/state/zip: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Under Age 18?    No            Yes (Age of minor \_\_\_\_\_)