



Client Estate Administration Report

Dated: _____

Name of Client & Spouse _____

Do you have a will? Husband Wife

1. PERSONAL INFORMATION:

WIFE

HUSBAND

Full Name: _____

Other or Former Name: _____

Home Address: _____

County: _____

Telephone: _____

Cell: _____

2. MARITAL INFORMATION:

Date and Place of Marriage: _____

Has either of you been married previously? _____

If yes, give each prior spouse's name and address; date of death, or divorce from prior spouse; the title, location, and case number of probate or divorce court:

Period of residence in current state while married (give date of beginning residence): _____

_____ (husband's occupation at time married)

_____ (wife's occupation at time married)

d. Do any beneficiaries require special attention? Think, for example, about their health and general financial status, including needs and prospects.

e. Please list parents, brothers, sisters, grandparents, and others (if relevant). Please note if any of those listed are dependent on you for support.

For Husband:

<u>Name</u>	<u>Address</u>	<u>Birthday</u>	<u>Spouse</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For Wife:

<u>Name</u>	<u>Address</u>	<u>Birthday</u>	<u>Spouse</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. DISPOSITIVE PLANNING:

In general, to whom and how do you want your property distributed upon your death? Think about your family members, friends, former benefactors, and charities, such as public benefit nonprofit organizations, educational or religious organizations.

Consider to whom your property should go if your first-choice beneficiaries do not survive you. Or – if your property is left in trust – if they do not survive until complete distribution is made (e.g., charities, other siblings, spouse of child, etc.).

HUSBAND:

If Wife survives you: _____

If Wife does not survive you: _____

If neither Wife nor children survive you: _____

WIFE:

If Husband survives you: _____

If Husband does not survive you: _____

If neither Husband nor children survive you: _____

Any specific disposition of your residence? _____

Any specific gifts of special articles, such as art or jewelry?

Husband: _____

Wife: _____

Household and personal effects:

Husband: _____

Wife: _____

5. FIDUCIARIES:

Please give name, address, phone, and relationship, if any, of your chosen fiduciaries listed below. For each, specify order of preference of alternates by numbering.

IF YOU HAVE MINOR CHILDREN:

Guardian of the child's person? _____

Alternate: _____

Trustee of the child's estate? _____

Alternate: _____

Please list the person you want to nominate to act as Executor and alternate for your will, and or as successor or alternate Trustees for revocable or other trusts:

Executor: _____

Alternate(s): _____

Trustee for any trust(s): _____

Successor Trustee(s): _____