

ESTATE ADMINISTRATION INTAKE FORM

DECEDENT'S INFORMATION

Full Legal Name: _____

Residence Address: _____

Date of Birth: _____ SSN: _____

Date of Death: _____ Place of
Death: _____

Decedent had a: Will Trust None **Please attach all estate planning documents**

Spouse (if deceased, list date of death): _____

Previous marriage(s) and when: _____

FAMILY INFORMATION

Please list the full legal names and ages of all descendants from all relationships. Please also include the names of any *deceased* descendants and whether they had any children.

Legal Name	Child of ?	Age	Living? (Y/N)	# and age(s) of grandchildren

<u>For Office Use Only</u>			
Client Name: _____	File Number: _____	Date: _____	
Reviewing Attorney: _____	Added to Matter by: _____	Date: _____	

SUMMARY OF ASSETS

Please list all of the decedent's assets on the below form. You may use "ballpark" figures, but it is important that this list is filled out completely, including an indication of the ownership of each asset. If something does not apply, please write N/A.

REAL PROPERTY

Address	Owner(s) (list all)	Purpose? (rental, home, etc.)	Mortgage? (Y/N)

INVESTMENTS (retirement accounts, mutual funds, stocks, bonds, annuities, etc.)

Company	Owner(s)	Transfer on Death Beneficiaries(TOD)	% TOD

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SUMMARY OF ASSETS continued...

BANK ACCOUNTS (checking, savings, etc.)

Company	Owner(s)	Transfer on Death Beneficiaries(TOD)	% TOD

BUSINESS INTERESTS

Company	Owner(s)	Ownership %

PERSONAL PROPERTY OF VALUE (vehicles, jewelry, guns, antiques, collectibles, etc.)

Item	Owner(s)

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ESTATE ASSETS

Please check if any of the following apply:

REAL PROPERTY

- Decedent owns real property in state other than Oregon
- Decedent owns rental or other income-producing property
- Decedent owns mineral or other subsurface rights

CREDITOR ISSUES

- Decedent has known creditors
If so, please list with estimated amount owed (attach additional paper as necessary):

- Decedent received private care by family or other non-paid worker prior to death
If so, please list name and relationship to decedent:

FAMILY/CARE ISSUES:

- Decedent has minor or disabled children or grandchildren
If so, please list name and relationship to decedent:

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ESTATE ASSETS continued...

___ Client believes that controversy may arise among family members or other family has already hired attorney

___ Decedent has a trust of any kind

___ Money may have been withdrawn without decedent's consent prior to death

___ Client or other person served as agent under Power of Attorney

___ Client or other person served as guardian and/or conservator

OTHER

___ Estate proceedings have been filed in another state or county

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Reviewing Attorney: _____

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