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PROBATE/ESTATE ADMINISTRATION INFORMATION SURVEY

CLIENT INFORMATION

Name: _____ SSN: ____-____-____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Fax: _____ Email: _____

Relationship to Deceased Person: _____

Is it okay to communicate with you via email? Yes/No

Is it okay to communicate with you via text? Yes/No

Marital Status: Married: Date of Marriage: _____

Divorced: Date of Divorce: _____

Widowed: Date of Spouse's death: _____

Date of Marriage: _____

Single

DECEASED PERSON'S INFORMATION

Full Name: _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cause of death: _____

Did deceased person have a will? Yes/No Do you have the original? Yes/No

If yes, named executor(s)? _____

If yes, was will signed by two witnesses? Yes/No Was it notarized? Yes/No

Did deceased person set up a living trust? Yes/No

If yes, named trustee(s)? _____

FAMILY OF DECEASED PERSON

Spouse: [if spouse is deceased, list name and date of death]:

Name: _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Fax: _____ Email: _____

Children: Name, address and phone of all living children of Deceased Person:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Telephone: _____ Date of Birth: _____

Child of current marriage? Yes/No

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Telephone: _____ Date of Birth: _____

Child of current marriage? Yes/No

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Telephone: _____ Date of Birth: _____

Child of current marriage? Yes/No

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Telephone: _____ Date of Birth: _____

Child of current marriage? Yes/No

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Telephone: _____ Date of Birth: _____

Child of current marriage? Yes/No

Other Family Members: If there is no living spouse or children listed above, then provide the next closest family members of the Deceased Person (DP):

Name: _____ Relationship to DP: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Telephone: _____ Date of Birth: _____

Name: _____ Relationship to DP: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Telephone: _____ Date of Birth: _____

Name: _____ Relationship to DP: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Telephone: _____ Date of Birth: _____

FINANCIAL INFORMATION REGARDING DECEASED PERSON:

Income: Sources and amounts (please state in monthly amounts):

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

ASSETS OF DECEASED PERSON (INDIVIDUALLY AND/OR JOINTLY OWNED)

[Please copy any pages as needed if additional space is required.]

CASH

*Checking Account (CA), Savings Account (SA), Certificates of Deposit (CD),
Money Market Account (MM)

+Deceased Person (DP), Joint with Spouse (JS)

NAME OF INSTITUTION	TYPE*	ACCOUNT NUMBER	OWNER(S)+	BALANCE
				\$ _____

				\$ _____
				\$ _____
				\$ _____
				\$ _____
TOTAL:				\$ _____

RETIREMENT PLANS

*Pension (P), Profit-Sharing (PS) , Keogh (K), Individual Retirement Account (IRA), or other (O)

COMPANY	TYPE OF PLAN*	PRIMARY BENEFICIARY	CONTINGENT BENEFICIARY	CURRENT VALUE
				\$ _____
				\$ _____
				\$ _____

INVESTMENTS

(Other than Retirement Accounts)

Please attach copies of most recent statements.

Brokerage Firm: _____

Broker's Name and Phone: _____

Balance (less IRAs): \$ _____ Acct. No.: _____

Exact Name(s) on Account: _____

Brokerage Firm: _____

Broker's Name and Phone: _____

Balance (less IRAs): \$ _____ Acct. No.: _____

Exact Name(s) on Account: _____

MUTUAL FUNDS

Please list accounts held at mutual fund companies, e.g., Vanguard, Templeton, Amer. Funds.

Please attach copies of most recent statements.

* Deceased Person (DP), Joint with spouse (JS), Joint with other (JO)

COMPANY	OWNER(S)* OF FUNDS	NUMBER OF SHARES	FAIR MARKET VALUE
			\$ _____
			\$ _____
			\$ _____
			\$ _____
TOTAL:			\$ _____

STOCKS

(Held in Certificate Form)

Please list all stocks in publicly owned corps. (stock traded on an exchange or over the counter).

Note: Stock owned in family or non-public companies listed in Business Interests section later.

* Deceased Person (DP), Joint with Spouse (JS) or Joint with other (JO)

COMPANY	OWNER(S)* OF SHARES	NUMBER OF SHARES	CURRENT VALUE
			\$ _____
			\$ _____
			\$ _____
			\$ _____
TOTAL:			\$ _____

BONDS

Please list all U.S. Savings Bonds, corporate bonds and municipal bonds held.

* Deceased Person (DP) or Joint with other (J)

TYPE	OWNER(S)*	VALUE
		\$ _____
		\$ _____
		\$ _____
		\$ _____
TOTAL:		\$ _____

REAL ESTATE

Please list all deeds and land contract interests. (Land or buildings owned inside a separate entity should be listed under the Partnership section later).

* Deceased Person (DP) or Joint with other (J)

Please attach a copy of the Deed of Bargain and Sale for each parcel of real estate.

ADDRESS OR DESCRIPTION	OWNER(S)*	PURCHASE PRICE	TAX ASSESSED VALUE	FAIR MARKET VALUE	MORTGAGE BALANCE	EQUITY
Street:						
City/State:						
Street:						
City/State:						
Street:						
City/State:						
TOTAL EQUITY:					\$ _____	

PERSONAL EFFECTS AND OTHER ASSETS

Please list furniture, automobiles, jewelry, collectibles, and other personal assets of substantial value (in excess of \$10,000 each) only. Please value all other household goods in one lump sum.

* Deceased Person (DP) or Joint with other (J)

ITEM	OWNER(S)*	VALUE
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
TOTAL:		\$ _____

NOTES RECEIVABLE

Please list all debts which others owe to you and attach copies of notes, deeds of trust, etc.

* Decased Person (DP) or Joint with other (J)

NAME OF DEBTOR	DATE OF NOTE	DATE DUE	OWED TO*	CURRENT BALANCE
				\$ _____
				\$ _____
				\$ _____
				\$ _____
				\$ _____
				\$ _____
TOTAL:				\$ _____

LIFE INSURANCE POLICIES AND ANNUITIES

*Term, Whole Life, Universal Life, Variable Life, Split Dollar, Group Life, Annuity

+ Deceased Person (DP) or Other (O)

Policy Number		Face Amount: \$ _____
Company		Type*
Company Address:		
Insured		Owner
Primary Beneficiary		
Secondary Beneficiary		
Cash Value: \$ _____	Who Pays Premium +	

Policy Number		Face Amount: \$ _____
Company		Type*
Company Address:		
Insured		Owner
Primary Beneficiary		
Secondary Beneficiary		
Cash Value: \$ _____	Who Pays Premium +	

Policy Number		Face Amount: \$ _____
Company		Type*
Company Address:		
Insured		Owner
Primary Beneficiary		
Secondary Beneficiary		
Cash Value: \$ _____	Who Pays Premium +	

Policy Number		Face Amount: \$ _____
Company		Type*
Company Address:		
Insured		Owner
Primary Beneficiary		
Secondary Beneficiary		
Cash Value: \$ _____	Who Pays Premium +	

LONG-TERM HEALTH CARE INSURANCE

Company:	
Policy No.:	Date of Policy:
Owner:	
Daily Benefit:	
Term of Benefit:	
Home Health Rider: Yes _____ No _____	Premium:
Agent Name:	Agent's Company:
Address:	
Phone:	

BUSINESS INTERESTS

Please provide ownership interests in all privately owned, non-publicly traded corporations.

*If yes, please provide a copy of this agreement.

+Deceased Person (DP) or Joint with other (J)

COMPANY	NO. OF SHARES	% OWNERSHIP	OWNER(S)+	VALUE	BUY/SELL AGREEMENT*
				\$ _____	
				\$ _____	
				\$ _____	
TOTAL:				\$ _____	

PARTNERSHIP INTERESTS

*If yes, either separately or as part of a written part of a written partnership agreement. Please provide a copy of any partnership agreement.

+Deceased Person (DP) or Joint with other (J)

PARTNERSHIP NAME	GENERAL PARTNER	LIMITED PARTNER	OWNER(S)+	VALUE	BUY/SELL AGRMNT *
				\$ _____	

				\$ _____	
TOTAL:				\$ _____	

SOLE PROPRIETORSHIP BUSINESS INTERESTS

Please list all business interests in sole proprietorships

*Deceased Person (DP) or Joint with other (J)

NAME OF BUSINESS	DESCRIPTION	OWNER(S)*	VALUE
			\$ _____
			\$ _____
TOTAL:			\$ _____

LIABILITIES

Mortgage(s) on Real Property:

Name of Mortgage Company: _____ Acct No.: _____

Monthly Payment \$: _____ Approximate Balance: \$ _____

Address of secured property: _____

Mortgage(s) on Real Property:

Name of Mortgage Company: _____ Acct No.: _____

Monthly Payment \$: _____ Approximate Balance: \$ _____

Address of secured property: _____

Other Secured Loan(s):

Name of Creditor: _____ Acct No.: _____

Monthly Payment \$: _____ Approximate Balance: \$ _____

Any collateral secured by loan: _____

Name of Creditor: _____ Acct No.: _____

Monthly Payment \$: _____ Approximate Balance: \$ _____

Any collateral secured by loan: _____

Credit Card(s):

Name of Creditor: _____ Acct No.: _____

Monthly Payment \$: _____ Approximate Balance: \$ _____

Name of Creditor: _____ Acct No.: _____

Monthly Payment \$: _____ Approximate Balance: \$ _____

Name of Creditor: _____ Acct No.: _____

Monthly Payment \$: _____ Approximate Balance: \$ _____

FINANCIAL SUMMARY
(TO BE COMPLETED BY ATTORNEY).
ASSETS

<u>ASSETS</u>	DECEASED PERSON	JOINT
Liquid Assets	\$ _____	\$ _____
Retirement Plans	\$ _____	\$ _____
Brokerage Accts & Mutual Funds	\$ _____	\$ _____
Stocks & Bonds	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Personal Effects & Other Assets	\$ _____	\$ _____
Notes Receivable	\$ _____	\$ _____
Anticipated Inheritances, Gifts & Lawsuit Judgments	\$ _____	\$ _____
Insurance & Annuities	\$ _____	\$ _____
Corporations, Partnerships or Sole Proprietorships	\$ _____	\$ _____
Other Assets (please describe under add'l notes)	\$ _____	\$ _____

TOTAL EACH COLUMN	\$ _____	\$ _____
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LIABILITIES

<u>LIABILITIES</u>	DECEASED PERSON	JOINT
Notes on Residence	\$ _____	\$ _____
Other Notes	\$ _____	\$ _____
Automobile Loans	\$ _____	\$ _____
Notes Payable	\$ _____	\$ _____
Loans Against Life Insurance	\$ _____	\$ _____
Credit Cards	\$ _____	\$ _____
Bills Due	\$ _____	\$ _____
Personal Loans	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL EACH COLUMN	\$ _____	\$ _____

NET WORTH

	DECEASED PERSON	JOINT
TOTAL ASSETS	\$ _____	\$ _____
-TOTAL LIABILITIES	\$ _____	\$ _____
NET WORTH:	\$ _____	\$ _____

ADDITIONAL NOTES

QUESTIONS/CONCERNS/ISSUES FOR ATTORNEY

CLIENT ATTESTATION AND SIGNATURE

The information I have provided in this summary is accurate and complete to the extent of my knowledge and ability. I understand that it will be used by my attorney(s) in representing me and that the courts and my attorney will rely on the information contained herein.

(Signature)

(Print Full Name)

(Date)