

Name of Spouse: _____

Address: _____

SSN: _____

Date of Birth: _____

Was marriage terminated prior to decedent's death? _____

Date of Termination: _____

By Death or Divorce? _____

If decedent married more than once:

Name of Spouse: _____

Date of Marriage: _____

Place of Marriage: _____

Domicile at Date of Marriage: _____

Date of Termination of Marriage: _____

By Death or Divorce? _____

Name of Spouse: _____

Date of Marriage: _____

Place of Marriage: _____

Domicile at Date of Marriage: _____

Date of Termination of Marriage: _____

By Death or Divorce? _____

Name of Spouse: _____

Date of Marriage: _____

Place of Marriage: _____

4. _____
(Name) _____
(Address)

(Date of Birth) _____
(Social Security Number)

HEIRS OR LEGATEES:

1. _____
(Name) _____
(Address)

(Date of Birth) _____
(Social Security Number)

2. _____
(Name) _____
(Address)

(Date of Birth) _____
(Social Security Number)

3. _____
(Name) _____
(Address)

(Date of Birth) _____
(Social Security Number)

4. _____
(Name) (Address)

(Date of Birth) (Social Security Number)

Location of Safe Deposit Box: _____

EXECUTOR:

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

TRUSTEE:

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

Name of Trust Officer: _____

Title of Trust Officer: _____

STOCK BROKER

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

BANKER

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

ACCOUNTANT

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

OTHER PROFESSIONAL ADVISORS

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

Documents to bring to first meeting with attorney:

Will and Codicils

Death Certificate