

CHERYL CHAPMAN HENDERSON, LLC

301/220-4463

www.HendersonLaw4God.com

TRUST ADMINISTRATION/PROBATE

Short Form Personal and Financial Information

All information contained in this form is confidential and protected by attorney-client privilege.

Name of Decedent: _____ DOB: _____ DOD: _____ US Citizen _____ Naturalized Citizen _____
Resident Alien Retired _____ Employed _____ Occupation: _____

Marital Status: Single Married (date _____) First Second Other _____ Social Security No.: _____

Spouse (if applicable): _____ DOB: _____ DOD (if applicable) _____

US Citizen Naturalized Citizen Resident Alien Social Security No.: _____

Retired Employed Occupation: _____

Your name _____

Address: _____ City _____ State _____ Zip Code _____

Home # _____ Cell # _____ Work # _____ E-mail address: _____

Which number/s would you prefer to be contacted at: Home Cell Work

Referred to us By: name: _____ Firm Name: _____

Contacts: Financial Advisor _____ Firm: _____ Phone: _____

Accountant _____ Firm: _____ Phone: _____

Funeral Home _____ Phone: _____

Existing Estate Planning:

Type of Documents	Decedent		You		Date Document Executed
Will	Yes	No	Yes	No	Date: _____
Trust	Yes	No	Yes	No	Date: _____
Power of Attorney	Yes	No	Yes	No	Date: _____
Health Care Proxy	Yes	No	Yes	No	Date: _____
Living Will	Yes	No	Yes	No	Date: _____
Long Term Care Insurance	Yes	No	Yes	No	Daily Benefit: _____

	Decedent			Spouse			NA
Does decedent have children?	Yes	No	How Many? _____	Yes	No	How Many? _____	
Please specify:	Joint	You	Spouse	Joint	You	Spouse	
	Adopted		Foster Child	Adopted		Foster Child	

Does decedent have grandchildren?	Yes	No	How Many? _____	Yes	No	How Many? _____	
Please specify:	Joint	You	Spouse	Joint	You	Spouse	
	Adopted		Foster Child	Adopted		Foster Child	

Is there anyone in the decedent's family with special needs or that requires special consideration? Yes No

Comments / Concerns: _____

Is there anything else you would like to tell us _____

FAMILY INFORMATION

CHILDREN OF DECEDENT:

Name: _____ Sex: _____ Date of birth: _____
Address: _____ Phone: _____
 Student Employed - Occupation: _____ SS# _____
Children: Yes No How many? _____ Ages: _____
Special Needs/Considerations: _____
Potential Problems/Hardships: _____

Name: _____ Sex: _____ Date of birth: _____
Address: _____ Phone: _____
Child of: Joint Husband Wife Adopted Foster Child SS# _____
 Student Employed - Occupation: _____
 Married - Spouse's Name: _____ Occupation: _____
Children: Yes No How many? _____ Ages: _____
Special Needs/Considerations: _____
Potential Problems/Hardships: _____

Name: _____ Sex: _____ Date of birth: _____
Address: _____ Phone: _____
Child of: Joint Husband Wife Adopted Foster Child SS# _____
 Student Employed - Occupation: _____
 Married - Spouse's Name: _____ Occupation: _____
Children: Yes No How many? _____ Ages: _____
Special Needs/Considerations: _____
Potential Problems/Hardships: _____

OTHER NAMED BENEFICIARIES

Name: _____ Sex: _____ Date of birth: _____
Address: _____ Phone: _____
Relationship to decedent: _____ SS# _____
 Student Employed - Occupation: _____
 Married - Spouse's Name: _____
Special Needs/Considerations: _____
Potential Problems/Hardships: _____

Name: _____ Sex: _____ Date of birth: _____
Address: _____ Phone: _____
Relationship to decedent: _____ SS# _____
 Student Employed - Occupation: _____
 Married - Spouse's Name: _____
Special Needs/Considerations: _____
Potential Problems/Hardships: _____

Short Financial Information

It is very important you indicate in each category ownership and dollar amount separately, as well as total value.

MONTHLY INCOME:

Source	Decedent	Spouse	Joint	Value
Wages				
Pension				
Social Security				
Investments				
Other				
Total Value				\$

ASSET INFORMATION:

Values as of _____ (Date)

Type of asset	Assets in Decedents name alone	Spouse	Joint/Beneficiary/ Payable on Death	Value
Cash, Checking, Savings, CD's, Money Market & Cash Management Accounts	\$	\$	\$	
Investment Accounts (not including cash) & Mutual Fund accounts	\$	\$	\$	
Retirement Accounts: IRA, 401K, 403B, SEP, etc.	\$	\$	\$	
Life Insurance: Death Benefit & Cash Value	D.B. \$ C.V. \$	D.B. \$ C.V. \$	D.B. \$ C.V. \$	
Stocks: Certificates you hold (not in brokerage accounts)	\$	\$	\$	
Bonds: Bonds you hold (not in brokerage accounts)	\$	\$	\$	
Annuities: Current Value	\$	\$	\$	
Real Estate: Residence	\$	\$	\$	
Real Estate: Other	\$	\$	\$	
Vehicles: Automobile, Motorcycle, Boats, Snowmobiles, etc.	\$	\$	\$	
Total Value				

Over Please →

OTHER ASSETS NOT LISTED:

Type	Decedent	Spouse	Joint/Beneficiary/POD	Value
Total Value				\$

LIABILITIES:

Type	Decedent	Spouse	Joint/Beneficiary/POD	Value
Mortgage				
Loans Payable				
Other				
Total Value				\$

BUSINESS INTEREST:

Type	Decedent	Spouse	Joint/Beneficiary/POD	Value
Farm & Ranch Interest				
Partnership & LLC Interest				
Corporate Business				
Other				
Total Value				\$

Notes/Comments: