

## 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

#### For Office Use Only

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):

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

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**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

**For Office Use Only**

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File Number: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewing Attorney: \_\_\_\_\_

Added to Matter by: \_\_\_\_\_

Date: \_\_\_\_\_