



111 WORTH STREET
 ASHEBORO, NORTH CAROLINA 27203
 TEL: (336) 625-3043
 FAX: (336) 625-0913

ESTATE ADMINISTRATION INFORMATION SHEET

Thank you for giving us the opportunity to assist you. In order to best help you through the process of administering an Estate, we request that you complete the following questionnaire as fully and accurately as you can. At the end of this document is a list of the items we shall need for you to provide; please bring as many of these as you can to our first meeting. If you are unsure how to complete any part of this form, don't worry – we will talk through it with you during our meeting.

A. DECEDENT

1. Name _____
2. Date of Death _____ County of Death _____
3. Address at Date of Death _____

4. Date of Birth _____ Social Security No. _____
5. Did Decedent leave a Will? Yes No If yes, date of Will _____
6. Citizenship USA Other _____
7. Marital Status at Death Married Divorced Separated Widowed Single

B. PERSONAL REPRESENTATIVE (Executor or Administrator)

If there are any Co-Representatives, please provide details on a separate page.

1. Relationship to Decedent _____ Social Security No. _____
2. Name _____
3. Address _____
 _____ County of Residence _____
4. Home Phone _____ Cell Phone _____
5. Work Phone _____ Email _____

E. BENEFICIARIES OF DECEDENT'S WILL

If Decedent did not leave a Will, skip to section F. Otherwise, list the names of anyone included in the Will, other than spouse and children named above. Attach a separate page if needed.

Name	Address& Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. IF DECEDENT DIED WITHOUT A WILL

If Decedent is survived by spouse or children, skip to section G. Otherwise, please provide contact information for the following relatives, if they are living. Attach a separate page if needed.

1. Father's Name _____

Address _____

Phone _____ Email _____

2. Mother's Name _____

Address _____

Phone _____ Email _____

3. Sibling's Name _____

Address _____

Phone _____ Email _____

4. Sibling's Name _____

Address _____

Phone _____ Email _____

5. Sibling's Name _____

Address _____

Phone _____ Email _____

G. FUNERAL HOME

1. Name _____

2. Phone _____ Contact Person _____

3. Has funeral bill been paid/pre-paid? Yes No If yes, by whom? _____

H. LIST OF ITEMS TO BRING WITH YOU

- Original Will and any Codicil(s)
- Death Certificate
- Funeral bill
- Copy of any Trust that Decedent created
- List of Decedent's assets (see Schedule One attached)
 - a. Supporting documentation, as per Schedule One
- List of Decedent's debts (see Schedule Two attached)
 - a. Supporting documentation, as per Schedule Two