

ESTATE INFORMATION FORM

REVISED 1-1-2020

The information that you provide on this form is a very important starting point for us to understand the probate estate and beneficiaries. The more completely you prepare this information prior to your consultation, the further ahead we will be during the interview. If you don't have all of the information, please provide the information you have. We appreciate you taking the time to give us this information.

Dedicated to Client-Centered Estate Planning and Family Wealth Counseling Since 1968

REHBERG LAW GROUP, PLLC

SeaTac

18000 International Blvd., Suite 550
SeaTac, WA 98188

Bellevue

1400 112th Ave. SE, Suite 100
Bellevue, WA 98004

Phone: (206) 246-8772 Toll-Free: (877) 246-8772 Fax: (206) 454-7910
Email: contact@rehberglaw.com Website: rehberglaw.com

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Part 1: PERSONAL REPRESENTATIVE/ADMINISTRATOR INFORMATION
Please print very legibly! "Full name" means include full middle name.

FULL LEGAL NAME: _____ Citizen of what country?: _____

Name you prefer to be called by: _____ Social Security #: _____

Residence phone: _____ Work phone: _____

Name of employer: _____ Other/Cell Phone: _____

How you sign your legal name: _____ Fax: _____
(please print clearly)

MARITAL STATUS: Married Unmarried E-mail: _____

FULL NAME OF SPOUSE: _____

RESIDENCE (MAILING) ADDRESS _____

City: _____ State: _____ Zip: _____ County: _____

(e.g., King, Pierce, Snohomish)

Have you ever been convicted of a felony? YES NO

ALTERNATE CONTACT(S):

NAME

PHONE NUMBER

Part 2: DECEDENT INFORMATION
Please print very legibly! "Full name" means include full middle name.

DECEDENT'S FULL LEGAL NAME: _____

Date of Death: _____ Location of Death: _____

Birthdate: _____ Social Security #: _____

Citizen of what country?: _____

LAST ADDRESS _____

City: _____ State: _____ Zip: _____ County: _____

(e.g., King, Pierce, Snohomish)

Married* Divorced Widowed Single

*Date of marriage: _____ State where he/she was married: _____

Previous marriage(s): Name of spouse: _____ Year marriage ended: _____

Name of spouse: _____ Year marriage ended: _____

Part 3: DECEDENT'S WILL INFORMATION Please print very legibly! Answer what you know.

Will No Will Think a Will exists but can't locate it: _____

Name of Testator/Testatrix on Will: _____

Personal Representative/Executor/Executrix: _____

Decedent was a resident of which county _____ State _____

decedent left property subject to probate in State of Washington Uncertain

decedent left property subject to probate in other states: _____

Date of Death: _____ Date of Last Will & Testament: _____

Subscribing Witnesses: _____ & _____

Date of Codicil: _____ Witnesses: _____ & _____

HEIRS LISTED IN WILL: (Name alone is sufficient if person is listed in Part 5 below)

	<u>Name</u>	<u>Address</u>	<u>Relation to Decedent</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

(For additional heirs, please list on a separate piece of paper)

Part 4: MISCELLANEOUS INFORMATION:

Who referred you to Rehberg Law Group? _____

If you weren't referred, how did you hear about our firm? _____

Cause of Death: _____ Natural Unknown Wrongful in some way

Explain if you believe death was wrongful: _____

ATTORNEY TO COMPLETE THIS PORTION:

Referral made to: _____ via phone call other: _____
 Re: Bond Will requires bond Waives bond (Attorney can complete this if you don't know.)
 Will authorizes full non-intervention powers Intervention powers Uncertain (we'll complete)
 Solvency: Assets exceed debts of estate Liabilities of estate exceed assets Uncertain

Part 5: DECEDENT'S BENEFICIARY/FAMILY INFORMATIONPlease print very legibly! "Full name" means include full middle name.**DECEDENT'S SPOUSE** (Please write "dec" after name if spouse is deceased)

Full legal name: _____ A.K.A.: _____
 Social Security Number: _____ Birthdate: _____
 Address: _____
 Residence phone: _____ Work/other phone: _____

DECEDENT'S CHILDREN (Please write "dec" after child's name if child is deceased) No children

Oldest child *full* name: _____ Nickname: _____
 Birthdate: _____ Gender: Male Female SS#: _____
 Related to: Decedent Decedent & Spouse Spouse Child's Spouse's name: _____
 Phone Number: _____ Other Number/Fax/E-mail: _____
 Residence: _____
 (Street address, City, State, Zip code)

Next child *full* name _____ Nickname: _____
 Birthdate: _____ Gender: Male Female SS#: _____
 Related to: Decedent Decedent & Spouse Spouse Child's Spouse's name: _____
 Phone Number: _____ Other Number/Fax/E-mail: _____
 Residence: _____
 (Street address, City, State, Zip code)

Next child *full* name _____ Nickname: _____
 Birthdate: _____ Gender: Male Female SS#: _____
 Related to: Decedent Decedent & Spouse Spouse Child's Spouse's name: _____
 Phone Number: _____ Other Number/Fax/E-mail: _____
 Residence: _____
 (Street address, City, State, Zip code)

Next child *full* name _____ Nickname: _____
 Birthdate: _____ Gender: Male Female SS#: _____
 Related to: Decedent Decedent & Spouse Spouse Child's Spouse's name: _____
 Phone Number: _____ Other Number/Fax/E-mail: _____
 Residence: _____
 (Street address, City, State, Zip code)

Next child *full name* _____ Nickname: _____
 Birthdate: _____ Gender: Male Female SS#: _____
 Related to: Decedent Decedent & Spouse Spouse Child's Spouse's name: _____
 Phone Number: _____ Other Number/Fax/E-mail: _____
 Residence: _____
 (Street address, City, State, Zip code)

Next child *full name* _____ Nickname: _____
 Birthdate: _____ Gender: Male Female SS#: _____
 Related to: Decedent Decedent & Spouse Spouse Child's Spouse's name: _____
 Phone Number: _____ Other Number/Fax/E-mail: _____
 Residence: _____
 (Street address, City, State, Zip code)

(For additional children, please list on a separate piece of paper)

DECEDENT'S PARENTS (Please provide if they are living) otherwise Father deceased Mother deceased

Father: _____ Address: _____
 Mother: _____ Address: _____

DECEDENT'S SIBLINGS (Please write "dec" after sibling's name if sibling is deceased.)

Full Name: _____ Nickname: _____ Spouse's Name: _____
 Birthdate: _____ Gender: Male Female SS#: _____
 Phone Number: _____ Other Number/Fax/E-mail: _____
 Residence: _____
 (Street address, City, State, Zip code)

Full Name: _____ Nickname: _____ Spouse's Name: _____
 Birthdate: _____ Gender: Male Female SS#: _____
 Phone Number: _____ Other Number/Fax/E-mail: _____
 Residence: _____
 (Street address, City, State, Zip code)

Full Name: _____ Nickname: _____ Spouse's Name: _____
 Birthdate: _____ Gender: Male Female SS#: _____
 Phone Number: _____ Other Number/Fax/E-mail: _____
 Residence: _____
 (Street address, City, State, Zip code)

Full Name: _____ Nickname: _____ Spouse's Name: _____
 Birthdate: _____ Gender: Male Female SS#: _____
 Phone Number: _____ Other Number/Fax/E-mail: _____
 Residence: _____
 (Street address, City, State, Zip code)

Full Name: _____ Nickname: _____ Spouse's Name: _____
 Birthdate: _____ Gender: Male Female SS#: _____
 Phone Number: _____ Other Number/Fax/E-mail: _____
 Residence: _____
 (Street address, City, State, Zip code)

Full Name: _____ Nickname: _____ Spouse's Name: _____
 Birthdate: _____ Gender: Male Female SS#: _____
 Phone Number: _____ Other Number/Fax/E-mail: _____
 Residence: _____
 (Street address, City, State, Zip code)

(For additional siblings, please list on a separate piece of paper)

DECEDENT'S OTHER BENEFICIARIES (Please write "dec" after name if deceased)

Beneficiary's *full* name: _____ Nickname: _____ Spouse's Name: _____
 Birthdate: _____ Gender: Male Female SS#: _____
 Relation: Grandchild Nephew/Niece Friend Other: _____
 Residence: _____
 (Street address, City, State, Zip code)

Beneficiary's *full* name: _____ Nickname: _____ Spouse's Name: _____
 Birthdate: _____ Gender: Male Female SS#: _____
 Relation: Grandchild Nephew/Niece Friend Other: _____
 Residence: _____
 (Street address, City, State, Zip code)

Beneficiary's *full* name: _____ Nickname: _____ Spouse's Name: _____
 Birthdate: _____ Gender: Male Female SS#: _____
 Relation: Grandchild Nephew/Niece Friend Other: _____
 Residence: _____
 (Street address, City, State, Zip code)

Beneficiary's *full* name: _____ Nickname: _____ Spouse's Name: _____
 Birthdate: _____ Gender: Male Female SS#: _____
 Relation: Grandchild Nephew/Niece Friend Other: _____
 Residence: _____
 (Street address, City, State, Zip code)

Beneficiary's *full* name: _____ Nickname: _____ Spouse's Name: _____
 Birthdate: _____ Gender: Male Female SS#: _____
 Relation: Grandchild Nephew/Niece Friend Other: _____
 Residence: _____
 (Street address, City, State, Zip code)

(For additional other beneficiaries, please list on a separate piece of paper)

ANY OTHER IMPORTANT CONTACTS

Name: _____ Nickname: _____
 Birthdate: _____ Gender: Male Female
 Phone Number: _____ Other Number/Fax/E-mail: _____
 Residence: _____
 (Street address, City, State, Zip code)
 Relation to this case: _____

Name: _____ Nickname: _____
 Birthdate: _____ Gender: Male Female
 Phone Number: _____ Other Number/Fax/E-mail: _____
 Residence: _____
 (Street address, City, State, Zip code)
 Relation to this case: _____

Name: _____ Nickname: _____
 Birthdate: _____ Gender: Male Female
 Phone Number: _____ Other Number/Fax/E-mail: _____
 Residence: _____
 (Street address, City, State, Zip code)
 Relation to this case: _____

Name: _____ Nickname: _____
 Birthdate: _____ Gender: Male Female
 Phone Number: _____ Other Number/Fax/E-mail: _____
 Residence: _____
 (Street address, City, State, Zip code)
 Relation to this case: _____

Name: _____ Nickname: _____
 Birthdate: _____ Gender: Male Female
 Phone Number: _____ Other Number/Fax/E-mail: _____
 Residence: _____
 (Street address, City, State, Zip code)
 Relation to this case: _____

(For additional important contacts, please list on a separate piece of paper)

Part 6: ESTATE ASSET SUMMARY
Please complete this as best you can. Feel free to attach copies of statements or assets.

Is any real estate outside the state of Washington? Yes No If yes, Where? _____

Did decedent ever make a gift to an individual person in one year in excess of \$14,000 value? Yes No

Did decedent ever file a federal gift tax return (Form 709)? Yes No

If yes, please bring along copies of returns.

Please use *DATE OF DEATH FAIR MARKET VALUE* for each asset listed below.

LIQUID ASSETS	Address of Holder	Account Number	How Titled (i.e. JtwROS)	Balance
1. Cash and Checking Accounts				
2. Savings Accounts				
3. Money-Market Funds				
4. Brokerage Accounts (including Mutual Funds, excluding IRAs)				
5. Stocks not in brokerage accounts				
6. Bonds not in brokerage accounts				
7. Certificates of Deposit				
8. Life Insurance				
9. Other:				
10. Total Liquid Assets (add lines 1-9)	Total Liquid Assets	→ → → → → → → → → → → →		

NON-LIQUID ASSETS	Address or Description	Parcel # of Description	How Titled Joint Tenancy Ten/Common Comm.Prop.	Fair Market Value (Value)
11. Residence				
12. Rental / Recreational Property				
13. Business(es)				
14. Loans made to others				
15. Other:				
16. Total Non-Liquid (11-15)	Total Non-Liquid → → → → → → → → → → → → →			

RETIREMENT ASSETS	Holder or Custodian (List Address)	Primary Beneficiary	Secondary Beneficiary	Balance
17. IRAs				
18. Profit Sharing/Pension/401(k)s				
19. Other:				
20. Total Retirement (add 17-19)	Total Retirement → → → → → → → → → → → → →			

PERSONAL	Lender or Description	State Licensed In	Co-Owner Name	Value
21. Car(s)				
22. Boats/Recreational Vehicles				
23. Furniture, Household Goods & Misc. Personal Items				
24. Jewelry & Collectibles				
25. Total personal (lines 21-24)	Total Personal → → → → → → → → → → → → → → →			
26. TOTAL ASSETS (Add lines 10, 16, 20 & 25)	Total Assets → → → → → → → → → → → → → → →			

DEBTS/LIABILITIES	NAME AND ADDRESS OF CREDITOR and ACCOUNT NUMBER (If applicable)	AMOUNT
27. Credit Card Debt		
28. Consumer Debt		
29. Business Debt		
30. Home Mortgage		
31. Rental-Property Mortgage		
32. Medical Bills		
33. Funeral/Burial/Memorial Bills (please state if family loaned money or insurance paid the costs)		
34. Other Debt		
35. Total Debt (Add lines 27-34)	Total Debt → → → → → → → → → → → → → → →	

NET ESTATE	TOTAL
<i>Subtract line 35 from line 26</i>	Total → → → → → → → → → → → → → → →

Part 7: REMINDER

Please bring to your consultation:

- Original Will and/or Community Property Agreement**
- Two (2) Certified copies of the Death Certificate**
- Last driver’s license of decedent (if you can find it)**
- Anything else you think we should review/see/have/be aware of:**