

## Initial Client Conference-Information Checklist

*Items client should bring (if available)*

1. Will or copy thereof
2. Codicil(s) to will or copy thereof.
3. Any mail received which is addressed to decedent
4. Bills paid on behalf of decedent for which estate should reimburse payor (i.e. funeral expenses, prescriptions and other medical expenses, etc)
5. Important papers of decedent (including certificates of deposit, savings passbooks, tax returns for previous years, insurance policies, stock certificates, bonds, etc.
6. Copy of decedent's death certificate
7. Memory folder from funeral home

### *Information*

I. *Re: Decedent*

1. Name \_\_\_\_\_
2. Also known as \_\_\_\_\_
3. Social Security Number \_\_\_\_\_
4. Birthdate \_\_\_\_\_
5. Birthplace \_\_\_\_\_
6. Date of Death \_\_\_\_\_
7. Place of Death \_\_\_\_\_
8. Residence at time of death (include county and state) \_\_\_\_\_
9. Business or occupation (if retired, former business or occupation)  
\_\_\_\_\_

10. Employer's name and address \_\_\_\_\_  
\_\_\_\_\_
11. Did decedent have a safe deposit box? \_\_\_\_\_
12. Name and address of bank where located: \_\_\_\_\_  
\_\_\_\_\_
- 13.a. Was box in decedent's name alone or joint: \_\_\_\_\_
- 13.b. Name and address of joint tenant: \_\_\_\_\_
14. Location of key: \_\_\_\_\_
- 15.a. Was decedent receiving medical assistance? \_\_\_\_\_
- 15.b. From which county? \_\_\_\_\_

II. Re: Personal Representative

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Telephone Number \_\_\_\_\_
4. Relationship to decedent \_\_\_\_\_
5. Interest in estate (if any) \_\_\_\_\_

III Re: Decedent's Family

1. Surviving spouse (name and address) \_\_\_\_\_  
\_\_\_\_\_
2. Children
- a. Name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_
- b. Name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_
- c. Name \_\_\_\_\_  
Date of birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

d. Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

3. Children of deceased children

a. Name of deceased child \_\_\_\_\_

(1) Name of grandchild \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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