

ESTATE
CLIENT INFORMATION SHEET

Date: _____

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

SSN: _____

Decedent's Name: _____

Address: _____

Decedent's Date of Birth: _____ **Date of Death:** _____ **SSN:** _____

County and State of Residence: _____

Will: Yes No

Names of Heirs, Addresses and Relationship to Decedent: _____

Owned Real Property Located at: _____

Personal Representative: _____

Bank Accounts: _____

Life Insurance/Beneficiary: _____
