



## Client Estate Administration Report

Dated: \_\_\_\_\_

Name of Client & Spouse \_\_\_\_\_

Do you have a will?                      Husband                      Wife

### 1. PERSONAL INFORMATION:

WIFE

HUSBAND

Full Name: \_\_\_\_\_

Other or Former Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_

### 2. MARITAL INFORMATION:

Date and Place of Marriage: \_\_\_\_\_

Has either of you been married previously? \_\_\_\_\_

If yes, give each prior spouse's name and address; date of death, or divorce from prior spouse; the title, location, and case number of probate or divorce court:

\_\_\_\_\_

Period of residence in current state while married (give date of beginning residence): \_\_\_\_\_

\_\_\_\_\_ (husband's occupation at time married)

\_\_\_\_\_ (wife's occupation at time married)



d. Do any beneficiaries require special attention? Think, for example, about their health and general financial status, including needs and prospects.

---

---

e. Please list parents, brothers, sisters, grandparents, and others (if relevant). Please note if any of those listed are dependent on you for support.

For Husband:

<u>Name</u>	<u>Address</u>	<u>Birthday</u>	<u>Spouse</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For Wife:

<u>Name</u>	<u>Address</u>	<u>Birthday</u>	<u>Spouse</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**4. DISPOSITIVE PLANNING:**

In general, to whom and how do you want your property distributed upon your death? Think about your family members, friends, former benefactors, and charities, such as public benefit nonprofit organizations, educational or religious organizations.

Consider to whom your property should go if your first-choice beneficiaries do not survive you. Or – if your property is left in trust – if they do not survive until complete distribution is made (e.g., charities, other siblings, spouse of child, etc.).

HUSBAND:

If Wife survives you: \_\_\_\_\_

If Wife does not survive you: \_\_\_\_\_

If neither Wife nor children survive you: \_\_\_\_\_

WIFE:

If Husband survives you: \_\_\_\_\_

If Husband does not survive you: \_\_\_\_\_

If neither Husband nor children survive you: \_\_\_\_\_

Any specific disposition of your residence? \_\_\_\_\_

Any specific gifts of special articles, such as art or jewelry?

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

Household and personal effects:

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

**5. FIDUCIARIES:**

Please give name, address, phone, and relationship, if any, of your chosen fiduciaries listed below. For each, specify order of preference of alternates by numbering.

IF YOU HAVE MINOR CHILDREN:

Guardian of the child's person? \_\_\_\_\_

Alternate: \_\_\_\_\_

Trustee of the child's estate? \_\_\_\_\_

Alternate: \_\_\_\_\_

Please list the person you want to nominate to act as Executor and alternate for your will, and or as successor or alternate Trustees for revocable or other trusts:

Executor: \_\_\_\_\_

Alternate(s): \_\_\_\_\_

Trustee for any trust(s): \_\_\_\_\_

Successor Trustee(s): \_\_\_\_\_