

Estate Information

Name of Deceased _____ Date of Death _____

Social Security Number of Deceased _____ Date of Birth of Deceased _____

Did deceased have a spouse at time of death? _____: Name of Spouse _____

Address of Spouse _____

Did Decedent have a Will? _____ aTrust? _____. Provide copy of each.

Executor/Executrix _____

Address _____ City _____ State _____ Zip _____

County _____ Municipality _____

Phone Number _____

Address of deceased

Address _____ City _____ State _____ Zip _____

County _____ Municipality _____

Did deceased ever receive Medicaid? Yes No

If yes: please explain circumstances:

Did deceased own property in Pennsylvania? Yes No

If Yes: location/address

Approximate Value:

Did deceased own property in any other states? Yes No

If Yes: location/address:

Approximate value:

Did decedent own a business at time of death? _____; If so, provide name of business and its business form (corp, LLC, p-ship, sole proprietor, etc) _____

Estimate of Value of Estate in name of decedent only: _____

Estimate of Value of Estate held in joint names with others: _____

Beneficiaries:

Name:

Address:

SS#:

Under 21 years of age? Yes No

If YES- then name, address ss# of guardian

Name:

Address:

SS#:

Under 21 years of age? Yes No

If YES- then name , address ss# of guardian

Name:

Address:

SS#:

Under 21 years of age? Yes No

If YES- then name , address ss# of guardian

Name:

Address:

SS#:

Under 21 years of age? Yes No

If YES- then name , address ss# of guardian

Are any beneficiaries predeceased? Yes No

If Yes do they have children?