



LAW OFFICES OF

Daniel H. Alexander

A PROFESSIONAL LAW CORPORATION

901 Bruce Rd., Ste. 230 • Chico, CA 95928
951 Reserve Dr., Ste. 100 • Roseville, CA 95678
(800) 530-4529 • (530) 891-8000 • Fax (530) 891-8040
dan@dalexander.com • www.dalexander.com

*Send all correspondence to the Chico Office

1. Information concerning client (You)

Name: _____ Address: _____

Phone numbers: Home: _____ Work: _____ Cell: _____

Driver's license number: _____, State Driver's license issued _____

Your Date of Birth: _____

Social security number: _____

Relationship to decedent: _____

Immediate needs, if any:

Financial _____

Custody of minor children: _____

Operation of business: _____

Other: _____

2. Personal information about decedent

Full name of Decedent: _____

Last residence address(es), including county: _____

Date of death: _____

Place where decedent died, including county: _____

Decedent's Social Security number: _____

Citizenship of decedent: _____

If decedent ever served in armed forces, branch, date entered, date discharged, type of discharge, and service number: _____

Name, address, and phone number of surviving spouse: _____

Name(s) and address(es) of any former spouse(s), and date(s) of each former marriage:

Whether decedent received any Medi-Cal benefits: _____

Name, address, and phone number of decedent's employer: _____

If decedent operated business as sole proprietor:

Number of employees: _____

Taxpayer identification number: _____

Accounting method: _____

Name and address of manager or responsible person: _____

If decedent was member of business partnership, names and addresses of general partners:

Name, address, and phone number of decedent's attorney: _____

Name, address, and phone number of decedent's accountant: _____

Name(s) and address(es) of decedent's insurance agent(s): _____

Name(s) and address(es) of any other persons who may have knowledge of decedent's assets: _____

3. Information about decedent's relatives

Living children (include natural children of decedent, adopted children of decedent)

Name	Address	Phone	Age / Date of Birth
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1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

Deceased children:

Name	Address	Phone	Age / Date of Birth
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1) _____

2) _____

3) _____

4) _____

Step children (children of spouse of decedent that are not decedent's natural children and were not adopted by decedent):

Name Address Phone Age / Date of Birth

1) _____

2) _____

3) _____

4) _____

5) _____

Grandchildren:

Name of Grandchild Parent of Grandchild Address Phone Age / Date of Birth

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

Great-grandchildren:

Name of Great-Grandchild Parent of Great-Grandchild Address Phone Age / Date of Birth

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

Parents of decedent (natural parents):

Name of Parent	Address	Phone	Are parents living
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1) _____

2) _____

Grandparents:

Name of Grandparent	Address	Phone	Are Grandparents living
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1) _____

2) _____

3) _____

4) _____

Siblings of Decedent:

Name	Address	Phone	Age / Date of Birth
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1) _____

2) _____

3) _____

4) _____

5) _____

Aunts and uncles of decedent:

Name	Address	Phone	Age / Date of Birth
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1) _____

2) _____

3) _____

4) _____

5) _____

Nieces and nephews of decedent:

Name Address Phone Age / Date of Birth

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____

4. Information about decedent's will

Did the decedent have a will: Yes / No

Do you know location of decedent's will: Yes / No

Do you have the decedent's will: Yes / No

If location or existence of decedent's will is uncertain, have you checked:

Decedent's home: _____

Decedent's office: _____

Decedent's safe deposit box: _____

Other attorneys decedent may have consulted: _____

Names and addresses of following persons:

Witnesses to will: _____

Executor: _____

Whether named executor consents to act as executor: _____

Name, address, and age of each beneficiary under will:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Name, address, and age of each other person named in will, including persons expressly excluded or disinherited, executors, trustees, and guardians:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

5. Information about decedent's property

Estimated value of total estate:

For each parcel of real property:

Address	value	amount owed on loan
1) _____		
2) _____		
3) _____		
4) _____		

For each business decedent owned or had ownership interest in:

Name and address: _____
President, manager, or agent: _____
Nature of decedent's interest: _____
Estimated value of decedent's interest: _____

For each safe deposit box:

Name and address of institution: _____
Box number: _____
Person possessing any token of ownership (e.g., key): _____

For each financial account (bank):

Name of Financial Company	Address	Account #	Value
1) _____			
2) _____			
3) _____			
4) _____			

For each stock brokerage account (investment account):

Name of Financial Company	Address	Account #	Value
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

For each life insurance policy:

Name of Financial Company and agent	Address	Account #	Beneficiary	Value
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____

Personal property of significant value:

For each motor vehicle, brief description, current location, and estimate of value:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Jewelry: Brief description of item of significant value, location and value

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Clothing: Brief description of item of substantial value, location and value:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Brief description for each item of artwork of substantial value, location and value:

1) _____

2) _____

3) _____

4) _____

Brief description of any coin, stamp, gun, or other collection, it's location and value:

1) _____

2) _____

3) _____

4) _____

Bonds: Type of bond, location and value

1) _____

2) _____

3) _____

4) _____

Copyrights and royalties:

Brief description and estimated value: _____

Stock options:

Brief description and value: _____

6. Amounts owed to decedent

Unpaid salary: _____ Unpaid commissions: _____

Accounts receivable: _____

Interest or dividends: _____

Partnership income: _____

Alimony or child support: _____

Balance due on property sold prior to death: _____

Distributions from other estate or trust: _____

Amounts due from contracts to which decedent was party: _____

Bonds or notes: _____

Any other sources of payment not listed above: _____

7. Decedent's outstanding obligations / debts

Expenses of final illness: _____

Funeral expenses: _____

Charge accounts: _____

Accounts payable: _____

Payroll: _____

Rent: _____

Loan payments: _____

Alimony or child support: _____

Amounts due on contracts to which decedent was party: _____

Any other debt not listed above: _____

8. Tax information

Location of decedent's most recent tax returns: _____

Decedent's tax year: _____

If decedent made quarterly payments of estimated tax, date and amount of last quarterly payment: _____

Source and estimated amount of decedent's income for year of death: _____

Date, nature, and amount of any gift decedent made prior to death on which gift tax was paid: I.R.C. §§ 2012, 2035

Location of all gift tax returns filed by decedent: _____

Date, nature, and amount of any property transferred to decedent by reason of transferor's death within 10 years of decedent's death:
I.R.C. § 2013 _____

For any property located in foreign country: I.R.C. § 2014

Describe and state amount of death taxes paid to foreign country: _____

If decedent was in the armed forces, whether death resulted from active service in combat zone:

If decedent was civilian employee of United States government, whether death resulted from terrorist activity outside United States: _____

Any general powers of appointment whose exercise or lapse may result in inclusion of property in decedent's estate for tax purposes:
I.R.C. § 2041 _____

Any trusts created by decedent, or trusts in which decedent had any interest or power (such as power of trustee), together with copies of all such trusts: _____