

Estate Review Brochure

Estate of _____

Case No. _____

To: _____

Your appointment is with: _____

At _____ (am/pm) on _____ at

Musial Law Firm, LLC

COUNSELORS AT LAW
923 Del Prado Blvd. S, Suite 207
Cape Coral, Florida 33990

ALL INFORMATION PROVIDED IN THIS
QUESTIONNAIRE WILL BE CONSIDERED
AND TREATED AS CONFIDENTIAL.



MUSIAL LAW FIRM, LLC

ESTATE REVIEW BROCHURE

(Fill out to the best of your knowledge.)

Interview Date: _____

DECEDENT:

Name of Decedent: _____ AKA: _____

Social Security No.: _____ Occupation: _____

Residence: _____ Yr. Estab.: _____

City: _____ County: _____ State: _____

Date of Death (D/O): _____ Place of Death: _____

Date of Birth (D/B): _____ Place of Birth: _____

Veteran: _____ Military Branch: _____

SURVIVING SPOUSE:

Name of Surviving Spouse: _____

Residence: _____

Telephone No.: (Home) _____ (Office) _____

Social Security No.: _____ Occupation: _____

Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____ Place of Marriage: _____

PERSONAL REPRESENTATIVE:

Primary: _____

Secondary: _____

Residence: _____

Telephone No.: (Home) _____ (Email) _____

Social Security No.: _____ Relationship to Deceased: _____

Bond Required: Yes No

CHILDREN/NEXT OF KIN:

Name	Address	Relationship	D/B	S.S.#

WILL BENEFICIARIES:

Name	Address	D/B	S.S.#

REAL PROPERTY:

Address: _____

1. Permanent Parcel No(s): _____
2. Need copy of current Deed.
3. Any additional properties? Yes No. If yes, please provide Deed(s).

MORTGAGES:

1. Permanent Parcel No(s): _____
2. Description of property(s): _____
3. Mortgage – Exact name(s): _____
4. Balance(s) due on date of death: _____

BANK and BROKERAGE ACCOUNTS:

	Bank	Acct. No.	Held in the name of	Bal. on D/D
Savings:				
Checking:				
CD's				
Others:				

ANNUITIES, PENSIONS, RETIREMENT & OTHER EMP. DEATH BENEFIT PLANS (describe)

STOCKS and BONDS

Name of Co.	No. of Shares	Held in the name of	To be Sold or Transferred	Value on D/D

BUSINESS:

Type of Business: _____

Stock ; Partnership ; Sole-Proprietor . (Check one.)

Buy-Sell Agreement/Partnership Agreement. (Provide Copy)

AUTOMOBILE(S):

Year: _____ Make: _____ Model: _____

Year: _____ Make: _____ Model: _____

Need copy of title(s).

LIFE INSURANCE

Company	Policy No.	Face Amt.	Beneficiary

HEALTH/ACCIDENT INSURANCE

Company	Policy No.	Face Amt.	Beneficiary

DEBTS:

Funeral Bill, Cemetery – Gravestone, Credit Cards, Auto Loans, Department Stores, etc.

Debtor	Address	Amount	Paid By	Date

MISCELLANEOUS:

1. Need a copy of the death certificate.
2. Need an inventory of misc. property with approximate values.
3. Need a check for \$ _____ made payable to Musial Law Firm, LLC.
4. Need Last Will, Codicil and/or Trust Agreement (if any have been executed.)