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ESTATE ADMINISTRATION ORGANIZER

In addition to completing this Organizer, **please bring the following items to the first meeting:**

Certified Death Certificate (at least one copy)

Last Will and Testament (the original, if you have it)

Trust and/or other estate plan documents

A copy of known asset information (Deed(s), bank/brokerage statement(s), retirement account(s), etc.)

DECEDENT'S INFORMATION

Decedent's Legal Name _____
Also Known As _____
Birth date _____ SS# _____
Date of Death: _____ Place of Death _____
Home Address _____ City _____ State _____ Zip _____
Employer _____ Position _____
Business Address _____ City _____ State _____ Zip _____
E-mail Address _____
 Married: Date of Marriage _____ Previously Divorced Widowed Never Married
Citizen of USA Other: _____ Date of Divorce: _____

Spouse's Legal Name _____
Also Known As _____
Prefer to be called _____ Birth date _____ SS# _____
Home Address _____ City _____ State _____ Zip _____
Home Telephone _____ Business Telephone _____
Employer _____ Position _____
Business Address _____ City _____ State _____ Zip _____
E-mail Address _____ It is okay to communicate with me via my E-mail address
Citizen of USA Other: _____

CLIENT'S INFORMATION

Client Name _____
Also Known As _____
Birth date _____ SS# _____
Home Address _____ City _____ State _____ Zip _____
Home Telephone _____ Cell Telephone _____
E-mail Address _____ It is okay to communicate with me via my E-mail address

JOINT CLIENT'S INFORMATION

Joint Client Name _____
Also Known As _____
Birth date _____ SS# _____
Home Address _____ City _____ State _____ Zip _____
Home Telephone _____ Cell Telephone _____
E-mail Address _____ It is okay to communicate with me via my E-mail address

DECEDENT'S CHILDREN/SIBLINGS/ PARENTS AND/OR BENEFICIARIES
(BOTH LIVING AND DECEASED)

Use full legal name. In last column, use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent.

Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____

Married: _____ **Number of Children:** _____

Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____

Married: _____ **Number of Children:** _____

Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____

Married: _____ **Number of Children:** _____

Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____

Married: _____ **Number of Children:** _____

Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____

Married: _____ **Number of Children:** _____

DECEDENT'S REAL PROPERTY

TYPE: Any interest in real estate including decedent's family residence, vacation home, time-share, vacant land, etc.

| General Description and/or Address (Including State) | Owner | Market Value | Loan Balance |
|--|-------|--------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| <i>Total</i> | | _____ | _____ |

DECEDENT'S FINANCIAL ACCOUNTS

TYPE: Any interest in bank accounts, credit unions, brokerage accounts, money market accounts, bonds, etc.

| Institution Name, Account Number | Owner | Value |
|----------------------------------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

DECEDENT'S OTHER ASSETS

TYPE: Sole proprietorships, partnerships, LLC's, stock options, vehicles, collections (artwork, jewelry, coins), etc.

| Asset Type | Value |
|------------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

DECEDENT'S RETIREMENT ACCOUNTS AND/OR INSURANCE

TYPE: IRA, Roth IRA, 401k, pensions, annuities, life insurance, etc.

| Institution Name, Account Number | Beneficiary | Value |
|----------------------------------|-------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

DECEDENT'S FIDUCIARY INFORMATION

Fiduciaries are individuals or institutions who act on the decedent's behalf or on behalf of decedent's loved ones.

GUARDIAN FOR MINOR CHILDREN: If decedent has any children under the age of 18 or disabled, determine who is named as guardian of the person and conservator of the property of each minor child.

| Name and Address | Relationship | Telephone No. |
|------------------|------------------------------|---------------|
| | Financial Advisor/Planner | |
| | CPA/Tax Preparer | |
| | Attorney | |
| | Guardian(s) | |
| | | |

PERSONAL REPRESENTATIVE:

| Name and Address | Relationship | Telephone No. |
|------------------|--------------|---------------|
| | | |
| | | |
| | | |

SUCCESSOR TRUSTEES:

| Name and Address | Relationship | Telephone No. |
|------------------|--------------|---------------|
| | | |
| | | |
| | | |

DECEDENT'S WISHES AT DEATH: Are you aware of any specific wishes the decedent would like to make known concerning organ donation, disposition of decedent's remains, or any other matters? _____
If so, what are those wishes?

DECEDENT'S PERSONAL INSTRUCTIONS: Are you aware of any other personal instructions the decedent made? If so, what are those instructions?

ANY PEOPLE/CREDITOR PROBLEMS: For instance are there any unhappy, disinherited, disabled or predeceased family members? Are there any creditors, outstanding loans or unpaid taxes, etc.?
