

ESTATE ADMINISTRATION INFORMATION FORM

This Estate Administration Information Form should be filled out as completely as possible and forwarded to Zach Starnes of The Cole Law Firm, LLC for review prior to a personal conference. If convenient, return the completed form by e-mail to zach@carlcolelaw.com. Alternatively, you may return the completed form by (a) delivering it to the offices of The Cole Law Firm, located at 401 Lee Street, Suite 301, Decatur, Alabama 35601; (b) mailing it to The Cole Law Firm, ATTN: Zachary H. Starnes, Post Office Box 2064, Decatur, Alabama 35602-2064; or (c) faxing it to The Cole Law Firm, ATTN: Zachary H. Starnes at 256.353.0552.

If you have any questions regarding these instructions, or anything in this form, please contact Zach Starnes by e-mail (zach@carlcolelaw.com) or telephone (256.353.0550).

Please fill out the below information as completely as possible.

INFORMATION ABOUT THE PERSON FILLING OUT THIS FORM

Full Legal Name: _____

Address: _____

Phone Number: _____ E-mail Address: _____

Relationship to the Decedent: _____

INFORMATION ABOUT THE DECEDENT

Full Legal Name: _____

Any Other Name(s) the Decedent Used: _____

Date of Birth: _____ Date of Death: _____

Address: _____

Marital Status: Single Married Divorced Widow / Widower

Social Security Number: _____

INFORMATION ABOUT THE DECEDENT'S SPOUSE

If the Decedent was married, divorced, or a widow or widower at his / her death, please provide the following information relating the Decedent's surviving spouse or most recent spouse. If the Decedent was never married, please write "N/A" below and proceed to the next Section.

Full Legal Name: _____

Address: _____

Phone Number: _____

Date of Death / Divorce (if applicable): _____

INFORMATION ABOUT THE DECEDENT'S CHILDREN, GRANDCHILDREN, OR OTHER HEIRS

If the Decedent had one or more children (including adopted children) or children of a deceased child, please list each person's full legal name, address, and relationship to the Decedent, and whether such person is living or predeceased the Decedent. If the Decedent did not have any children, children of a deceased child, and was not survived by a spouse, please list the Decedent's surviving parents, if any, and if none then list the Decedent's siblings, if any.

A. Name: _____

Address: _____

Relationship: _____ Living Deceased

B. Name: _____

Address: _____

Relationship: _____ Living Deceased

C. Name: _____

Address: _____

Relationship: _____ Living Deceased

D. Name: _____

Address: _____

Relationship: _____ Living Deceased

E. Name: _____

Address: _____

Relationship: _____ Living Deceased

INFORMATION ABOUT THE WILL

Please complete the information requested in this Section describing the testamentary document(s), if any, signed by the Decedent prior to his / her death.

1. Did the Decedent have a Will? Yes No
2. If Yes, do you have the original Will or a copy? Original Copy Neither
3. Did the Decedent have any Codicils to his / her Will? Yes No
4. If Yes, do you have the original Codicil or a copy? Original Copy Neither

INFORMATION ABOUT THE PERSONAL REPRESENTATIVE / EXECUTOR / TRUSTEE

If the Decedent had a Will, please complete the following information concerning the person(s) named as Personal Representative / Executor / Executrix / Administrator in the Will. If the named Personal Representative is the person filling out this form, proceed to the next question.

Initial Personal Representative:

- Name: _____

- Address: _____

- Relationship to Decedent: _____

- Phone Number: _____ E-mail Address: _____

Co-Personal Representative Successor Personal Representative (please check one)

- Name: _____
- Address: _____
- Relationship to Decedent: _____
- Phone Number: _____ E-mail Address: _____

If the Decedent had a Trust, or if the Will creates a Trust upon the death of the Decedent, please list the person(s) named as Trustee of such Trust. If the named Trustee is the person filling out this form, proceed to the next question.

Trustee

- Name: _____
- Address: _____
- Relationship to Decedent: _____
- Phone Number: _____ E-mail Address: _____

INFORMATION ABOUT THE DECEDENT'S ASSETS

Please provide the information requested in this Section concerning the assets owned by the Decedent at his / her death.

1. Did the Decedent own any **real estate**? If so, please complete the following:

A. Address: _____

Description: Residence Commercial Building Lot Acreage

Estimated Value: _____ Mortgage Balance (if any): _____

How Owned: Solely Tenants in Common Joint with Right of Survivorship

Co-Owner's Name (if applicable): _____

B. Address: _____

Description: Residence Commercial Building Lot Acreage

Estimated Value: _____ Mortgage Balance (if any): _____

How Owned: Solely Tenants in Common Joint with Right of Survivorship

Co-Owner's Name (if applicable): _____

C. Address: _____

Description: Residence Commercial Building Lot Acreage

Estimated Value: _____ Mortgage Balance (if any): _____

How Owned: Solely Tenants in Common Joint with Right of Survivorship

Co-Owner's Name (if applicable): _____

2. Did the Decedent have any **financial accounts** (including checking, savings, retirement, 401(k), money market, brokerage, CD's, etc.)? If so, please complete the following:

A. Description: _____

Account # (Last 4 Digits): _____ Value / Balance: _____

How Owned: Solely Tenants in Common Joint with Right of Survivorship

Co-Owner's Name (if applicable): _____

B. Description: _____

Account # (Last 4 Digits): _____ Value / Balance: _____

How Owned: Solely Tenants in Common Joint with Right of Survivorship

Co-Owner's Name (if applicable): _____

C. Description: _____

Account # (Last 4 Digits): _____ Value / Balance: _____

How Owned: Solely Tenants in Common Joint with Right of Survivorship

Co-Owner's Name (if applicable): _____

D. Description: _____

Account # (Last 4 Digits): _____ Value / Balance: _____

How Owned: Solely Tenants in Common Joint with Right of Survivorship

Co-Owner's Name (if applicable): _____

3. Did the Decedent own (i) **a life insurance policy** or (ii) **any other policy / account with a death benefit**, which named his / her estate as the beneficiary? If so, please complete the following:

A. Description: _____

Name of Issuing Company: _____

Policy Number: _____ Value: _____

B. Description: _____

Name of Issuing Company: _____

Policy Number: _____ Value: _____

4. Please list all **financially significant personal property** (including vehicles, household furnishings, jewelry, firearms, artwork, etc.) owned by the Decedent at his / her death

A. Description: _____

VIN / Identifying Number (if applicable): _____ Value: _____

B. Description: _____

VIN / Identifying Number (if applicable): _____ Value: _____

C. Description: _____

VIN / Identifying Number (if applicable): _____ Value: _____

D. Description: _____

VIN / Identifying Number (if applicable): _____ Value: _____

E. Description: _____

VIN / Identifying Number (if applicable): _____ Value: _____

5. Please list **any other asset** owned by the Decedent at his / her death that is not referenced above:

A. Description: _____ Value: _____

B. Description: _____ Value: _____

C. Description: _____ Value: _____

D. Description: _____ Value: _____

6. Please list all debts of the Decedent and any encumbrance (mortgage, lien, judgment, vehicle loans, etc.) on any of the above assets:

A. Description: _____

Balance: _____ Property Encumbered: _____

B. Description: _____

Balance: _____ Property Encumbered: _____

C. Description: _____

Balance: _____ Property Encumbered: _____

D. Description: _____

Balance: _____ Property Encumbered: _____

If there is any other information that you think I need to be aware of prior to your personal conference, please include that below.

Please submit this completed questionnaire and all the applicable items below prior to your personal conference.

- ORIGINAL Last Will and Testament and any Codicil
- ORIGINAL Death Certificate of the Decedent (if it has been issued)
- COPY of any Trust Agreement
- COPY of funeral home statement / invoices
- COPY of deeds for all real estate owned by the Decedent
- COPY of titles to all vehicles, boats, RV's, etc.
- COPY of most recent statement for all financial accounts
- COPY of any life insurance policy