

# CLARKE LAW FIRM, PLC

**Marilee Miller Clarke, Esq.**

8141 E. Indian Bend Road, Suite 105

Scottsdale, AZ 85250

Telephone (480) 991-2901; Fax (480) 348-1390

E-mail: [Marilee@clarkelawaz.com](mailto:Marilee@clarkelawaz.com)

## **PROBATE/ESTATE/TRUST ADMINISTRATION**

### *...about you*

Your Name(s): \_\_\_\_\_

Your Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Relationship to Incapacitated Person: \_\_\_\_\_

Telephone Nos: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ E-mail: \_\_\_\_\_

Your Soc. Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Your Citizenship: \_\_\_\_\_ Employer: \_\_\_\_\_

Referred By: \_\_\_\_\_

Other Family Members who will be attending conference: \_\_\_\_\_

### *...about the deceased person*

Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Last Address: \_\_\_\_\_

Birth date: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Last Employer: \_\_\_\_\_

This information is accurate and complete to the best of my/our knowledge and the attorney may rely upon it.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

*All information provided shall be held in the strictest confidence by the attorney*

**MARITAL STATUS At Date of Death**

Single,  Married,  Divorced,  Separated,  Widowed,  Living Together

**Name(s) of former Spouse(s) and Date of Death or Divorce of Decedent:**

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**CHILDREN of DECEDENT (Please (check) ✓ box to left of name of a deceased child)**

	<b>Name</b>	<b>DOB</b>	<b>Parent/s</b>	<b>City of Residence</b>
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____

**OTHER FAMILY MEMBERS who are his/her Beneficiaries who will be named in the will:**

	<b>Name</b>	<b>Relationship</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____

**Are any of the listed family members or friends dependent upon him/her for financial support, if so, please list their names, amount and type of support provided by decedent:**

	<b>Name</b>	<b>Amount</b>	<b>Type of Support</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**PLEASE LIST DECEDENT'S ADVISORS:**

**Accountant:**                      **Firm Name:**                                      **Telephone Number:**  
\_\_\_\_\_

**Life Insurance Agent:** **Firm Name:**                                      **Telephone Number:**  
\_\_\_\_\_

**Trust / Bank Officer:** **Bank Name:**                                      **Telephone Number:**  
\_\_\_\_\_

**Investment Advisor:** **Brokerage or Firm Name:**                                      **Telephone Number:**  
\_\_\_\_\_

**Other Advisor:**                      **Brokerage or Firm Name:**                                      **Telephone Number:**  
\_\_\_\_\_

**SAFETY DEPOSIT BOX INFORMATION:**

Financial Institution where his/her safety deposit box is located: \_\_\_\_\_

Box Number: \_\_\_\_\_ Location of Keys: \_\_\_\_\_

Person(s) with access: Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Does he/she have a home safe?  No  Yes If Yes; location:  
\_\_\_\_\_

Person(s) with access: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**ESTATE PLANNING DOCUMENTS:**

Does he/she have Will?  No  Yes - Dated: \_\_\_\_\_ Located at: \_\_\_\_\_  
\_\_\_\_\_

Does he/she have a Trust?  No  Yes - Dated: \_\_\_\_\_ Located at: \_\_\_\_\_  
\_\_\_\_\_

**ASSET LIST (Sole, joint or community that Decedent held an interest):**

**1. BANK ACCOUNTS, MONEY MARKET & CERTIFICATES OF DEPOSIT:**

<i>Name of Institution</i>	<i>Account No.</i>	<i>Current Balance</i>	<i>Separate</i>	<i>Joint</i>	<i>Other</i>

**2. MONIES OWED TO DECEDENT:**

<i>Name of Debtor</i>	<i>Type of Debt</i>	<i>Current Amount</i>	<i>Separate</i>	<i>Joint</i>	<i>Other</i>

**3. SECURITIES (MUTUAL FUNDS, STOCKS, BONDS – PLEASE PROVIDE COPY OF LAST STATEMENT):**

**BROKERAGE ACCOUNT WITH:**

**ACCOUNT No:**

**BROKERAGE ACCOUNT WITH:**

**ACCOUNT No:**

**BROKERAGE ACCOUNT WITH:**

**ACCOUNT No:**

**4. CERTIFICATES HELD:**

<i>No. Of Shares</i>	<i>fund, stock, bond</i>	<i>Current \$ Value</i>	<i>Name of Title</i>

**5. REAL PROPERTY: (Please provide copies of Deeds)**

Address:

Address:

**6. VALUABLE PERSONAL PROPERTY: (BOATS, AIRPLANES, JEWELRY, ART, ANTIQUES)**

Asset	Location	Value \$	Owner

**7. LIFE INSURANCE POLICIES ON THE LIFE OF DECEDENT:**

Company	Value	Beneficiary

**8. ANNUITY/RETIREMENT BENEFITS/IRA'S**

Company	Type of Plan	Current Value

**9. Debts (Mortgages, Medical Expenses, Credit Cards, Etc.) OWED TO OTHERS:**

Type:	Due To:	Balance Due: \$

**10. Other Assets:**

Type:	Location:	Value: