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TRUST & ESTATE ADMINISTRATION INTAKE

1. Information Concerning Client:

Name: _____
Address: _____

Telephone Number(s): _____
E-Mail Address: _____
Birthdate: _____
Drivers License Number: _____
Social Security Number: _____
Relationship to decedent: _____
Immediate needs, if any:
 Financial: _____
 Custody of minor children: _____
 Operation of business: _____
 Other: _____

2. Personal Information about Decedent:

Please provide a copy of the Death Certificate

Full Name: _____
AKA _____
Last residence address(es);
Including county: _____

Date of Death: _____
Date of Birth: _____
Place where decedent died;
Including county: _____
Social Security Number: _____
Citizenship of decedent: _____

If decedent ever served in
armed forces:

Branch: _____
Date Entered: _____
Date Discharged: _____
Type of Discharge: _____
Service Number: _____

Predeceased Spouse:

Please provide a copy of the Death Certificate

Name: _____
Date of Death: _____
Social Security Number: _____

Surviving Spouse:

Name: _____
Address: _____

Phone Number: _____

Former Spouse(s):

Name: _____
Address: _____

Phone Number: _____
Date(s) of Former Marriage: _____

Whether decedent (or
predeceased spouse) received
any Medi-Cal benefits: _____

Employer:

Name: _____
Address: _____

Phone Number: _____

If decedent operated business as
sole proprietor:

Number of Employees: _____
Taxpayer ID Number: _____
Name, phone and
address of manager or
responsible person: _____

If decedent was member of
business partnership:
Names and addresses of
general partners: _____

Decedent's Attorney:

Name: _____
Address: _____

Phone Number: _____

Decedent's Accountant:

Name: _____
Address: _____

Phone Number: _____

Decedent's Insurance Agent(s):

Name: _____
Address: _____

Phone Number: _____

Any Other Persons Who May Have Knowledge of Decedent's Assets:

Name: _____
Address: _____

Phone Number:

3. Information About Decedent's Relatives:

Living Adult Children (include stepchildren, adopted children, and foster children):

Name:

Address:

Phone Number:

Name:

Address:

Phone Number:

Name:

Address:

Phone Number:

Name:

Address:

Phone Number:

Living Minor Children (include stepchildren, adopted children, and foster children):

Name:

Address:

Phone Number:

Date of Birth:

Name:

Address:

Phone Number:

Date of Birth:

Name:

Address:

Phone Number:

Date of Birth:

Name:

Address:

Phone Number:

Date of Birth:

Deceased Children:

Name:

Date of Birth:

Date of Death:

Grandchildren:

Name:

Address:

Phone Number:

Date of Birth:

Name:

Address:

Phone Number:

Date of Birth:

Name:

Address:

Phone Number:

Date of Birth:

Great-Grandchildren:

Name: _____
Address: _____

Phone Number: _____
Date of Birth: _____

Parents:

Name: _____
Address: _____

Phone Number: _____

Grandparents:

Name: _____
Address: _____

Phone Number: _____

Siblings:

Name: _____
Address: _____

Phone Number: _____

Name: _____
Address: _____

Phone Number: _____

Name: _____
Address: _____

Phone Number: _____

Name: _____
Address: _____

Phone Number:

Aunts and Uncles:

Name:

Address:

Phone Number:

Name:

Address:

Phone Number:

Nieces and Nephews:

Name:

Address:

Phone Number:

Name:

Address:

Phone Number:

4. Information About Will:

Location of Will:

Whether Named Executor

Consents to Act:

Beneficiary Under Will:

Name:

Address:

Age:

Name:

Address: _____

Age: _____

Name: _____
Address: _____

Age: _____

Name: _____
Address: _____

Age: _____

Name: _____
Address: _____

Age: _____

Name: _____
Address: _____

Age: _____

Each Other Person Named in
Will (including persons
expressly excluded or
disinherited executors, trustees
and guardians:

Name: _____
Address: _____

Age: _____

Name: _____
Address: _____

Age:

Name:

Address:

Age:

Name:

Address:

Age:

Name:

Address:

Age:

Name:

Address:

Age:

5. Information About Decedent's Property:

Estimated Value of **TOTAL**

Estate:

Possible 706?:

Estimated Value of **PROBATE**

Estate:

For each parcel of real property

(get copy of deed):

Address:

County:

Nature of title

(e.g., community property,

if any:

Name and address of
Institution:

Account Type and
Number:

Manner in Which Title is
Held:
Location of Passbooks,
if any:

For each stock brokerage
account:

Name and address of
Broker:

Account Type and
Number:
Manner in Which Title is
Held:

For each life insurance policy:

Name and address of
Broker:

Account Type and
Number:
Name of Beneficiary:
Face Value of Policy:
Location of Policy:

Personal Property of
Significant Value, Briefly

Describe:

Motor Vehicle: _____
Jewelry: _____
Clothing: _____
Artwork: _____
Coin, stamp, gun or other
collections: _____
Bonds: _____
Copyrights/Royalties: _____
Other tangible or
intangible personal
property of significant
value: _____

6. Amounts Owed 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: _____
Other: _____

7. Decedent's Outstanding Obligations:

Expenses of Final Illness: _____
Funeral Expenses: _____
Charge Accounts: _____
Accounts Payable: _____
Payroll: _____
Rent: _____
Loan Payments: _____
Alimony or Child Support: _____
Amount due on contracts to
which decedent was a party: _____
Any other debt not listed above: _____

8. Tax Information:

Location of decedent's most
recent tax returns:
