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## NEW CLIENT ESTATE ADMINISTRATION

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

Responsible Attorney: \_\_\_\_\_

Responsible Paralegal: \_\_\_\_\_

Client: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

SSN: \_\_\_\_\_

\_\_\_\_\_

H Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

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

W Phone: \_\_\_\_\_

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

Fax: \_\_\_\_\_

\_\_\_\_\_

W E-mail: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Title:      Executor    Administrator WWA    Other \_\_\_\_\_

### **DECEDENT:**

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

SSN: \_\_\_\_\_

Residence: \_\_\_\_\_

DOB: \_\_\_\_\_

\_\_\_\_\_

DOD: \_\_\_\_\_

Occupation: \_\_\_\_\_

Married?  Yes  No

Is there a Will?  Yes  No     Location of Will \_\_\_\_\_

Does Will Dispense with Bond?  Yes  No

**Medicaid:** Was decedent a Medicaid recipient? No \_\_\_\_\_ Yes \_\_\_\_\_

### **Spouse** (Surviving? Yes No)

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

SSN: \_\_\_\_\_

Residence: \_\_\_\_\_

DOB: \_\_\_\_\_

\_\_\_\_\_

DOD: \_\_\_\_\_

Hm. Phone: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_

Medicaid Recipient?  Yes  No

**FIDUCIARY:**

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

Hm. Phone: \_\_\_\_\_  
Wk. Phone: \_\_\_\_\_

**Children of Decedent:**

<u>Name</u>	<u>Address</u>	<u>DOB</u>	<u>Social</u>
<u>Security #</u>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Next of Kin**

<u>Name</u>	<u>Address</u>	<u>DOB</u>	<u>Social</u>
<u>Security #</u>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Bonding Company:** \_\_\_\_\_

Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Bond Amount \$ \_\_\_\_\_

Premium \$ \_\_\_\_\_

**Appraiser:** \_\_\_\_\_

Phone: \_\_\_\_\_

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

**ASSETS:**

**REAL ESTATE:**

Description	How Held	Value	Probate	Non-Probate

**BROKERAGE & BANK ACCOUNTS**

Institution	Type	Account #	How Held	Amount (DOD Bal.)	Probate	Non-Probate

**STOCKS AND BONDS**

Company	Type	Account #	How Held	Value	Probate	Non-Probate

**SAFE DEPOSIT BOX**

Institution: \_\_\_\_\_

Location: \_\_\_\_\_

**MOTOR VEHICLES**

Type	How Held	Value	Non-Probate	
			Probate	

**HOUSEHOLD GOODS & PERSONAL ITEMS**

Item	Value

**INSURANCE, PENSIONS & IRAs**

Institution	Policy No.	Beneficiary	Amount	Non-Probate	
				Probate	

**DEBTS OF DECEDENT & EXPENSES OF ADMINISTRATION**

<b>Item</b>	<b>Amount</b>
Funeral	
Hospital	
Physicians	
Utilities	
Attorney Fees	
Fiduciary Fees	
Bond Premium	
Court Costs	
Appraiser's Fee	
Other Costs	

**Documents Required to Administer Estate:**

- 1) Last Will and Testament of Decedent.
- 2) Copies of most recent bank/financial statements and all accounts in which decedent had an interest.
- 3) Titles to all motor vehicles.
- 4) All bonds or stock certificates.
- 5) Death Certificate.

**NOTES:**