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**ESTATE INTAKE FORM**

**NAME OF DECEDENT:**

Address

City State Zip Code

County

Date of Birth Date of Death

Social Security Number

Location of Will, if any Date of Will

Location of Codicil, if any Date of Codicil

**PERSONAL REPRESENTATIVE NAMED IN WILL:**

Address

City State Zip Code

Telephone

Relationship to Decedent

FELONY CONVICTION?  YES  NO

**CO-PR or ALTERNATE NAMED:**

Address

City State Zip Code

Telephone:

Relationship to Decedent

FELONY CONVICTION?  YES  NO

**BENEFICIARIES ( HEIRS IF NO WILL)**

**Name of Spouse:**

Address

City State Zip Code

Telephone

Email Address

Social Security Number  
(last 4 digits)

**Decedent's Children:**

**CHILD # 1**

Name

Date of Birth, if minor

Address

City State Zip Code

Telephone

Email Address

Social Security Number  
(last 4 digits)

**CHILD # 2**

Name

Date of Birth, if minor

Address

City State Zip Code

Telephone

Email Address

Social Security Number  
(last 4 digits)

**CHILD # 3**

Name

Date of Birth, if minor:

Address

City State Zip Code

Telephone

Email Address

Social Security Number

(last 4 digits)

**CHILD # 4**

Name

Date of Birth, if minor:

Address

City State Zip Code

Telephone

Email Address

Social Security Number

(last 4 digits)

**Other Beneficiaries:**

**# 1**

Name

Date of Birth, if minor

Address

City State Zip Code

Telephone

Email Address

Social Security Number

(last 4 digits)

Relationship to Decedent

**# 2**

Name

Date of Birth, if minor

Address

City State Zip Code

Telephone

Email Address

Social Security Number

(last 4 digits)

Relationship to Decedent

**# 3**

Name

Date of Birth, if minor

Address

City State Zip Code

Telephone

Email Address

Social Security Number

(last 4 digits)

Relationship to Decedent

**# 4**

Name

Date of Birth, if minor

Address

City State Zip Code

Telephone

Email Address

Social Security Number

(last 4 digits)

Relationship to Decedent

**TRUST**

Does Decedent Have a Trust?    Yes    No

Name of Trust

Date of Trust

**Trustee 1**

Name

Address

City

State

Zip Code

Telephone

Email Address

**Trustee 2**

Name

Address

City

State

Zip Code

Telephone

Email Address

**Beneficiary #1**

Name

Address

City

State

Zip Code

Telephone

Email Address

Relationship

**Beneficiary #2**

Name

Address

City

State

Zip Code

Telephone

Email Address

Relationship

**Beneficiary #3**

Name

Address

City State Zip Code

Telephone

Email Address

Relationship

**ASSETS**

**Safe Deposit Box?** Yes No

Location

**Real Estate**

**#1**

Address

City State Zip Code

County DOD Value Homestead? Yes No

How Titled

**#2**

Address

City State Zip Code

County DOD Value Homestead? Yes No

How Titled

**#3**

Address

City State Zip Code

County DOD Value Homestead? Yes No

How Titled

**Individual Retirement Accounts**

**#1**

Name of Company

How Titled

Traditional IRA  Roth

Date of Death Value

Address

City State

Zip Code

Financial Advisor

Telephone Number

Designated Beneficiary(ies)

**#2**

Name of Company

How Titled

Traditional IRA  Roth

Date of Death Value

Address

City State

Zip Code

Financial Advisor

Telephone Number

Designated Beneficiary(ies)

**#3**

Name of Company

How Titled

Traditional IRA  Roth

Date of Death Value

Financial Advisor

Telephone Number

Designated Beneficiary(ies)

**Individually Held Stocks and Bonds**

**#1**

Name of Company

Type of Security

How Titled

Location of Certificate

Date of Death Value

**Individually Held Stocks and Bonds**

**#2**

Name of Company

Type of Security

How Titled

Location of Certificate

Date of Death Value

**#3**

Name of Company

Type of Security

How Titled

Location of Certificate

Date of Death Value

**Brokerage Accounts**

**#1**

Name of Company

How Titled

Date of Death Value

Financial Advisor

Telephone Number

**#2**

Name of Company

How Titled

Date of Death Value

Financial Advisor

Telephone Number

**#3**

Name of Company

How Titled

Date of Death Value

Financial Advisor

Telephone Number



**Bank Accounts**

**#1**

Bank Name

Account Number

How Titled

Date of Death Value

**#2**

Bank Name

Account Number

How Titled

Date of Death Value

**#3**

Bank Name

Account Number

How Titled

Date of Death Value

**Money Market Accounts or Certificates of Deposit**

**#1**

Bank Name

Account Number

How Titled

Date of Death Value

**#2**

Bank Name

Account Number

How Titled

Date of Death Value

**#3**

Bank Name

Account Number

How Titled

Date of Death Value

**U.S. Government Savings Bonds (E, Ee, H):**

How Titled

Location of Bonds

To Be Cashed?    Yes    No    Date of Death Value

If yes, name of transferee

**Mortgages and Notes (Receivable)**

**#1**

Name of Mortgagor

Address

Terms of Obligation

Date of Death Value

**#2**

Name of Mortgagor

Address

Terms of Obligation

Date of Death Value

**Insurance on Decedent's Life**

**#1**

Company Name

Policy #

Beneficiaries Named

Location of Policy

Date of Death Value

**#2**

Company Name

Policy #

Beneficiaries Named

Location of Policy

Date of Death Value

**Insurance on Decedent's Life**

**#3**

Company Name

Policy #

Beneficiaries Named

Location of Policy

Date of Death Value

**Annuities:**

**#1**

Company Name

Policy #

Beneficiaries Named

Location of Policy

Date of Death Value

**#2**

Company Name

Policy #

Beneficiaries Named

Location of Policy

Date of Death Value

**Vehicles**

**#1**

Model

Year

How Titled

Location of Title

Date of Death Value

Personal Use     Yes     No

#2

Model

Year

How Titled

Location of Title

Date of Death Value

Personal Use    Yes    No

**Miscellaneous Personal Property**

**Documents Needed by this Office**

- Death Certificate
- Paid Funeral Bill
- Real Estate Deeds
- Vehicle Titles
- Copies of any bills/Creditors Addresses
- Original Last Will and Testament
- Original Codicil(s)
- Copy of Trust

**Advisors**

Accountant

Telephone Number

Email

Financial Advisor

Telephone Number

Email