

SUSAN I. JEAN & ASSOCIATES, LLC

Please bring this information to our appointment.

1. Executor / Administrator

A. Full Name of Individual Executor/Administrator:

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

Cell Phone No _____ Fax No. _____

E-mail Address _____

B. Full Name of Co-Executor/Administrator (if applicable):

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

Cell Phone No. _____ Fax No. _____

E-mail Address _____

C. Full Name of Corporate Executor/Administrator (if applicable):

Name of Trust Officer _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

Cell Phone No. _____ Fax No. _____

E-mail Address_____

2. DECEDENT

A. Name of Decedent (as shown on Will)_____

Also Known As_____

B. Decedent's Domicile at Date of Death:

Street Address_____

City_____ State_____ Zip_____

C. Birth and Death Information:

Date of Decedent's Birth_____

Date of Decedent's Death_____

Age of Decedent at Date of Death_____

Place of Decedent's Death_____

Approximate Date Decedent Became a Virginia Resident:

Decedent's was a Citizen of: ___ USA ___ Other (if so, where?)

D. Important Numbers:

Social Security Number_____

Veterans Administration ID Number_____

Dates of Military Service _____ Branch of Service_____

3. DECEDENT'S SPOUSE

If Decedent's spouse is different from the Executor above, furnish the

following information:

Full Name of Spouse_____

Street Address_____

City_____ State_____ Zip_____

Home Phone No._____ Business Phone No._____

E-mail Address_____ Fax No._____

4. PRIOR MARRIAGES

Provide the names and addresses of all other persons to whom decedent was married, date and manner in which such marriage was terminated (i.e., divorce, death, annulment):

Name of Former Spouse_____

Current Address of Former Spouse (if known):_____

Street Address_____

City_____ State_____ Zip_____

Home Phone No._____ Business Phone No._____

E-mail Address_____ Fax No._____

Dates of Marriage_____

Marriage was Terminated by:

___ Divorce -- Date of Divorce_____

___ Death -- Date of Death_____

___ Annulment -- Date of Annulment_____

5. DECEDENT'S CHILDREN (if applicable)

A. Name of Child_____

Street Address_____

City_____ State_____ Zip_____

Phone Number_____ E-mail Address_____
Date of Birth_____

B. Name of Child_____
Street Address_____
City_____ State_____ Zip_____
Phone Number_____ E-mail Address_____
Date of Birth_____

C. Name of Child_____
Street Address_____
City_____ State_____ Zip_____
Phone Number_____ E-mail Address_____
Date of Birth_____

D. Name of Child_____
Street Address_____
City_____ State_____ Zip_____
Phone Number_____ E-mail Address_____
Date of Birth_____

E. Did any of Decedent's children predecease Decedent?

___ Yes ___ No

If so, please list the child's name and the child's surviving children:

Name of Deceased Child_____

Name(s) of Deceased Child's Surviving Child(ren):

If any are minors, list name of parent or legal guardian:

6. DECEDENT'S FAMILY AND OTHERS INCLUDED IN WILL

A. List the names of any persons included in the Will, other than Decedent's spouse or children:

1. Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

2. Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

3. Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

4. Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

B. Complete if Decedent died without spouse, children or grandchildren:

1. Are either parent surviving? ___ Yes ___ No

If so, list parent(s):

a. Name of Father_____

Street Address_____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

b. Name of Mother_____

Street Address_____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address_____

2. If neither parent survives, are there siblings?___ Yes___ No

If so, list sibling(s), including deceased siblings:

a. Name of Sibling_____

Street Address_____

City_____ State _____ Zip _____

Phone No. _____ E-mail Address_____

b. Name of Sibling_____

Street Address_____

City_____ State _____ Zip _____

Phone No. _____ E-mail Address_____

c. Name of Sibling_____

Street Address_____

City_____ State _____ Zip _____

Phone No. _____ E-mail Address_____

7. EMPLOYMENT

Name of Decedent's Current or Former Employer_____

Street Address_____

City_____ State_____ Zip_____

Phone No._____ Fax No._____

E-mail Address_____

Nature of Decedent's Former Occupation_____

Name of Human Resources Contact (if any)_____

8. DECEDENT'S ACCOUNTANT

Name _____

Street Address_____

City_____ State_____ Zip_____

Phone No._____ Fax No._____

E-mail Address_____

9. DECEDENT'S INSURANCE AGENT

Name_____

Street Address_____

City_____ State_____ Zip_____

Phone No._____ Fax No._____

E-mail Address_____

10. DECEDENT'S STOCK BROKER

Name of Brokerage_____

Name of Account Representative_____

Street Address_____

City_____ State_____ Zip_____

Phone No._____ Fax No._____

E-mail Address_____

11. OTHER PROFESSIONAL ADVISERS

A. Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

E-mail Address _____

B. Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

E-mail Address _____

C. Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

E-mail Address _____

12. PRIOR GIFTS

If estate appears to be approaching two million, did Decedent make any gifts in excess of \$10,000 in any calendar year to any one individual?

___ Yes ___ No

If yes, please attach a list of the names and addresses of the recipients, the dates, and the amounts.

13. SAFE DEPOSIT BOX

Name of Bank_____

Name of Contact Person_____

Branch - Street Address_____

City_____ State_____ Zip_____

Phone No._____ Fax No._____

E-mail Address_____

Name(s) in Which Box Was Held_____

14. SOCIAL SECURITY AND VETERAN'S BENEFITS

Has Funeral Director applied for lump-sum death benefit? Yes No

Has Surviving Spouse applied for survivor's benefit? Yes No

Is Decedent a Veteran? Yes No

If yes, has Funeral Director applied for
Veteran's benefit for head stone? Yes No