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## INTAKE FORM & CHECKLIST

### *ESTATE ADMINISTRATION (INCLUDING PROBATE) AND/OR TRUST ADMINISTRATION*

The information you provide in this form and the documents you provide in accordance with the checklist on page 6 are to help you organize the decedent's personal and financial affairs so that we have enough information to determine the type of administration needed and whether probate and/or tax filings are required. As noted below, several sections of this form need not be completed if the Farr Law Firm prepared the decedent's estate planning documents, as we should already have the relevant information.

#### **PART A. INFORMATION ABOUT THE DECEDENT**

Please complete the information requested in this section to the best of your knowledge and ability, with reference to the decedent, *i.e.*, the person who has died.

Decedent's Full Name: \_\_\_\_\_

Decedent's Home Address at Time of Death:

Street: \_\_\_\_\_

City: \_\_\_\_\_, State \_\_\_\_\_ Zip: \_\_\_\_\_

Did Decedent use any other name?  Yes  No

Did the Decedent ever serve in the Military Service of the United States?

If Yes, Where? \_\_\_\_\_ Why? \_\_\_\_\_

Yes  No

Place of Birth: \_\_\_\_\_

Name of Business/Employer at Time of Death:

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Day Year*

\_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Death: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Day Year*

#### **FAMILY & BENEFICIARY INFORMATION**

Was the Decedent married at the time of death?

Yes  No

Did the Decedent have any prior spouses?

Yes  No

Name of Spouse: \_\_\_\_\_

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

Date of Marriage: \_\_\_\_\_

How Marriage Ended:  Death  Divorce

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

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

Cty/St/Zip: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

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

[Please Use an additional sheet of paper if there is more than one prior spouse.]

Please list below all of the Decedent's children, including adopted and deceased children. If the Decedent did not have any children, please list the Decedent's parent(s) if either is alive or the Decedent's siblings (if any) if neither parent is alive. *Note: There is no need to complete this section if the Farr Law Firm prepared the decedent's estate planning documents.*

1. Name: \_\_\_\_\_  
 Relationship:  Child  Parent  Sibling  
 Street: \_\_\_\_\_  
 Cty/St/Zip: \_\_\_\_\_, \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Names of Children: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Name: \_\_\_\_\_  
 Relationship:  Child  Parent  Sibling  
 Street: \_\_\_\_\_  
 Cty/St/Zip: \_\_\_\_\_, \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Names of Children: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Name: \_\_\_\_\_  
 Relationship:  Child  Parent  Sibling  
 Street: \_\_\_\_\_  
 Cty/St/Zip: \_\_\_\_\_, \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Names of Children: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Name: \_\_\_\_\_  
 Relationship:  Child  Parent  Sibling  
 Street: \_\_\_\_\_  
 Cty/St/Zip: \_\_\_\_\_, \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Names of Children: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Name: \_\_\_\_\_  
 Relationship:  Child  Parent  Sibling  
 Street: \_\_\_\_\_  
 Cty/St/Zip: \_\_\_\_\_, \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Names of Children: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Name: \_\_\_\_\_  
 Relationship:  Child  Parent  Sibling  
 Street: \_\_\_\_\_  
 Cty/St/Zip: \_\_\_\_\_, \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Names of Children: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Name: \_\_\_\_\_  
 Relationship:  Child  Parent  Sibling  
 Street: \_\_\_\_\_  
 Cty/St/Zip: \_\_\_\_\_, \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Names of Children: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Name: \_\_\_\_\_  
 Relationship:  Child  Parent  Sibling  
 Street: \_\_\_\_\_  
 Cty/St/Zip: \_\_\_\_\_, \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Names of Children: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does any beneficiary named above have any special medical, educational, or financial needs?  
 Yes  No

If yes, which beneficiaries?  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART B. INFORMATION ABOUT THE INDIVIDUAL(S) COMPLETING THIS FORM**

Use the second column only if there are Co-Executors and/or Co-Trustees, or if two persons are seeking to administer the trust and/or estate.

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

Street: \_\_\_\_\_

City: \_\_\_\_\_, State \_\_\_\_ Zip: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Month Day Year*

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

May we leave you private/confidential messages?  Yes  No

Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Answering machine or voice mail on this line?  Yes  No

May we leave you private/confidential messages?  Yes  No

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Answering machine or voice mail on this line?  Yes  No

May we leave you private and confidential messages?  Yes  No

Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Answering machine or voice mail on this line?  Yes  No

May we leave you private and confidential messages?  Yes  No

Fax Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Should we call before sending a fax?  Yes  No

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

Street: \_\_\_\_\_

City: \_\_\_\_\_, State \_\_\_\_ Zip: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Month Day Year*

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

May we leave you private/confidential messages?  Yes  No

Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Answering machine or voice mail on this line?  Yes  No

May we leave you private/confidential messages?  Yes  No

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Answering machine or voice mail on this line?  Yes  No

May we leave you private and confidential messages?  Yes  No

Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Answering machine or voice mail on this line?  Yes  No

May we leave you private and confidential messages?  Yes  No

Fax Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Should we call before sending a fax?  Yes  No

How Did you Hear About Our Firm? \_\_\_\_\_

**PART C. INFORMATION ABOUT THE DECEDENT'S WILL AND/OR LIVING TRUST.**

Please complete the information requested in this Section to the best of your knowledge and ability, with reference to documents signed by the Decedent prior to death. *Note: There is no need to complete this section if the Farr Law Firm prepared the decedent's estate planning documents.*

- 1. Did the Decedent sign a Will prior to the Decedent's death? [ ] Yes [ ] No [If no, skip to Part D]
- 2. Do you have the original Will? [ ] Yes [ ] No [If yes, please be sure to bring the original Will with you to your appointment.]
- 3.
- 4. Do you have a copy of the Will? [ ] Yes [ ] No [If yes, please be sure to bring a copy of the Will with you to your appointment.]
- 5. Do you have reason to believe that the original Will has been lost? [ ] Yes [ ] No
- 6. Do you have any reason to believe the original Will has been destroyed? [ ] Yes [ ] No  
Who do you believe destroyed the original Will?
- 7. Please answer the following questions if you cannot find an original Will but you believe one was made:  
Date/Approximate date Will was signed: \_\_\_\_\_  
Name of person who prepared Will: \_\_\_\_\_  
Last Known Location of Original Will: \_\_\_\_\_  
Last Known Location of copies of Will: \_\_\_\_\_

**EXECUTOR OR ADMINISTRATOR**

If the Decedent had a Will, please list the person(s) named as Executor(s) in the Will and indicate if said person(s) is/are able and willing to serve as Executor(s). If the named person(s) are unable and/or unwilling, please list the person(s) who are able and willing to become Executor(s), if known. *Note: You do not need to complete this section if the Farr Law Firm prepared the decedent's estate planning documents.*

**EXECUTOR**

Name: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Is This Person Named in the Will? [ ] Yes [ ] No

**CO-EXECUTOR**

Name: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Is This Person Named in the Will? [ ] Yes [ ] No

**TRUSTEE OF TRUST**

If the Decedent had a Living Trust or if the Decedent's Will expressly creates a trust upon the Decedent's death, please list the person(s) named as Trustee(s) in the Trust or Will, and indicate if that person is able and willing to serve as Trustee. *Note: You do not need to complete this section if the Farr Law Firm prepared the decedent's estate planning documents.*

**TRUSTEE**

Name: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Named in the Will and/or Trust? [ ] Yes [ ] No

**CO-TRUSTEE**

Name: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Named in the Will and/or Trust? [ ] Yes [ ] No

**PART D. DECEDENT'S FINANCIAL INFORMATION.**

Please fill in to the best of your knowledge and ability the Estate Asset and Liability Summary Tables below. Whenever possible, the value of each asset should be stated as of the date of death.

**ESTATE ASSET SUMMARY**

<b>DESCRIPTION OF ASSETS</b>	<b>OWNED IN TRUST</b>	<b>OWNED SOLELY BY DECEDENT</b>	<b>OWNED JOINTLY WITH ANOTHER*</b>
Virginia Real Estate	\$	\$	\$
Real Estate not in Virginia	\$	\$	\$
Investments - Non-Retirement	\$	\$	\$
Ordinary Bank Accounts	\$	\$	\$
Life Insurance - Death Benefit (Include Accidental Death Benefit)	\$	\$	\$
Tangible Personal Property	\$	\$	\$
Business or Trust Property	\$	\$	\$
Vested Retirement Assets	\$	\$	\$
Vested Inheritances	\$	\$	\$
Powers of Appointment	\$	\$	\$
Other Property	\$	\$	\$
<b>ASSET TOTALS:</b>	\$	\$	\$

*\*If an asset is owned jointly with another person, please list the value of the decedent's share of the asset. For example, if the decedent owned a parcel of real estate equally with 3 other people, and that parcel is worth \$100,000, just list \$25,000 -- the decedent's 25% share. If the decedent owned an asset jointly with a spouse, just list the decedent's 50% interest.*

**ESTATE LIABILITY SUMMARY**

<b>DESCRIPTION OF LIABILITIES</b>	<b>LIABILITIES OWED SOLELY BY DECEDENT</b>	<b>JOINT LIABILITIES</b>
Real Estate Loans - Primary Residence	\$	\$
Real Estate Loans - Other	\$	\$
Vehicle Loans	\$	\$
Personal Loans	\$	\$
Business Loans	\$	\$
Credit Card Balances	\$	\$
Life Insurance Policy Loans	\$	\$
Other Debts and Liabilities	\$	\$
<b>LIABILITY TOTALS:</b>	\$	\$

**PART E. CHECKLIST OF DOCUMENTS TO BRING TO FIRST MEETING**

If possible, please bring with you to your initial appointment copies of as many of the documents requested in this section as possible. They are listed in order of importance.

Name or Type of Document	✓
1. Wills and any codicils (amendments to Wills)	
2. Any trust agreement created by the Decedent	
3. Death certificate	
4. List of all assets owned solely by the Decedent	
5. List of all assets owned jointly by the Decedent and someone else	
6. Deeds to all real estate owned either jointly or individually by Decedent	
7. Titles to all automobiles and boats owned either jointly or individually by Decedent	
8. Brokerage statements for last full calendar year and current year to death	
9. Life insurance policies owned by Decedent (whether or not on Decedent's life)	
10. Summary of other death benefits owed by Decedent's employer	
11. Summary of retirement plan benefits owed by Decedent's employer	
12. Last annual summary of death benefits paid by employer (Decedent or spouse)	
13. List of all debts owned solely by the Decedent	
14. List of all debts owned jointly by the Decedent and any other person	
15. Funeral bill	
16. Documents concerning any prior divorce or separation of Decedent	
17. Documents concerning any armed services record of the Decedent	
18. Any will or trust of which the Decedent was a beneficiary	
19. Any will or trust of which the Decedent was a fiduciary	
20. Any contracts that the Decedent had entered into prior to his/her death that have not been completed	
21. Federal and State tax returns for the last three (3) years	
22. Gift tax returns (if any)	