FAIRFAX, VIRGINIA OFFICE
10640 Main Street, Suite 200
Fairfax, Virginia 22030
Phone: 703-691-1888

FREDERICKSBURG, VIRGINIA OFFICE
511 Westwood Office Park
Fredericksburg, Virginia 22401
Phone: 540-479-1435

FARR LAW FIRM
A PROFESSIONAL CORPORATION

WWW.FARRLAWFIRM.COM
WWW.EVERYTHINGELDERLAW.COM
TOLL-FREE TEL: 800-399-FARR
FAX: 703-345-9999

ROCKVILLE, MARYLAND
1 Research Court, Suite 450 | 301-519-8041

ANNAPOLIS, MARYLAND
1125 West Street, Suite 200 | 410-372-4444

DISTRICT OF COLUMBIA
1775 I Street NW, Suite 350 | 202-587-2797

INTAKE FORM AND CHECKLIST FOR TRUST AND ESTATE ADMINISTRATION (INCLUDING PROBATE)

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:

____

Did Decedent use any other name? ☐ Yes ☐ No

If Yes, Where? ____________ Why?____________

Place of Birth: ____________________________

Date of Birth: _____ / ______/ __________
Month Day Year

Social Security Number: ______-_____-_______

Decedent's Home Address at Time of Death:

Street: ____________________________________

City: ________________, State ____ Zip: ________

Did the Decedent ever serve in the Military Service of the United States?
☐ Yes ☐ No

Name of Business/Employer at Time of Death:

____

Date of Death: _____ / ______/ __________
Month Day Year

FAMILY & BENEFICIARY INFORMATION

Was the Decedent married at the time of death?
☐ Yes ☐ No
Name of Spouse: ________________________
Date of Marriage: ________________________
Address: ____________________________
Cty/St/Zip: __________________________
Home Phone: __________________________

Did the Decedent have any prior spouses?
☐ Yes ☐ No
Name: ______________________________________
How Marriage Ended: ☐ Death ☐ Divorce
Address: _________________________________
Cty/St/Zip: _______________________________
[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: ____________________
____
____

2. 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: ____________________
____
____

4. 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: ____________________
____
____

6. 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: ____________________
____
____

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: ______-________-______________

Home Phone: ______-________-______________

Cell Phone: ______-________-______________

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: ______-________-______________

Home Phone: ______-________-______________

Cell Phone: ______-________-______________

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.]

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

DESCRIPTION OF ASSETS	OWNED IN TRUST	OWNED SOLELY BY DECEDENT	OWNED JOINTLY WITH ANOTHER*
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	$	$	$
ASSET TOTALS:	$0	$0	$0

**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

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

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 Decendent	☐
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)	☐