



SAWYER
&
SAWYER
PROFESSIONAL ASSOCIATION

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ESTATE SETTLEMENT INTAKE FORM

Please complete the form to the best of your ability and return to our office.

DATE: _____ HOW DID YOU HEAR ABOUT US? _____

WERE YOU REFERRED BY SOMEONE? _____

Preferred Method of Contact for Correspondence and/or Billing? Email Mail

Decedent:

Full Legal Name: _____

Home address: _____ City: _____

State: _____ Zip: _____ County: _____ U.S. Citizen? Yes No

Social Security #: _____ Birth Date: _____ Death Date: _____

Location of Will, If Any: _____ Date of Will: _____

Location of Codicil, If Any: _____ Date of Codicil: _____

Personal Representative named in Will (or Person Petitioning to be PR if no Will):

Full Legal Name: _____

Home address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email address: _____

Relationship to Decedent: _____ Social Security #: _____

Alternate Named:

Full Legal Name: _____

Home address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email address: _____ Relationship to Decedent: _____

Beneficiaries or Heirs at Law:

Decedent's Spouse:

Full Legal Name: _____ Social Security #: _____

Home address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email address: _____

Decedent's Children:

Name: _____ **SS#:** _____

First, Middle Initial, Last

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

Phone: _____ **Birthdate (if Minor):** _____

Email: _____

Name: _____ **SS#:** _____

First, Middle Initial, Last

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

Phone: _____ **Birthdate (if Minor):** _____

Email: _____

Name: _____ **SS#:** _____

First, Middle Initial, Last

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

Phone: _____ **Birthdate (if Minor):** _____

Email: _____

Name: _____ **SS#:** _____

First, Middle Initial, Last

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

Phone: _____ **Birthdate (if Minor):** _____

Email: _____

Name: _____ **SS#:** _____

First, Middle Initial, Last

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

Phone: _____ **Birthdate (if Minor):** _____

Email: _____

Other Beneficiaries Named in Will or Intestate Beneficiaries:

Name: _____ Relationship: _____
First, Middle Initial, Last
Address: _____ **City:** _____ **St:** _____ **Zip:** _____
Phone: _____ **Birthdate (if Minor):** _____
Email: _____

Name: _____ Relationship: _____
First, Middle Initial, Last
Address: _____ **City:** _____ **St:** _____ **Zip:** _____
Phone: _____ **Birthdate (if Minor):** _____
Email: _____

Name: _____ Relationship: _____
First, Middle Initial, Last
Address: _____ **City:** _____ **St:** _____ **Zip:** _____
Phone: _____ **Birthdate (if Minor):** _____
Email: _____

ASSETS:

Safe Deposit Box: Yes o No o
Location: _____

Real Estate:

Property Address #1: _____
City: _____ **State:** _____ **Zip:** _____
County: _____ **DOD Value:** _____
How Titled: _____
Homestead: Yes o No o

Property Address #2: _____
City: _____ **State:** _____ **Zip:** _____
County: _____ **DOD Value:** _____
How Titled: _____
Homestead: Yes o No o

Property Address #3: _____

City: _____ State: _____ Zip: _____

County: _____ DOD Value: _____

How Titled: _____

Homestead: Yes o No o

Stocks and Bonds:

Name of Company: _____ Type of Security: _____

How Titled: _____ Location of Certificate: _____

Date of Death Value: _____

Name of Company: _____ Type of Security: _____

How Titled: _____ Location of Certificate: _____

Date of Death Value: _____

Name of Company: _____ Type of Security: _____

How Titled: _____ Location of Certificate: _____

Date of Death Value: _____

Bank Accounts:

Bank Name: _____ Account Number: _____

How Titled: _____ Date of Death Value: _____

Bank Name: _____ Account Number: _____

How Titled: _____ Date of Death Value: _____

Bank Name: _____ Account Number: _____

How Titled: _____ Date of Death Value: _____

Money Market Accounts or Certificates of Deposit:

Name of Institution: _____

Account Number: _____

How Titled: _____ Date of Death Value: _____

Name of Institution: _____

Account Number: _____

How Titled: _____ Date of Death Value: _____

Name of Institution: _____

Account Number: _____

How Titled: _____ Date of Death Value: _____

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

How Titled: _____ Date of Death Value: _____

Locations of Bonds: _____

To Be Cashed: Yes No

If Yes, Name of Transferee: _____

Mortgages and Notes (Receivable and Owed to Decedent):

Mortgagor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Terms of Obligation: _____

Date of Death Value: _____

Insurance on Decedent's Life:

Company Name: _____ Policy #: _____

Beneficiaries Named: _____

Location of Policy: _____

Date of Death of Value: _____

Company Name: _____ Policy #: _____

Beneficiaries Named: _____

Location of Policy: _____

Date of Death of Value: _____

Company Name: _____ Policy #: _____

Beneficiaries Named: _____

Location of Policy: _____

Date of Death of Value: _____

Annuities:

Company Name: _____ Policy #: _____

Beneficiaries Named: _____

Location of Policy: _____

Date of Death of Value: _____

Company Name: _____ Policy #: _____

Beneficiaries Named: _____

Location of Policy: _____

Date of Death of Value: _____

Company Name: _____ Policy #: _____

Beneficiaries Named: _____

Location of Policy: _____

Date of Death of Value: _____

Vehicles:

Model: _____ Make: _____ Year: _____

How Titled: _____

Location of Title: _____

Date of Death Value: _____

Model: _____ Make: _____ Year: _____

How Titled: _____

Location of Title: _____

Date of Death Value: _____

Business Interest (Corporations, Partnerships, LLC's):

Name: _____

Owners: _____ Decedents % Interest: _____

Who Is Running the Company: _____

Miscellaneous Personal Property (I.E. Jewelry, Furniture, Art, Gold, Silver):

Documents Needed by This Office:

- o Death Certificate
- o Paid Funeral Bill
- o Real Estate Deeds
- o Vehicle Titles
- o Copies of any Bills/Creditors Addresses
- o Last Will and Testament

List of Creditors (provide copies of statements or names, address and account numbers):
