

ESTATE REVIEW BROCHURE

Estate of _____

Case No. _____

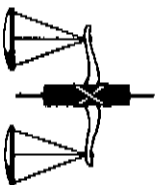
To: _____

Your appointment is with: _____
at _____ (am/pm) on _____ at _____

MUSIAL & MUSIAL CO. LPA
COUNSELORS AT LAW
28885 Center Ridge Road #202
Westlake, Ohio 44145

*Musial & Musial
Counselors at Law*

ALL INFORMATION PROVIDED IN THIS
QUESTIONNAIRE WILL BE CONSIDERED
AND TREATED AS CONFIDENTIAL.



ESTATE REVIEW BROCHURE
(Fill out to the best of your information)

Interview Date: _____

DECEDENT:

Name of Decedent: _____ AKA: _____
Social Security No.: _____ Occupation: _____
Residence: _____ Yr. Estab.: _____
City: _____ County: _____ State: _____
Date of Death (D/O): _____ Place of Death: _____
Date of Birth (D/B): _____ Place of Birth: _____
Veteran: _____ Military Branch: _____

SURVIVING SPOUSE:

Name of surviving spouse: _____
Residence: _____
Telephone No.: (Home) _____ (Office) _____
Social Security No.: _____ Occupation: _____
Date of Birth: _____ Place of Birth: _____
Date of Marriage: _____ Place of Marriage: _____

FIDUCIARY:

Executor/trix: _____
Administrator/trix: _____
Residence: _____
Telephone No.: (Home) _____ (Office) _____
Relationship to Deceased: _____
Bond Required: _____ Yes _____ No _____

CHILDREN/NEXT OF KIN:

| Name | Address | Relationship | D/B | S.S.# |
|-------|---------|--------------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

WILL BENEFICIARIES:

| Name | Address | D/B | S.S.# |
|-------|---------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

REAL PROPERTY:

Address: _____

1. Permanent Parcel No(s): _____
2. Need copy of current Deed for each piece of property.

MORTGAGES:

1. Name of Bank(s): _____
2. Description of property(s): _____
3. Mortgage - Exact name(s): _____
4. Balance(s) due on date of death: _____

BANK and BROKERAGE ACCOUNTS:

| | Bank | Acct. No. | Held in the name of | Bal. on D/D |
|-----------|-------|-----------|---------------------|-------------|
| Savings: | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| Checking: | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| CD's: | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| Others: | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |

ANNUITIES, PENSION, RETIREMENT & OTHER EMPLOYER DEATH BENEFIT PLANS (describe):

STOCKS and BONDS:

| Name of Co. | No. of Shares | Held in the name of | To be Sold or Transferred | Value on D/D |
|-------------|---------------|---------------------|---------------------------|--------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

BUSINESS:

Type of business: _____

Stock _____; Partnership _____; Sole-Proprietor _____ (Check One)

Buy-Sell Agreement/Partnership Agreement. (Provide Copy)

