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DECEDENT ESTATE/TRUST SETTLEMENT WORKSHEET

INFORMATION REGARDING DECEDENT:

First Name	MI	Last Name		
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Date of Birth	Date of Death	SSN	EIN (if any)	
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Permanent Resident Address Upon Death:

Street	City	County	State	Zip
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Place of Death:

Street or Facility Name	City	County	State	Zip
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*****WHAT IS THE APPROXIMATE VALUE OF THE ESTATE? _____
*****WAS THE DECEDENT EVER ON MEDICAID? _____
*****ARE ANY SURVIVING FAMILY MEMBERS IN THE MILITARY? _____
*****DID THE DECEDENT HAVE A WILL AND/OR TRUST? _____

**If so, we need a signed copy of the trust and the original will.
We will also need at least one certified copy of the death certificate.**

INFORMATION REGARDING EXECUTOR/TRUSTEE/CLIENT:

First Name	MI	Last Name		
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E-mail Address	Telephone No.	Alt. Telephone No.		
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Address:

Street	City	County	State	Zip
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Date of Birth	SSN	E-mail Address		
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DECEDENT'S SURVIVING SPOUSE:

First Name MI Last Name DOB SSN

Address:

Street City County State Zip

SURVIVING CHILDREN OF DECEDENT:

Name	Street Address	City, State, Zip	DOB	SSN	Rep. by Counsel?

CHILDREN OF ANY DECEASED CHILD(REN):

Name	Street Address	City, State, Zip	DOB	SSN	Rep. by Counsel?

OTHER HEIRS/BENEFICIARIES OR INTERESTED PARTIES:

Name	Street Address	City, State, Zip	DOB	SSN	Relationship	Rep. by Counsel?

