



## **ESTATE INTAKE SHEET**

### **Information About the Decedent**

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Date of Birth Social Security Number

\_\_\_\_\_  
Last Street Address

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Date of Death Place of Death

Will?:  Yes  No Death Certificate?:  Yes  No

Has Social Security Been Notified?:  Yes  No When?: \_\_\_\_\_

\_\_\_\_\_  
Notified By

### **If the Decedent Was a Surviving Spouse**

\_\_\_\_\_  
Name of Predeceased Spouse Place of Death

Was a Bypass/ QTIP Trust Established?:  Yes  No

\_\_\_\_\_  
If yes, who is the Trustee

### **Information About the Personal Representative(s)**

\_\_\_\_\_  
Personal Representative's Last Name First Name MI

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Home Phone Cell Phone Business Phone Email

Relationship to Decedent \_\_\_\_\_ PR's Social Security Number \_\_\_\_\_

If the PR is a beneficiary: Nature of Bequest: Residuary: \_\_\_\_\_ %

Specific Nature and Type: \_\_\_\_\_

**If There is a Co-Personal Representative**

Co-Personal Representative's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Co-PR's Social Security Number \_\_\_\_\_

If the PR is a beneficiary: Nature of Bequest: Residuary: \_\_\_\_\_ %

Specific Nature and Type: \_\_\_\_\_

**Information About Individual Beneficiaries/ Interested Persons**

1.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_

Maryland Inheritance Tax?:  Yes  No

If the PR is a beneficiary: Nature of Bequest: Residuary: \_\_\_\_\_ %

Specific Nature and Type: \_\_\_\_\_

2.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth Social Security Number Spouse's Name

Relationship to Decedent

Maryland Inheritance Tax?:  Yes  No

Nature of Bequest: Residuary: \_\_\_\_\_ %

Specific Nature and Type: \_\_\_\_\_

3.

Last Name First Name MI

Street Address

City County State Zip Code

Home Phone Cell Phone Business Phone Email

Date of Birth Social Security Number Spouse's Name

Relationship to Decedent

Maryland Inheritance Tax?:  Yes  No

Nature of Bequest: Residuary: \_\_\_\_\_ %

Specific Nature and Type: \_\_\_\_\_

4.

Last Name First Name MI

Street Address

City County State Zip Code

Home Phone Cell Phone Business Phone Email

Date of Birth Social Security Number Spouse's Name

Relationship to Decedent

Maryland Inheritance Tax?:  Yes  No

Nature of Bequest: Residuary: \_\_\_\_\_ %

Specific Nature and Type: \_\_\_\_\_

If there are additional individual beneficiaries or need additional space, please use the back of this page.

## **Information About Charitable Beneficiaries**

1. \_\_\_\_\_  
Name of Charitable Organization

\_\_\_\_\_

Street Address

\_\_\_\_\_

City County State Zip Code

\_\_\_\_\_

Contact Person Phone

\_\_\_\_\_

Email Tax ID Number

Nature of Bequest: Residuary: \_\_\_\_\_ %

Specific Nature and Type: \_\_\_\_\_

2. \_\_\_\_\_  
Name of Charitable Organization

\_\_\_\_\_

Street Address

\_\_\_\_\_

City County State Zip Code

\_\_\_\_\_

Contact Person Phone

\_\_\_\_\_

Email Tax ID Number

Nature of Bequest: Residuary: \_\_\_\_\_ %

Specific Nature and Type: \_\_\_\_\_

## **Questions About the Decedent and Beneficiaries**

If you answer "YES" to any of these questions, please provide an explanation in the Comments Section directly following these questions

	<u>YES</u>	<u>NO</u>
1. Is anyone not a U.S. citizen?		
a. Decedent	<input type="checkbox"/>	<input type="checkbox"/>
b. Beneficiary	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the Decedent divorced?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the Decedent ever make a taxable gift to an individual in excess of \$10,000 in one calendar year?	<input type="checkbox"/>	<input type="checkbox"/>
4. If the answer to Questions No. 3 is YES, was a Federal Gift Tax return (Form 709) filed for these gifts?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the Decedent own real property outside the State of Maryland?	<input type="checkbox"/>	<input type="checkbox"/>

- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| 6. Did the Decedent own an interest in a "small" business (non-publicly traded) e.g., a "family" business, LLC, partnership or sole proprietorship? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did anyone grant the Decedent a power of appointment?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is there a beneficiary who is either under the age of 18 years or is legally disabled so that he or she cannot receive a bequest or inheritance? | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "YES" answers, being as specific as you wish to be. If you have any documents that help explain these answers, please bring them to your initial consultation:

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### **Advisors**

Please list those persons whom the Decedent depended for business, accounting or financial advice in the following categories:

Accountant \_\_\_\_\_

Financial Planner \_\_\_\_\_

Life Insurance Agent \_\_\_\_\_

Other \_\_\_\_\_

### **Who referred you to Davis, Agnor, Rapaport & Skalny, LLC?**

\_\_\_\_\_  
Name of Person (e.g. friend, accountant, financial planner)

Former Client       DARS Website       Newspaper Ad       Internet

Other (explain): \_\_\_\_\_

**Memorial Arrangements**

- 1. Funeral Arrangements             Burial             Cremation
- 2. Organ Donor?                     Yes             No

Special funeral, burial, memorial service or other provisions that the Decedent would like to include in his or her Will:

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**Revocable Living Trust**

Did the Decedent establish a Revocable Living Trust during his or her lifetime?                     Yes             No

If “yes,” provide a copy of the trust agreement, and all amendments.

**ESTATE ASSETS- BOTH PROBATE AND NON-PROBATE**

**FOR ASSETS IDENTIFIED IN THE FOLLOWING SECTIONS, PROVIDE THE MOST RECENT STATEMENT- IF APPLICABLE**

**Bank Accounts, CD's, Money Market Accounts etc.**

1. \_\_\_\_\_  
Name of Bank or Broker Account Number Approximate Balance

\_\_\_\_\_  
Street Address of Bank or Broker

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Type of Account, e.g. checking, savings, CD, etc. Name of Joint Owner, if any POD Beneficiary, if any

Owned:  In Individual Name  In Trust  Jointly (Provide Names of Joint Owners)

2. \_\_\_\_\_  
Name of Bank or Broker Account Number Approximate Balance

\_\_\_\_\_  
Street Address of Bank or Broker

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Type of Account, e.g. checking, savings, CD, etc. Name of Joint Owner, if any POD Beneficiary, if any

Owned:  In Individual Name  In Trust  Jointly (Provide Names of Joint Owners)

3. \_\_\_\_\_  
Name of Bank or Broker Account Number Approximate Balance

\_\_\_\_\_  
Street Address of Bank or Broker

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Type of Account, e.g. checking, savings, CD, etc. Name of Joint Owner, if any POD Beneficiary, if any

Owned:  In Individual Name  In Trust  Jointly (Provide Names of Joint Owners)

**Brokers and Other Investment Accounts**

1. \_\_\_\_\_  
Name of Brokerage or Financial Institution Account Number Approximate Value

\_\_\_\_\_  
Street Address of Brokerage or Financial Institution

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Transfer on Death Beneficiary, if any Name of Joint Owner, if any

Owned:  In Individual Name  In Trust  Jointly (Provide Names of Joint Owners)

2. \_\_\_\_\_  
Name of Brokerage or Financial Institution Account Number Approximate Value

\_\_\_\_\_  
Street Address of Brokerage or Financial Institution

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Transfer on Death Beneficiary, if any Name of Joint Owner, if any

Owned:  In Individual Name  In Trust  Jointly (Provide Names of Joint Owners)

**Life Insurance Policies Owned by the Decedent**

1. \_\_\_\_\_  
Name of Insurance Company Policy Number Approximate Face Value

\_\_\_\_\_  
Street Address of Insurance Company

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Name of Insured Name(s) of Beneficiary

2. \_\_\_\_\_  
Name of Insurance Company Policy Number Approximate Face Value

\_\_\_\_\_  
Street Address of Insurance Company

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Name of Insured Name(s) of Beneficiary

3. \_\_\_\_\_  
Name of Insurance Company Policy Number Approximate Face Value

\_\_\_\_\_  
Street Address of Insurance Company

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Name of Insured Name(s) of Beneficiary

**IRA, 401K or Other Pension/ Retirement Accounts Owned by the Decedent**

1. \_\_\_\_\_  
Name of Custodian/ Trustee Account Number Approximate Account Value

\_\_\_\_\_  
Street Address of Custodian/ Trustee

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Name of Owner Name(s) of Beneficiary



2. \_\_\_\_\_  
 Name of Custodian/ Trustee Account Number Approximate Account Value

\_\_\_\_\_

Street Address of Custodian/ Trustee

\_\_\_\_\_

City County State Zip Code

\_\_\_\_\_

Name of Owner Name(s) of Beneficiary

3. \_\_\_\_\_  
 Name of Custodian/ Trustee Account Number Approximate Account Value

\_\_\_\_\_

Street Address of Custodian/ Trustee

\_\_\_\_\_

City County State Zip Code

\_\_\_\_\_

Name of Owner Name(s) of Beneficiary

**Addresses of All Real Property Owned By the Decedent**

1. \_\_\_\_\_  
 Street Address

\_\_\_\_\_

City County State Zip Code

\_\_\_\_\_

Name of Joint Owner, if any

Owned:  In Individual Name  In Trust  Jointly (Provide Names of Joint Owners)

In LLC, Partnership or Other Entity (Provide Copies of Ownership Documents)

2. \_\_\_\_\_  
 Street Address

\_\_\_\_\_

City County State Zip Code

\_\_\_\_\_

Name of Joint Owner, if any

Owned:  In Individual Name  In Trust  Jointly (Provide Names of Joint Owners)

In LLC, Partnership or Other Entity (Provide Copies of Ownership Documents)

3. \_\_\_\_\_  
 Street Address

\_\_\_\_\_

City County State Zip Code

\_\_\_\_\_

Name of Joint Owner, if any

Owned:  In Individual Name  In Trust  Jointly (Provide Names of Joint Owners)

In LLC, Partnership or Other Entity (Provide Copies of Ownership Documents)

## Other Property of the Decedent

### Tangible Personal Property

Collections \_\_\_\_\_ Located Where \_\_\_\_\_

Antiques \_\_\_\_\_ Located Where \_\_\_\_\_

Jewelry \_\_\_\_\_ Located Where \_\_\_\_\_

Automobiles: 1. Year \_\_\_\_\_ Make \_\_\_\_\_ Style \_\_\_\_\_

Mileage \_\_\_\_\_ Condition, e.g. poor, fair, good, excellent \_\_\_\_\_ Names of Owner(s) on Title \_\_\_\_\_

2. Year \_\_\_\_\_ Make \_\_\_\_\_ Style \_\_\_\_\_

Mileage \_\_\_\_\_ Condition, e.g. poor, fair, good, excellent \_\_\_\_\_ Names of Owner(s) on Title \_\_\_\_\_

### Family or Small Business Interests

For each business, provide copies of all corporate or partnership documents.

1. Name of Business \_\_\_\_\_ Type, e.g. LLC, Closed Corp, etc. \_\_\_\_\_

Where Jurisdiction is Established \_\_\_\_\_ Approximate Value \_\_\_\_\_

Ownership Agreement?:  Yes  No

2. Name of Business \_\_\_\_\_ Type, e.g. LLC, Closed Corp, etc. \_\_\_\_\_

Where Jurisdiction is Established \_\_\_\_\_ Approximate Value \_\_\_\_\_

Ownership Agreement?:  Yes  No

### Notes Receivable to Decedent

1. Name of Obligor \_\_\_\_\_ Date of Note \_\_\_\_\_

Original Amount of Note \_\_\_\_\_ Current Balance Due \_\_\_\_\_

2. Name of Obligor \_\_\_\_\_ Date of Note \_\_\_\_\_

Original Amount of Note \_\_\_\_\_ Current Balance Due \_\_\_\_\_

## ESTATE LIABILITIES

**FOR EACH DEBT, BILL OR LIABILITY, PROVIDE THE MOST RECENT REQUEST  
FOR PAYMENT OR BILL**

### **Mortgages (First, Second or Equity Line)**

1. \_\_\_\_\_  
Name of Mortgage Holder

\_\_\_\_\_

Street Address

\_\_\_\_\_

City County State Zip Code

\_\_\_\_\_

Property Mortgaged Date of Mortgage

\_\_\_\_\_

Original Amount of Mortgage Current Balance Due

2. \_\_\_\_\_  
Name of Mortgage Holder

\_\_\_\_\_

Street Address

\_\_\_\_\_

City County State Zip Code

\_\_\_\_\_

Property Mortgaged Date of Mortgage

\_\_\_\_\_

Original Amount of Mortgage Current Balance Due

### **Credit Cards**

1. \_\_\_\_\_  
Name(s) on Credit Card

\_\_\_\_\_

Name of Credit Card Issuer

\_\_\_\_\_

Street Address

\_\_\_\_\_

City County State Zip Code

\_\_\_\_\_

Type, e.g. Visa, MasterCard, etc. Current Balance Due

2. \_\_\_\_\_  
Name(s) on Credit Card

\_\_\_\_\_

Name of Credit Card Issuer

\_\_\_\_\_

Street Address

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Type, e.g. Visa, MasterCard, etc. Current Balance Due

3.

\_\_\_\_\_  
Name(s) on Credit Card

\_\_\_\_\_  
Name of Credit Card Issuer

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Type, e.g. Visa, MasterCard, etc. Current Balance Due

4.

\_\_\_\_\_  
Name(s) on Credit Card

\_\_\_\_\_  
Name of Credit Card Issuer

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Type, e.g. Visa, MasterCard, etc. Current Balance Due

**Other (not including regular monthly expenses, e.g. utilities, telephone, cable, etc.)**

\_\_\_\_\_  
Federal Income Taxes Payable

\_\_\_\_\_  
Maryland Income Taxes Payable

\_\_\_\_\_  
Notes Payable

**PLEASE PROVIDE A COPY OF THE MOST RECENT FEDERAL INCOME RETURN**