



a division of
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WHAT IS THE PURPOSE OF THIS FORM?

The information you provide in this form and the documents you provide in accordance with the attached checklist 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 in the form below, several sections of this form need not be completed if Vanderpool, Frostick & Nishanian, P.C. prepared the decedent's estate planning documents, as we should already have the relevant information.

WHO SHOULD COMPLETE THIS FORM?

Typically, the person completing this form (or on whose behalf it is completed) is a named fiduciary of an estate (the term "estate," as used herein, refers to a probate estate and/or a trust estate), i.e., either the named executor of a probate estate under a Last Will and Testament and/or the named successor trustee of a trust estate. Alternatively, if there is no will or trust, this form is typically completed by an adult relative or some other person who has an interest in the estate.

WHO IS TO BE THE CLIENT?

Typically, this firm is hired to advise and represent the fiduciary of an estate in his or her fiduciary capacity. This means that our legal efforts will be focused on advising and assisting the fiduciary to properly and legally carry out his or her fiduciary duties to the estate as a whole. Quite often the fiduciary is also a beneficiary of the estate, and may desire legal advice and representation as an individual beneficiary. We are happy to provide this service; however, if we advise and/or represent you as an individual beneficiary, we cannot also represent you in your role as fiduciary because this almost invariably gives rise to a conflict of interest. The only exception to this is if you are the sole legal and natural beneficiary of the estate, in which event there would be no conflict. So that everyone is clear as to what type of advice and/or representation this firm will be providing, we request that you consider and decide this issue in advance and place your initials below next to the type of representation you desire.

- I/We desire representation in my/our fiduciary capacity and not as an individual beneficiary(ies).
- I/We desire representation as individual(s) and not in my/our fiduciary capacity.
- I am/We are the sole beneficiary(ies) of the estate and therefore desire representation in a fiduciary capacity and not as an individual(s).

PART A. INFORMATION ABOUT THE DECEDENT OR PERSON UNDER DISABILITY

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. If you do not know and cannot easily obtain the answer to any question, skip to the next question.

Decedent's Name: _____

Decedent's Home Address at Time of Death: _____

Did Decedent ever use any other name? yes no
Where? _____ Why? _____

Was Decedent ever in the Military Service of the United States? yes no

Place of Birth: _____

Date of Birth: _____

Date of Death: _____

Jurisdiction of Death: _____

Social Security Number: _____

Work Phone: _____

Name of Business/Employer at Time of Death: _____

Business Address: _____

FAMILY AND BENEFICIARY INFORMATION

Was the Decedent married at the time of death? yes no

Name of Spouse: _____

Date of Marriage: _____

Address: _____

Home Phone: _____

Work Phone: _____

Did the Decedent have any prior spouses? yes no

Name: _____

Address: _____

How Marriage Ended: Death Divorce

[Please use an additional sheet of paper if there is more than one prior spouse.]

Please list all of the Decedent's children, including adopted children. Be sure to name any deceased child and indicate the names of the deceased child's 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. Be sure to also list all beneficiaries specifically named in the decedent's Will or Trust.

1. Name: _____
Relationship: ___ Child ___ Parent ___ Sibling
Address: _____
Home Phone: _____
Work Phone: _____
Email: _____
Names of Kids: _____

2. Name: _____
Relationship: ___ Child ___ Parent ___ Sibling
Address: _____
Home Phone: _____
Work Phone: _____
Email: _____
Names of Kids: _____

3. Name: _____

Relationship: ___ Child ___ Parent ___ Sibling

Address: _____

Home Phone: _____

Work Phone: _____

Email: _____

Names of Kids: _____

4. Name: _____

Relationship: ___ Child ___ Parent ___ Sibling

Address: _____

Home Phone: _____

Work Phone: _____

Email: _____

Names of Kids: _____

5. Name: _____

Relationship: ___ Child ___ Parent ___ Sibling

Address: _____

Home Phone: _____

Work Phone: _____

Email: _____

Names of Kids: _____

Does any above-named beneficiary have any special medical, educational or financial needs?

___ yes ___ no

PART B. INFORMATION ABOUT PERSON(S) COMPLETING THIS FORM

Please complete the information of paragraph 1 below with reference to the person(s) completing this form. Use paragraph 2 only if there are Co-Executors and/or Co-Trustees named or two persons are seeking to administer the trust and/or estate.

1. Name: _____

Home Address: _____

Place of Birth: _____

Date of Birth: _____

Social Security Number: _____

Name of Business/Employer: _____

Business Address: _____

Email Address: _____
May we send confidential messages? ___ yes ___ no

Work Phone: _____
May we leave confidential messages? ___ yes ___ no

Home Phone: _____
May we leave confidential messages? ___ yes ___ no

Fax Number: _____
May we send confidential messages? ___ yes ___ no

Have you ever used any other name? ___ yes ___ no

Where? _____ Why? _____

Are you now or have you ever been in the Military Service of the United States?
___ Yes ___ No

How did you hear about our firm? _____

2. Name: _____

Home Address: _____

Place of Birth: _____

Date of Birth: _____

Social Security Number: _____

Name of Business/Employer: _____

Business Address: _____

Email Address: _____

May we send confidential messages? ___ yes ___ no

Work Phone: _____

May we leave confidential messages? ___ yes ___ no

Home Phone: _____

May we leave confidential messages? ___ yes ___ no

Fax Number: _____

May we send confidential messages? ___ yes ___ no

Have you ever used any other name? ___ yes ___ no

Where? _____ Why? _____

Are you now or have you ever been in the Military Service of the United States?

___ Yes ___ No

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. If you do not know and cannot easily obtain the answer to any question, simply skip to the next question. Note: There is no need to complete this section if Vanderpool, Frostick & Nishanian, P.C. prepared the decedent’s estate planning documents.

- 1. Did the Decedent sign a Will prior to death? Yes No
[If no, skip to question 7]
- 2. Do you have the original Will? Yes No
[If yes, please be sure to bring the original Will with you to your appointment, and skip to question 7]
- 3. Do you have a copy of the Will? Yes No
[If yes, please be sure to bring the copy with you to your appointment, and skip to question 7]
- 4. Do you have reason to believe that the original Will has been lost? Yes No
[If yes, skip to question 6]
- 5. Do you have any reason to believe that the original Will has been destroyed?
 Yes No [If no, skip to question 6]

Who do you believe destroyed the original Will? _____

- 6. Please answer the following questions if you are able to:

Approximate date Will was signed: _____

Name of person who prepared Will: _____

Last Known Location of Original Will: _____

Last Known Location of copies of Will: _____

7. NAMED GUARDIAN(S) FOR MINOR CHILDREN.

If the Decedent had minor children (under age 18), please list the person(s) named as Guardian(s) in the Will. If there is no Will or no named Guardian(s) please list the person(s) who desire to be Guardian(s), if known. Note: There is no need to complete this section if Vanderpool, Frostick & Nishanian, P.C. prepared the decedent's Will.

___ Check this box if the Decedent left no minor children, and skip to question 8.

Guardian

Name: _____
Relationship: _____
Address: _____
Home Phone: _____
Work Phone: _____

Co-Guardian(s)

Name(s): _____
Relationship: _____
Address: _____
Home Phone: _____
Work Phone: _____

First Alternate Guardian

Name: _____
Relationship: _____
Address: _____
Home Phone: _____
Work Phone: _____

First Alternate Co-Guardian(s)

Name(s) _____
Relationship: _____
Address: _____
Home Phone: _____
Work Phone: _____

Second Alternate Guardian(s)

Name(s) _____
Relationship: _____
Address: _____
Home Phone: _____
Work Phone: _____

8. 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 Administrator(s), if known. [Note: There is no need to complete this section if Vanderpool, Frostick & Nishanian, P.C. prepared the decedent's estate planning documents.]

___ If the person(s) named as Executor(s) is/are already identified in Part A above, check this box and skip to question 9

Executor

Name: _____

Relationship to Decedent: _____

Address: _____

Home Phone: _____

Work Phone: _____

Is this person named in the Will? ___ Yes ___ No

Co-Executor

Name: _____

Relationship to Decedent: _____

Address: _____

Home Phone: _____

Work Phone: _____

Is this person named in the Will? ___ Yes ___ No

First Alternate Executor

Name: _____

Relationship to Decedent: _____

Address: _____

Home Phone: _____

Work Phone: _____

Is this person named in the Will? ___ Yes ___ No

Second Alternate Executor

Name: _____

Relationship to Decedent: _____

Address: _____

Home Phone: _____

Work Phone: _____

Is this person named in the Will? ___ Yes ___ No

9. 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. If the named person(s) is/are unable and/or unwilling, please list the person(s) who are able and willing to become Trustee(s), if known. [Note: There is no need to complete this section if Vanderpool, Frostick & Nishanian, P.C. prepared the Decedent's estate planning documents.]

___ If the person(s) named as Trustee(s) is/are already identified in Part A above, check this box and skip to Part D.

Trustee

Name: _____
Relationship to Decedent: _____
Address: _____
Home Phone: _____
Work Phone: _____
Named in the Will and/or Trust? ___ Yes ___ No

Co-Trustee

Name: _____
Relationship to Decedent: _____
Address : _____
Home Phone: _____
Work Phone: _____
Named in the Will and/or Trust? ___ Yes ___ No

First Alternate Trustee

Name: _____
Relationship to Decedent: _____
Address: _____
Home Phone: _____
Work Phone: _____
Named in the Will and/or Trust? ___ Yes ___ No

Second Alternate Trustee

Name: _____
Relationship to Decedent: _____
Address: _____
Home Phone: _____
Work Phone: _____
Named in the Will and/or Trust? ___ Yes ___ No

PART D. CHECKLIST OF DOCUMENTS TO BRING TO FIRST MEETING

Please bring with you to your initial appointment copies of the documents requested in this section. Please check the box below in the first column if you are providing a copy of the document requested. If you believe that a document exists, but you do not have a copy and cannot easily obtain one, please check the box in the second column. If you believe that the requested document does not exist, please check the box in the third column.

	<u>Copy provided</u>	<u>Document exists but unavailable</u>	<u>Document does not exist</u>
List of all assets owned solely by the Decedent	_____	_____	_____
List of all assets owned jointly by the Decedent and someone else	_____	_____	_____
List of all debts owed solely by the Decedent	_____	_____	_____
List of all debts owned jointly by the Decedent and any other person	_____	_____	_____
Will and any Codicils	_____	_____	_____
Federal and state tax returns for last three (3) years	_____	_____	_____
Gift tax returns (if any)	_____	_____	_____
Deeds to all real estate owned either jointly or individually	_____	_____	_____
Title to all automobiles and boats owned either jointly or individually	_____	_____	_____
Death Certificate	_____	_____	_____
Funeral bill	_____	_____	_____
Brokerage statements for last full calendar year and current year to death	_____	_____	_____
Life insurance policies owned by Decedent (whether or not on Decedent's life)	_____	_____	_____
Last annual summary of death benefits paid by employer (Decedent or spouse)	_____	_____	_____
Summary of retirement plan benefits owed by Decedent's employer	_____	_____	_____
Summary of any other death benefits owed by Decedent's employer	_____	_____	_____
Documents concerning any prior divorce or separation of Decedent	_____	_____	_____
Documents concerning any armed services record of Decedent	_____	_____	_____
Any will or trust of which Decedent was a beneficiary	_____	_____	_____
Any will or trust of which Decedent was a fiduciary	_____	_____	_____
Any contracts the Decedent had entered into prior to Decedent's death that have not been completed	_____	_____	_____

Any trust agreements created by the Decedent
