



Date: \_\_\_\_\_

**ABOUT YOU**

Your Name <i>(including middle name)</i>		Social Security #	Date of Birth
Address		Home Phone	Cell Phone
City, State, Zip	County	Business Phone	Fax #
Email			
Who referred you to Bravura Group?			

**DECEDENT'S INFORMATION**

Full Name <i>(including middle name)</i>	Date of Birth	Date of Death
Place of Death	Social Security #	

Was the Decedent married at the time of death? *(If yes, please provide the original or a copy of the Decedent's Death Certificate)*

Yes      No

At the time of death, did the Decedent have a Will?

Yes      No

If yes, was the Will probated?

Yes      No

Address of Decedent at the Time of Death:

All Spouse's Name(s)	Date of Marriage	Date of Divorce	Date of Death

## DECEDENT'S CHILDREN

If the Decedent had children, natural or adopted, please list the following information. It is critical that you list all children regardless of the situation or relationship, including any children given up for adoption or for which parental rights have been terminated.

### Living or Deceased Children *(On the "Child of:" line indicate if Child is (J) Joint, (H) Husband's, (W) Wife's, or (P) Partner's Child.)*

1. Full Name	Date of Birth	Child of	Adopted <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security #	Date of Death	Gender	
Address	City, State, Zip		
Email	Phone		

If deceased, please provide the names of any living children\*

2. Full Name	Date of Birth	Child of	Adopted <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security #	Date of Death	Gender	
Address	City, State, Zip		
Email	Phone		

If deceased, please provide the names of any living children\*

3. Full Name	Date of Birth	Child of	Adopted <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security #	Date of Death	Gender	
Address	City, State, Zip		
Email	Phone		

If deceased, please provide the names of any living children\*

4. Full Name	Date of Birth	Child of	Adopted <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security #	Date of Death	Gender	
Address	City, State, Zip		
Email	Phone		

If deceased, please provide the names of any living children\*

**\*Including any children given up for adoption or for which parental rights have been terminated.**

## PERSONAL REPRESENTATIVE INFORMATION

Please provide the following information of the intended Personal Representative if different than client.

Full Name	Age	Relation to Decedent
Address	City, State, Zip	
Email	Phone	

## BENEFICIARY INFORMATION

Please list all individuals and/or charities that are listed to receive any asset(s) under any will. If there are more beneficiaries than will fit on this page, you may add an additional page or add to the Notes section at the end.

1. Full Name	Age	Relation to Deceased
Social Security #	Phone	
Address	City, State, Zip	
Email		

2. Full Name	Age	Relation to Deceased
Social Security #	Phone	
Address	City, State, Zip	
Email		

3. Full Name	Age	Relation to Deceased
Social Security #	Phone	
Address	City, State, Zip	
Email		

4. Full Name	Age	Relation to Deceased
Social Security #	Phone	
Address	City, State, Zip	
Email		

## REAL ESTATE & MINERALS

Please list all real estate that was owned by the Decedent or an associated trust at the time of death. This will include residences, rental property, commercial properties, time shares, vacant land, oil and other mineral interests, etc. If you have a copy of the deed, please provide that as well.

1. Type (Residence, rental, time share, vacant land, oil, and other mineral interests)

Address/Location & County

Owner(s)

Current Value:  
\$

Outstanding Mortgage:  
\$

Is the current value based off of an appraisal or the county assessor?

2. Type (Residence, rental, time share, vacant land, oil, and other mineral interests)

Address/Location & County

Owner(s)

Current Value:  
\$

Outstanding Mortgage:  
\$

Is the current value based off of an appraisal or the county assessor?

3. Type (Residence, rental, time share, vacant land, oil, and other mineral interests)

Address/Location & County

Owner(s)

Current Value:  
\$

Outstanding Mortgage:  
\$

Is the current value based off of an appraisal or the county assessor?

4. Type (Residence, rental, time share, vacant land, oil, and other mineral interests)

Address/Location & County

Owner(s)

Current Value:  
\$

Outstanding Mortgage:  
\$

Is the current value based off of an appraisal or the county assessor?

## FINANCIAL AND INVESTMENT ACCOUNTS

Please list all financial and investment accounts that were owned by the Decedent at the time of death. Under Account Type specify cash, checking, savings, money market, mutual fund, brokerage account, securities (stocks & bonds), certificate of deposit (CD), etc. Please provide a recent statement from each account.

1. Name of Financial Institution		Phone
Address		City, State, Zip
Owner(s)		
Account Number		Account Type
Approximate Value \$	Beneficiaries	
2. Name of Financial Institution		Phone
Address		City, State, Zip
Owner(s)		
Account Number		Account Type
Approximate Value \$	Beneficiaries	
3. Name of Financial Institution		Phone
Address		City, State, Zip
Owner(s)		
Account Number		Account Type
Approximate Value \$	Beneficiaries	
4. Name of Financial Institution		Phone
Address		City, State, Zip
Owner(s)		
Account Number		Account Type
Approximate Value \$	Beneficiaries	

## STOCKS

1. Company	Date Issued
Number of shares	Book entry of certificate form
Certificate # if in certificate form	Account # if in book entry form
Account Number	Account Type
Type of ownership	Approximate Value \$
2. Company	Date Issued
Number of shares	Book entry of certificate form
Certificate # if in certificate form	Account # if in book entry form
Account Number	Account Type
Type of ownership	Approximate Value \$
3. Company	Date Issued
Number of shares	Book entry of certificate form
Certificate # if in certificate form	Account # if in book entry form
Account Number	Account Type
Type of ownership	Approximate Value \$
4. Company	Date Issued
Number of shares	Book entry of certificate form
Certificate # if in certificate form	Account # if in book entry form
Account Number	Account Type
Type of ownership	Approximate Value \$

List any additional information on other accounts:

## BONDS

Please provide a copy of each bond.

1. Type of bond	Date Issued
How is the bond held? ( <i>jointly, payable on death, etc.</i> )	
Redemption value \$	Maturity date
2. Type of bond	Date Issued
How is the bond held? ( <i>jointly, payable on death, etc.</i> )	
Redemption value \$	Maturity date
3. Type of bond	Date Issued
How is the bond held? ( <i>jointly, payable on death, etc.</i> )	
Redemption value \$	Maturity date
4. Type of bond	Date Issued
How is the bond held? ( <i>jointly, payable on death, etc.</i> )	
Redemption value \$	Maturity date
5. Type of bond	Date Issued
How is the bond held? ( <i>jointly, payable on death, etc.</i> )	
Redemption value \$	Maturity date

List any additional information on other accounts:

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## RETIREMENT BENEFIT ACCOUNTS

Please list all of Decedent's retirement accounts such as: 401(k)s, IRAs, Profit Sharing Plans, Thrift Savings Plans, etc.

1. Company		Phone
Address	City, State, Zip	
Beneficiaries		
Account Number	Account Type	
Approximate Value \$		
2. Company		Phone
Address	City, State, Zip	
Beneficiaries		
Account Number	Account Type	
Approximate Value \$		
3. Company		Phone
Address	City, State, Zip	
Beneficiaries		
Account Number	Account Type	
Approximate Value \$		
4. Company		Phone
Address	City, State, Zip	
Beneficiaries		
Account Number	Account Type	
Approximate Value \$		



## PENSION PLANS

1. Company		Phone
Account Number	Approximate Value \$	
Does the plan terminate at the death of the beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Company		Phone
Account Number	Approximate Value \$	
Does the plan terminate at the death of the beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Company		Phone
Account Number	Approximate Value \$	
Does the plan terminate at the death of the beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## DECEDENT'S LIFE INSURANCE POLICIES

Please provide the following information for all of Decedent's life insurance policies. Also, please provide the original policy documentation as well.

1. Life Insurance Company		Type of Policy <input type="checkbox"/> Term <input type="checkbox"/> Whole/Universal <input type="checkbox"/> Accidental/Travel	
Policy #		Owner of Policy	
Insured	Death Benefit \$	Cash Value \$	
Is there any loan against the policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes", how much? \$	
Beneficiaries			
2. Life Insurance Company		Type of Policy <input type="checkbox"/> Term <input type="checkbox"/> Whole/Universal <input type="checkbox"/> Accidental/Travel	
Policy #		Owner of Policy	
Insured	Death Benefit \$	Cash Value \$	
Is there any loan against the policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes", how much? \$	
Beneficiaries			

*Continued on next page*

## DECEDENT'S LIFE INSURANCE POLICIES *continued*

3. Life Insurance Company		Type of Policy <input type="checkbox"/> Term <input type="checkbox"/> Whole/Universal <input type="checkbox"/> Accidental/Travel	
Policy #		Owner of Policy	
Insured	Death Benefit \$	Cash Value \$	
Is there any loan against the policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes", how much? \$	
Beneficiaries			

## TANGIBLE PERSONAL PROPERTY

List jewelry, artwork, furs, antiques, gold, silver, or other valuable coins, cars, boats, etc. Please list each item of tangible personal property that Decedent owned at the time of death valued individually over \$5,000.

1. Description		
Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust		
Approximate Value \$	Has the item been appraised? <input type="checkbox"/> Yes <input type="checkbox"/> No	Appraised Value \$
Current location of item		
2. Description		
Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust		
Approximate Value \$	Has the item been appraised? <input type="checkbox"/> Yes <input type="checkbox"/> No	Appraised Value \$
Current location of item		
3. Description		
Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust		
Approximate Value \$	Has the item been appraised? <input type="checkbox"/> Yes <input type="checkbox"/> No	Appraised Value \$
Current location of item		

*Continued on next page*

## TANGIBLE PERSONAL PROPERTY *continued*

### 4. Description

Ownership

Individual    Joint    Trust

Approximate Value

\$

Has the item been appraised?

Yes    No

Appraised Value

\$

Current location of item

List any additional information regarding assets/etc. and include copies of documents with the estimated value of each item (patent rights, copyrights, contract rights, etc.)

## GIFT TAX RETURN

Did the Decedent ever file a federal gift tax return? *(If yes, please provide a copy of all relevant documents)*

Yes    No

## CREDITORS

Please provide the following information for all the Decedent's known creditors. Examples of creditors include medical debt, loans, credit cards etc.

1. Name	Amount \$
Address	City, State, Zip
Account Number	Type of Debt
2. Name	Amount \$
Address	City, State, Zip
Account Number	Type of Debt
3. Name	Amount \$
Address	City, State, Zip
Account Number	Type of Debt
4. Name	Amount \$
Address	City, State, Zip
Account Number	Type of Debt
5. Name	Amount \$
Address	City, State, Zip
Account Number	Type of Debt
6. Name	Amount \$
Address	City, State, Zip
Account Number	Type of Debt
7. Name	Amount \$
Address	City, State, Zip
Account Number	Type of Debt

## DECEDENT'S ADVISORS

Please provide the following information for all of Decedent's advisors.

Financial Planner	
Company	Client(s) authorize(s) Bravura Group to contact their Financial Planner? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City, State, Zip
Email	Phone
Accountant	
Company	Client(s) authorize(s) Bravura Group to contact their Accountant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City, State, Zip
Email	Phone
Life Insurance Agent	
Company	Client(s) authorize(s) Bravura Group to contact their Life Insurance Agent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City, State, Zip
Email	Phone
Attorney	
Company	Client(s) authorize(s) Bravura Group to contact their Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City, State, Zip
Email	Phone
Funeral Home	
Company	Client(s) authorize(s) Bravura Group to contact their Funeral Home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City, State, Zip
Email	Phone

## NOTES

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