RICE ESTATE PLANNING & ADMINISTRATION

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# PERSONAL INFORMATION FORM

*(Confidential - To Be Completed by Client)*

Date___________________________________

## Decedent's Information

**Name:** ____________________________________________________________
First Middle Last

**Final Address:** ____________________________________________________________
Street City State Zip

**Birth Date:** _______________ **Occupation and Name of Employer:** ________________________________

**Date of Death:** ___________________ **Social Security Number:** __________________________

**Previously Married?** ☐ Yes ☐ No **If Yes:** ☐ Widowed ☐ Divorced **Veteran?** ☐ Yes ☐ No

## Surviving Spouse's Information

**Name:** ____________________________________________________________
First Middle Last

**Final Address:** ____________________________________________________________
Street City State Zip

**Birth Date:** _______________ **Occupation and Name of Employer:** ________________________________

**Date of Marriage:** ______________ **Previously Married?** ☐ Yes ☐ No **If Yes:** ☐ Widowed ☐ Divorced

# Personal Representative/Executor's Information

**Name:** ______________________________
First Middle Last

**Address:** ______________________________
Street City State Zip

**Phone:** ____________________ (cell) ____________________ (home)

**Email Address:** ____________________ **Communication Preference:** Email/Cell/Home

**Referral Source:** Website/Social Media/Presentation/Personal Referral (include name) ____________________

**Children:**
Furnish any additional information on an attached paper.

**Child [1]:** ______________________________
First Middle Last

**Address:** ______________________________
Street City State Zip

**Phone:** ____________________ (cell) ____________________ (home)

**Email Address:** ____________________ **Birth Date:** ____________________ ☐ **Joint Child**

**Child [2]:** ______________________________
First Middle Last

**Address:** ______________________________
Street City State Zip

**Phone:** ____________________ (cell) ____________________ (home)

**Email Address:** ____________________ **Birth Date:** ____________________ ☐ **Joint Child**

**Child [3]:** ______________________________________________
First Middle Last

**Address:** ______________________________________________
Street City State Zip

**Phone:** ____________________ (cell) ____________________ (home)

**Email Address:** ______________ **Birth Date:** ________________ ☐ **Joint Child**

**Child [4]:** ______________________________________________
First Middle Last

**Address:** ______________________________________________
Street City State Zip

**Phone:** ____________________ (cell) ____________________ (home)

**Email Address:** ______________ **Birth Date:** ________________ ☐ **Joint Child**

## Decedent's Professional Advisors

**Accountant:** ____________________ ____________________
Name Firm

**Financial Planner:** ____________________ ____________________
Name Firm

## Miscellaneous

1. **What size is the decedent's estate, approximately?**

   ☐ Under $1,000,000

   ☐ $1,000,001 - $3,000,000

   ☐ $3,000,001 - $6,500,000

   ☐ More than $6,500,000

2. **Do any beneficiaries have special needs or receive government assistance?** ☐ Yes ☐ No

**If yes, please provide additional information:** ______________________________

3. **History of Gifts:** List all gifts the decedent made in excess of $10,000 and all gifts of life insurance.

| Date of Gift | Donor | Recipient | Value | Reason for Gift |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

4. **Has the decedent ever filed a gift tax return?** ☐ Yes ☐ No

5. **Did the decedent have any payment or life insurance obligations either to a former spouse or to children of a prior marriage embodied in any judgment or written agreement?** ☐ Yes ☐ No **If Yes, please provide copies.**

## Summary of Decedent's Assets

**Please indicate whether assets are joint or in decedent's individual name, the name of the financial institution, and the approximate value for the following assets:**

1. **Bank Accounts**

______________________________

______________________________

______________________________

______________________________

2. **Brokerage/Stock Accounts**

______________________________

______________________________

______________________________

3. **Businesses**

4. **Real Property (please provide address and county)**

5. **401(k)/IRAs (include beneficiary designations)**

6. **Pension/Additional Retirement Accounts (include beneficiary designations)**

7. **Life Insurance (include beneficiary designations)**

8. **Safe Deposit Box (indicate location and signers)**

9. **Personal Property**

10. **Please provide a copy of the following documents, if executed by decedent:**

- [ ] Will
- [ ] Revocable Living Trust
- [ ] Irrevocable Trust
- [ ] Prenuptial Agreement
- [ ] Retirement Trust