ENDY UKOHA-AJIKE, LL.B., LL.M. endy@ukohalaw.com

 ${\bf ESTATE\ PLANNING} \\ {\bf BUSINESS\ TAX\ PLANNING\ \&\ CONSULTING}$

* Please complete <u>ALL</u> information prior to your meeting with the attorney. If you have any questions, please contact us directly.

Client Contact Information

Date:			
Full Name:			
Relationship to Deceased:			
Date of Birth:			
Mailing Address:			
City	State		Zip
Physical (if different):			
City	State		Zip
Phone 1:	_ □ Cell	☐ Home	□ Work
Phone 2:	Cell	☐ Home	□ Work
Phone 3:	🗖 Cell	☐ Home	□ Work
Fax:			
E-Mail Address:		_	
May we contact you by e-mail?		□ Yes □	No
May we send you documents by e-mail?		☐ Yes ☐	No

Decedent Information

Full Name of Decedent:			_
Other Names Decedent used:			
Decedent's marital status at time of death:			
☐ Married ☐ Divorced ☐ Spouse Deceased Date of Death:_		□ Ne	ever Married
Name of Spouse (whether alive or deceased):			
Address of Spouse (if alive):			
If spouse is deceased, did he/she ever receive any Medi-Cal ber	nefits?	Yes □	No □ Unsure □
If yes or unsure, please provide a copy of the spouse's	death ce	rtificate	
Assets & Liabilities:			
Approximate value of all real property owned:			=
Amount of existing mortgages on all real property:			_
Approximate value of all personal property owned (including c	ash asset	s, retire	ment funds, investments, etc.):
			_
Did decedent receive Medi-Cal benefits?	Yes 🗖	No □	Unsure □
Did decedent owe money to the IRS or Franchise Tax Board?	Yes □	No □	Unsure □

Living Children of Deceased (Including Adopted & Step-Children)

Name	Name
Son □ Daughter □ Minor □	Son □ Daughter □ Minor □
Adopted □ Stepchild □	Adopted □ Stepchild □
Address	Address
City, State, Zip	City, State, Zip
Phone Number (s)	Phone Number (s)
Name	Name
Son □ Daughter □ Minor □	Son □ Daughter □ Minor □
Adopted □ Stepchild □	Adopted □ Stepchild □
Address	Address
City, State, Zip	City, State, Zip
Phone Number (s)	Phone Number (s)
Name	Name
Son □ Daughter □ Minor □	Son □ Daughter □ Minor □
Adopted □ Stepchild □	Adopted □ Stepchild □
Address	Address
City, State, Zip	City, State, Zip
Phone Number (s)	Phone Number (s)

Pre-Deceased Children (Including Adopted & Step-Children)

Name	Name
Son □ Daughter □	Son Daughter
Adopted □ Stepchild □	Adopted □ Stepchild □
Please list any children of the predeceased child whether they are minors.	ren along with their addresses and phone numbers, and indicate
Siblings of Deceden	at (If no living spouse or children)
Name	Name
Brother □ Sister □	Brother □ Sister □
Deceased	Deceased
Address	Address
City, State, Zip	City, State, Zip
Phone Number (s)	Phone Number (s)
Name	Name
Brother	Brother □ Sister □
Deceased 🗖	Deceased
Address	Address
City, State, Zip	City, State, Zip
Phone Number (s)	Phone Number (s)

Named Beneficiaries in Will (If any and if info has not already been provided)

NT	N
Name	Name
Relationship to Deceased and Age if a Minor	Relationship to Deceased and Age if a Minor
Address	Address
Address	Address
City, State, Zip	City, State, Zip
Dhone Number (s)	Phone Number (a)
Phone Number (s)	Phone Number (s)
Name	Name
Relationship to Deceased and Age if a Minor	Relationship to Deceased and Age if a Minor
Address	Address
City, State, Zip	City, State, Zip
Phone Number (s)	Phone Number (s)
. ,	
Name	Name
Relationship to Deceased and Age if a Minor	Relationship to Deceased and Age if a Minor
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Address	Address
City, State, Zip	City, State, Zip
	- ·//, ~······,
Phone Number (s)	Phone Number (s)

* Please bring all of the following to your meeting with the attorney:

- 1. Original wills, codicils, and testamentary instruments, if any.
- 2. Two to Three copies of death certificates.
- 3. Latest statements and letters from financial institutions, lenders, creditors, IRS and other government agencies.

* To be Completed at the Meeting by Attorney:

Personal Representative (if other than the pri	incipal contact or in addition to principle contact)	
Name:		
Relationship to Deceased:		
Driver's License Number:	Expiration Date:	
Social Security No.:		
Mailing Address:		
	Phone (W):	
Phone (C):	Fax:	
E-Mail Address:		
Notes:		