



PEARSON BOLLMAN LAW

Seeking Estate Administration Services?

At least 1 business day before your scheduled appointment, please return this completed form to taylor@pearsonbollmanlaw.com.

Your Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Your Relationship to the Decedent: _____

Information About the Estate

Name of the Decedent: Click or tap here to enter text.

Last address of the Decedent: Click or tap here to enter text.

Was the Decedent ever married?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please provide the name of the most recent spouse:	Click or tap here to enter text.		
How many children does the Decedent have?	Click or tap here to enter text.		Is the spouse listed above their mother?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did the Decedent own real estate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, where is that property located? Please provide the county and state.	Click or tap here to enter text.		
What is the tax-assessed value of the above property?	Click or tap here to enter text.					
Did the Decedent have a business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what is the name of the business?	Click or tap here to enter text.		



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Did the Decedent have bank account, investment accounts, or retirement accounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please provide the types of accounts and estimated value of each:	Click or tap here to enter text.
Did the Decedent have debt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please provide the types of debt and estimated amount of each:	Click or tap here to enter text.

Are we anticipating any claims regarding incapacity, undue influence, or other family dynamic issues?

Click or tap here to enter text.