

SMITH WATTS & ASSOCIATES, LLC

Estate Information Sheet

Date: _____

Name: _____

Address: _____

Street Address

City

State

Zip

Phone Numbers: _____

Include Area Code

Home

Mobile

Work

Social Security #: _____ Driver's License #: _____

Date of Birth: _____ Email: _____

Decedent's Full Name: _____

Decedent's Last Known Address: _____

Decedent's Date of Birth: _____ Date of Death: _____

Decedent's Social Security #: _____

County and State of Residency: _____

Was there a Will? Yes No Do you have the original? Yes No

Name of Heirs, Addresses and Relationship to Decedent:

Personal Representative: _____

Decedent's Real Property (Address, City, State, Zip)

Bank Account Information: _____

Life Insurance with Beneficiary: _____

Vehicles / Personal Property: _____
