

## Estate Settlement Intake Form

**NAME OF DECEDENT:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of death: \_\_\_\_\_

Social security number: \_\_\_\_\_

Year Arizona domicile established (if applicable)(for AZ Form 210): \_\_\_\_\_

**LOCATION OF WILL, IF ANY:** \_\_\_\_\_

Date of will: \_\_\_\_\_

Location of codicil, if any: \_\_\_\_\_

Date of codicil: \_\_\_\_\_

**PERSONAL REPRESENTATIVE NAMED IN WILL** (or person petitioning to be appointed as

Personal representative if no Will exists): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Soc. Sec #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_

Hair color: \_\_\_\_\_ Race: \_\_\_\_\_

**ALTERNATE NAMED IN WILL:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_

**BENEFICIARIES OR HEIRS AT LAW:**

**DECEDENT'S SPOUSE:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Social security number: \_\_\_\_\_

**DECEDENT'S CHILDREN:**

**Child #1:** \_\_\_\_\_

Date of birth, if minor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social security # \_\_\_\_\_

**Child #2:** \_\_\_\_\_

Date of birth, if minor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social security # \_\_\_\_\_

**Child #3:** \_\_\_\_\_

Date of birth, if minor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social security # \_\_\_\_\_

**Child #4:** \_\_\_\_\_

Date of birth, if minor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social security # \_\_\_\_\_

**Child #5:** \_\_\_\_\_

Date of birth, if minor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social security # \_\_\_\_\_

**Child #6:** \_\_\_\_\_

Date of birth, if minor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social security # \_\_\_\_\_

**OTHER BENEFICIARIES:**

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to the decedent: \_\_\_\_\_ Date of birth, if minor: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to the decedent: \_\_\_\_\_ Date of birth, if minor: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to the decedent: \_\_\_\_\_ Date of birth, if minor: \_\_\_\_\_

**ASSETS:**

**Safe deposit box?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, location: \_\_\_\_\_ Who as access to the box? \_\_\_\_\_

**Real estate:**

**Property #1:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_ Date of death value: \_\_\_\_\_

How titled: \_\_\_\_\_

**Homestead Exemption?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Property #2:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_ Date of death value: \_\_\_\_\_

How titled: \_\_\_\_\_

**Homestead Exemption?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Property #3:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_ Date of death value: \_\_\_\_\_

How titled: \_\_\_\_\_

**Homestead Exemption?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**STOCKS AND BONDS:**

**Name of company:** \_\_\_\_\_

Type of security: \_\_\_\_\_

How titled: \_\_\_\_\_

Location of certificate: \_\_\_\_\_

Date of death value: \_\_\_\_\_

**Name of company:** \_\_\_\_\_

Type of security: \_\_\_\_\_

How titled: \_\_\_\_\_

Location of certificate: \_\_\_\_\_

Date of death value: \_\_\_\_\_

**Name of company:** \_\_\_\_\_

Type of security: \_\_\_\_\_

How titled: \_\_\_\_\_

Location of certificate: \_\_\_\_\_

Date of death value: \_\_\_\_\_

**BANK ACCOUNTS:**

**Bank name:** \_\_\_\_\_

Account number: \_\_\_\_\_

How titled: \_\_\_\_\_

Date of death value: \_\_\_\_\_

**Bank name:** \_\_\_\_\_

Account number: \_\_\_\_\_

How titled: \_\_\_\_\_

Date of death value: \_\_\_\_\_

**Bank name:** \_\_\_\_\_

Account number: \_\_\_\_\_

How titled: \_\_\_\_\_

Date of death value: \_\_\_\_\_

**Bank name:** \_\_\_\_\_

Account number: \_\_\_\_\_

How titled: \_\_\_\_\_

Date of death value: \_\_\_\_\_

**Bank name:** \_\_\_\_\_

Account number: \_\_\_\_\_

How titled: \_\_\_\_\_

Date of death value: \_\_\_\_\_

**Bank name:** \_\_\_\_\_

Account number: \_\_\_\_\_

How titled: \_\_\_\_\_

Date of death value: \_\_\_\_\_

**MONEY MARKET ACCOUNTS OR CERTIFICATES OF DEPOSIT:**

**Name of institution:** \_\_\_\_\_

Account number: \_\_\_\_\_

How titled: \_\_\_\_\_

Date of death value: \_\_\_\_\_

**Name of institution:** \_\_\_\_\_

Account number: \_\_\_\_\_

How titled: \_\_\_\_\_

Date of death value: \_\_\_\_\_

**Name of institution:** \_\_\_\_\_

Account number: \_\_\_\_\_

How titled: \_\_\_\_\_

Date of death value: \_\_\_\_\_

**U.S. GOVERNMENT SAVINGS BONDS (E, EE, H):**

How titled: \_\_\_\_\_

Locations of bonds: \_\_\_\_\_

To be cashed in? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of transferee: \_\_\_\_\_

Date of death value: \_\_\_\_\_

**MORTGAGES AND NOTES (RECEIVABLE):**

**Mortgagor:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Terms of obligation: \_\_\_\_\_

Date of death value: \_\_\_\_\_

**Mortgagor:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Terms of obligation: \_\_\_\_\_

Date of death value: \_\_\_\_\_

**Mortgagor:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Terms of obligation: \_\_\_\_\_

Date of death value: \_\_\_\_\_

**INSURANCE ON DECEDENT'S LIFE:**

**Company name:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death of value: \_\_\_\_\_

**Company name:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death of value: \_\_\_\_\_

**Company name:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death of value: \_\_\_\_\_

**Company name:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death of value: \_\_\_\_\_

**ANNUITIES:**

**Company name:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death of value: \_\_\_\_\_

**Company name:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death of value: \_\_\_\_\_

**Company name:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death of value: \_\_\_\_\_

**VEHICLES:**

**Model:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Year:** \_\_\_\_\_

How titled: \_\_\_\_\_

Location of title: \_\_\_\_\_

Date of death value: \_\_\_\_\_

**Model:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Year:** \_\_\_\_\_

How titled: \_\_\_\_\_

Location of title: \_\_\_\_\_

Date of death value: \_\_\_\_\_

**Model:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Year:** \_\_\_\_\_

How titled: \_\_\_\_\_

Location of title: \_\_\_\_\_

Date of death value: \_\_\_\_\_

**MISCELLANEOUS PERSONAL PROPERTY** (list only jewelry, antiques, art, collections, etc. of unusual value):

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**DOCUMENTS NEEDED BY THIS OFFICE:**

\_\_\_\_\_ DEATH CERTIFICATE (ORIGINAL)

\_\_\_\_\_ PAID FUNERAL BILL (COPY)

\_\_\_\_\_ REAL ESTATE DEEDS (COPIES)

\_\_\_\_\_ VEHICLE TITLES (COPIES)

\_\_\_\_\_ COPIES OF ANY BILLS/CREDITORS ADDRESSES

\_\_\_\_\_ LAST WILL AND TESTAMENT (ORIGINAL)

**LIST OF CREDITORS** (provide copies of statements or names, address and account numbers) :

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