

BERLINER COHEN
POST-MORTEM INFORMATION SHEET

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PART I — CLIENT INFORMATION

1. Name: _____
2. Address: _____
3. Telephone (Home): _____
(Cell): _____ (Office): _____
4. E-mail address: _____
5. Date of Birth: _____
6. U.S. Citizen? Yes No

PART II — DECEDENT INFORMATION

1. Full Legal Name: _____
2. Other Names Used: _____

3. Residence at Time of Death: _____
4. Permanent Residence (if different): _____

5. Date of Death (attach copy of death certificate): _____
6. Place of Death: _____
7. Social Security Number: _____
8. Citizenship of Decedent: _____
9. Prior Marriages? Yes No
Terminated by: Death Divorce Date Terminated: _____

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10. Did Decedent Have a Will? Yes No

Date of Will: _____

Date of Codicils, if any: _____

Location of Original Will and Codicils: _____

11. Did Decedent Have a Trust? Yes No

Date of Trust: _____

Date of Amendments, if any: _____

Location of Original Trust and Amendments: _____

12. Was the Decedent a beneficiary of anyone else's estate or trust? Yes No

Name of Trust and Trustee or Estate and its Personal Representative:

Distribution Pending? Yes No

13. Decedent's Professional Advisors:

Accountant/CPA

Name: _____

Phone: _____

Email: _____

Financial Advisor

Name: _____

Phone: _____

Email: _____

Insurance Broker

Name: _____

Phone: _____

Email: _____

PART III — PROPOSED EXECUTOR/ADMINISTRATOR

1. Full Name: _____
2. Relationship to Decedent: _____
3. Address: _____

4. Telephone (Home): _____
(Cell): _____ (Office): _____
5. E-mail address: _____
6. Date of Birth: _____ Social Security No.: _____
7. U.S. Citizen? Yes No
8. CA Resident? Yes No
9. Driver's License Number: _____

PART IV — PROPOSED TRUSTEE

1. Full Name: _____
2. Relationship to Decedent: _____
3. Address: _____

4. Telephone (Home): _____
(Cell): _____ (Office): _____
5. E-mail address: _____
6. Date of Birth: _____ Social Security No.: _____
7. U.S. Citizen? Yes No
8. CA Resident? Yes No
9. Driver's License Number: _____

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PART V — DECEDENT’S SURVIVING HEIRS
(WHICH INCLUDE SPOUSE, CHILDREN, GRANDCHILDREN, PARENTS, SIBLINGS, ETC)

Name of Heir	Relationship	Annuitized	U.S. Citizen?	Age	Address
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
7.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
8.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
9.		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Do any persons listed above have special needs? Yes No

If Yes, please indicate who: _____

Are any of the persons listed above current incarcerated? Yes No

If Yes, please provide details: _____

PART VI — ASSET INFORMATION

Real Estate

Address	APN	Current Value	Current Mortgage	How title held

Business Interests
(Corporate, LLC, Partnership, and Sole Proprietorship)

Name of business	Type of entity	Percent owned	Current value	How title held
1.				
2.				
3.				
4.				
5.				

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Cash Accounts
(Savings, Checking, Money Market, CDs)

Name of Institution	Account number	Current value	Type of account	How title held
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Retirement Plans

Participant	Administrator	Type of Plan	Primary beneficiary(ies)	Secondary beneficiary(ies)	Current Value
1.					
2.					
3.					
4.					
5.					

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Brokerage Accounts

Name of Institution	Account number	Current value	Type of account	How title held
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**Stocks, Bonds or
Treasuries not in Brokerage Accounts**

Stock/Bonds/Treasuries	Number of shares	Certificate number	Current value	How title held
1.				
2.				
3.				
4.				
5.				

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Stock Options

Name of company	Type of option	Current option price	Market price per share
	<input type="checkbox"/> ISO <input type="checkbox"/> Other Deferred <input type="checkbox"/> Non-qualified		
	<input type="checkbox"/> ISO <input type="checkbox"/> Other Deferred <input type="checkbox"/> Non-qualified		
	<input type="checkbox"/> ISO <input type="checkbox"/> Other Deferred <input type="checkbox"/> Non-qualified		

Foreign Accounts

Name of Institution	Account	Current value	Location	Type	How title held
1.					
2.					
3.					
4.					
5.					

Pension Plans

Participant	Employer	Beneficiary(ies)	Death benefit (yes or no)	Estimated monthly payment
1.				
2.				
3.				

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Annuities

Name of company/ contract number	Annuitized	Owner	Annuitant	Beneficiary(ies)	Cash value	Death benefit
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No					

Life Insurance

Name of company/ policy number	Owner of policy	Insured	Primary/secondary beneficiary(ies)	Type	Cash value/ death benefit
1.				<input type="checkbox"/> Term <input type="checkbox"/> Cash value policy	
2.				<input type="checkbox"/> Term <input type="checkbox"/> Cash value policy	
3.				<input type="checkbox"/> Term <input type="checkbox"/> Cash value policy	
4.				<input type="checkbox"/> Term <input type="checkbox"/> Cash value policy	

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Loans Made by Decedent

Name of Borrower	Secured (yes or no)	Current outstanding balance
1.		
2.		
3.		
4.		
5.		

Major Tangible Personal Property
(Art, Jewelry, Automobiles of High Value, Collections, etc)

Asset description	Current value
1.	
2.	
3.	
4.	

Other Assets
(including foreign assets not covered above)

1.
2.
3.
4.

PART VII — LIABILITIES

1. Utilities/Household Bills (including homeowner's and auto insurance):

2. Mortgage(s):

3. Medical Bills

4. Credit cards, notes payable, other unsecured debt:

5. Guarantees for debts of others, i.e. cosigned notes, etc.:

6. Other support obligations (child support, spousal support, dependents, etc):

7. Tax and other liabilities:

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I/WE DECLARE THAT THE ABOVE LISTED INFORMATION IS COMPLETE AND ACCURATE.

DATED: _____

DATED: _____