

BERLINER COHEN, LLP
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: _____

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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: _____

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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. |

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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: _____