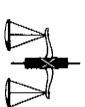
## ESTATE REVIEW BROCHURE

Estate of		
Case No.		
<b>T</b> o:		
`		
Your appointment is with:		
at	(am/pm) on	et et

## MUSIAL & MUSIAL CO. LPA COUNSELORS AT LAW 28885 Center Ridge Road #202 Westlake, Ohio 44145

## Musial & Musial Counselors at Law

ALL INFORMATION PROVIDED IN THIS QUESTIONNAIRE WILL BE CONSIDERED AND TREATED AS CONFIDENTIAL.



## ESTATE REVIEW BROCHURE (Fill out to the best of your information)

S.S. #	D/B	Address	Name
			WILL BENEFICIARIES:
S.S.#	D/B	Relationship	Name Address
			CHILDREN/NEXT OF KIN:
		_ No.	Bond Required: Yes
			Relationship to Deceased:
		(Office)	Telephone No.: (Home)
			Residence:
			Administrator/trix:
			Executor/trix:
			FIDUCIARY:
		Place of Marriage:	Date of Marriage:
		Place of Birth:	Date of Birth:
		Occupation:	Social Security No.:
		(Office)	Telephone No.: (Home)
			Residence:
			Name of surviving spouse:
			SURVIVING SPOUSE:
		Military Branch:	veteran:
		Place of Birth:	Date of Birth (D/B):
		Place of Death:	Date of Death (D/O):
	State:	County:	City: C
ab.:	Yr. Estab.:		Residence:
		Occupation:	Social Security No.:
		AKA:	Name of Decedent:
			DECEDENT:
	Date:	Interview Date:	

Address:		. 24		
1. Permanent Parcel No(s):				
2. Need copy of current Deed for each piece of property.	eed for each pion	ce of property.		
MORTGAGES:				
<ol> <li>Name of Bank(s):</li> <li>Description of property(s):</li> </ol>	(s):			
3. Mortgage - Exact name(s): 4. Balance(s) due on date of death:	(s): of death:			
BANK and BROKERAGE ACCOUNTS:	ACCOUNTS:			
Savings:	PT.	Acet. No.	Held in the name of	Bal. on D/D
Checking:				
CD's:				
Others:				
ANNUITIES, PENSION,	RETIREMEN	r & other empl	ANNUITIES, PENSION, RETTREMENT & OTHER EMPLOYER DEATH BENEFIT PLANS (describe):	LANS (describe):
STOCKS and BONDS:	No. of	Held in the	To be Sold or	Value
Name of Co.	Shares	name of	Transferred	on D/D
BUSINESS:				
of business:				
Stock	.; Partnership _ bership Agreem	Stock; Partnership;  Stock; Partnership;  Buv-Sall Agreement/Partnership Agreement (Provide Conv.)	; Sole-Proprietor	. (Check One)

		yahoga, Lorain etc.	·Insert name of County - Cuyahoga, Lorain etc.
_*County Probate Court.		made payable to:	3. Need a check for \$
	lues.	Need an inventory of misc. personalty with approximate values.	<ol><li>Need an inventory of misc.  </li></ol>
		tificate.	<ol> <li>Need a copy of the death certificate.</li> </ol>
			MISCELLANEOUS:
Date	unt Paid By	Address Amount	Debtor
	partment stores, etc.	one, credit cards, auto loans, de	Funeral Bill, Cemetary $\cdot$ Gravestone, credit cards, auto loans, department stores, etc.
Beneficiary	Face Amt.	Policy No.	Company
		NCE:	HEALTH/ACCIDENT INSURANCE:
Beneficiary	Face Amt.	Policy No.	Company
			TIPE DIGITALNOS.
			Need conv of title(a)
	Model	Make	Year

4. Need Will, Codicil and/or Trust Agreement (if any have been executed).

AUTOMOBILE(s):