



Planning for Life, Planning for Legacies

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## GENERAL INFORMATION

- Was the decedent receiving Social Security  Yes  No  
If so, where was the check deposited? \_\_\_\_\_  
Was the check directly deposited by social security?  Yes  No
- Did the decedent have a Will?  Yes  No Dated: \_\_\_\_\_  
Location of original: \_\_\_\_\_
- Please provide us with a copy of the following documents executed by the Decedent:  
Durable Power of Attorney  Yes  No  
Living Trust?  Yes  No  
Irrevocable Trust  Yes  No

Name of Surviving Spouse: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

## ADDITIONAL INFORMATION

### Decedent's Financial Advisors

Tax Preparer: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ / Fax: \_\_\_\_\_

Investment Advisor \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ / Fax: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ / Fax: \_\_\_\_\_  
(Please provide copies of any insurance riders.)

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

Telephone Number: \_\_\_\_\_ / Fax: \_\_\_\_\_

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