



CAROLINA TAX, TRUSTS & ESTATES

ESTATE ADMINISTRATION INTAKE FORM

*Please fill out this form the best you can. We need to know this information in order to effectively assist you. As always, all the information you supply to us will be kept **STRICTLY CONFIDENTIAL**. All our forms are in PDF “fillable” format; meaning, these documents can be filled out using an Adobe program so you may type your responses. Be sure to save the document first and then type in your responses. If you would prefer, you may print out the forms and then write your responses if that is easier. Should you have any questions, please call us at (910) 725-0498. We will be happy to help you.*

Estate Administration is the process of managing the assets and liabilities of someone who has passed away, typically referred to as the decedent. The administration of a decedent’s estate requires allocating all the decedent’s assets, paying any and all decedent’s liabilities (which includes federal and state tax compliance), and distributing the decedent’s remaining property to the heirs (beneficiaries) of the decedent’s estate. Please provide the decedent’s information below.

THE DECEDENT INFORMATION

Name: _____

Date of Birth: _____ Soc. Sec. No.: _____

Date of Death: _____ County of death: _____

County of residency: _____

Home Address: _____

City: _____ State: _____ Zip: _____

WILL OR NO WILL?

When a decedent dies with a will, the decedent is said to have died “testate.” When a decedent dies without a will, the decedent is said to have died “intestate.”

When someone makes an amendment to their will during their lifetime, that document is called a codicil. It does not revoke the entire will; rather, it amends (changes particular parts) of the will.

THE ESTATE: INTESTATE OR TESTATE

Is there a will?

Are there any codicils?

How many?

Who is named as the
Executor (Personal
Representative)?

Your relationship to Executor?

REASON FOR AN ESTATE ADMINISTRATION CONSULT

Please provide the reason why you are requesting an estate administration consultation. (*please summarize with facts – this does not need to be long, just an overview*):

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal blue or grey lines across its entire width, typical of notebook paper. The lines are uniform in thickness and spacing, providing a guide for handwriting. There are no margins, text, or other markings on the page.

THE PERSONAL REPRESENTATIVE

The term “Personal Representative” is used to refer to an executor (someone named in a decedent’s will) or an administrator. This person has a fiduciary duty to act in the best interests of the decedent’s estate. If the decedent has a will, please provide the information of the person named in the will who is the person who would be able and capable of serving as the personal representative. If there is no will, please provide the information to the person who is seeking to become appointed as the administrator of the estate.

PERSONAL REPRESENTATIVE INFORMATION

Name: _____

Date of Birth: _____ Soc. Sec. No.: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

BENEFICIARY INFORMATION

Please provide information for all beneficiaries named in the decedent’s will, this would include any specific gifts (bequests), and all people named in the residuary estate (those who receive the remainder of the assets that the decedent has after the estate has paid all debts of the decedent and made any specific gifts). Additionally, if someone has passed away as a beneficiary, but has children, please put all the information you have for those children.

If the decedent died without a will (intestate), please provide information for the following people, if applicable:

1. If decedent has a spouse and children, please list those people – if any of those children have predeceased the decedent, please list any children that they have; however,
2. If the decedent does not have a spouse or children, please list the names of the decedent’s mother and father, if living; however,
3. If NONE of the decedent’s parents are not living, please list the decedent’s siblings, if any

- of those siblings have predeceased the decedent, please list their children; however,
4. If none of the above-mentioned lineal family members are living, please leave blank.

BENEFICIARY INFORMATION

Name: _____ Relationship to
Decedent: _____

Date of Birth: _____ Soc. Sec. No.: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

BENEFICIARY INFORMATION

Name: _____ Relationship to
Decedent: _____

Date of Birth: _____ Soc. Sec. No.: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

BENEFICIARY INFORMATION

Name: _____ Relationship to
Decedent: _____

Date of Birth: _____ Soc. Sec. No.: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

BENEFICIARY INFORMATION

Name: _____ Relationship to Decedent: _____

Date of Birth: _____ Soc. Sec. No.: _____

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Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

BENEFICIARY INFORMATION

Name: _____ Relationship to Decedent: _____

Date of Birth: _____ Soc. Sec. No.: _____

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Home Address: _____

City: _____ State: _____ Zip: _____

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