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The Law Office of Deni C. Pifer, PC
Member of North Carolina and South Carolina Bars

PLEASE BRING the following to your meeting:

- ORIGINAL SIGNED WILL & CODICILS (if any)
- Trust(s) if any
- Original Death Certificate
- Car Titles or Registration
- Mileage on Vehicles

A. DECEDENT INFORMATION:

Full Name of Decedent: _____

Address at Death: _____

Did Decedent die in their state of residence and if not, in what state/country did they die?

Was the Decedent known by any other names? If so, please list:

B. EXECUTOR or person applying for ADMINISTRATOR INFORMATION:

NAME: _____ Relationship to Decedent: _____

Address: _____ (street)
_____ (city, state, zip)
_____ (county)

Email Address (es): _____

Telephone numbers: _____ (home)
_____ (cell)

Social Security Number of Executor: _____

C. BENEFICIARY INFORMATION:

Please list all Beneficiaries: (attach separate list if necessary)

1. **Name:** _____

Relationship to Decedent: _____

Address: _____ (street)
_____ (city, state, zip)
_____ (county)

Age or Birthdate: _____

Telephone Number: _____

2. **Name:** _____

Relationship to Decedent: _____

Address: _____ (street)
_____ (city, state, zip)
_____ (county)

Age or Birthdate: _____

Email: _____

Telephone Number: _____

3. **Name:** _____

Relationship to Decedent: _____

Address: _____ (street)
_____ (city, state, zip)
_____ (county)

Age or Birthdate: _____

Email: _____

Telephone Number: _____

4. **Name:** _____

Relationship to Decedent: _____

Address: _____ (street)
_____ (city, state, zip)
_____ (county)

Age or Birthdate: _____

Email: _____

Telephone Number: _____

5. **Name:** _____

Relationship to Decedent: _____

Address: _____ (street)
_____ (city, state, zip)
_____ (county)

Age or Birthdate: _____

Email: _____

Telephone Number: _____

6. **Name of Trust (if pour-over Will to Trust):**

Trustee:

Address: _____ (street)
_____ (city, state, zip)
_____ (county)

Date of Trust: _____

Email of Trustee: _____

Telephone Number of Trustee: _____

ASSETS	Owner (Typically Deceased)	Beneficiary or Payable on death to:	Institution and Contact Info
Checking Accounts			
Savings Accounts			
Personal Property			
Investment Accounts Joint Account			
IRA			
IRA			
Other Stocks BONDS			
IRA and/or 401(k)			
Automobiles (Please send original titles) Make, Model and Mileage			
Loans to others (notes or mortgages receivable)			
Residence: Address			

Other Real Estate Address:			
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ASSET	Owner	Institution	Contact Info
Business Interest			
Pension			
Collectibles, etc.			
Life Insurance	Company	Face Amount	Beneficiary
Variable Annuity			
Universal Life Insurance			
Universal Life Insurance			
Whole Life Insurance			

OTHER NOTES: