

THE LAW PRACTICE OF  
*Dennison Keller*, LLC  
A FOCUS IN ELDER LAW

R. Dennison Keller, Jr., Esq. \*

Eva M. Hager, Esq.\*\*

**ESTATE ADMINISTRATION INFORMATION**

**CLIENT**

Name & Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

**DECEDENT**

Full Name: (including middle name): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

**NEXT OF KIN** (If you need more space, please use the last page)

Name & Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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Name & Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

4240 HUNT ROAD  
BLUE ASH, OH 45242  
PHONE: 513-818-1111

7310 TURFWAY ROAD, SUITE 550  
FLORENCE, KY 41042  
PHONE: 859-372-6790

## LAST WILL & TESTAMENT

Is there a Last Will and Testament?  Yes  No

Do you have the Original Signed Last Will and Testament?  Yes  No  
If no, do you have a copy?  Yes  No

Who are the named Executors? *(also known as Personal Representative or Executrix)*

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**BENEFICIARY(IES):** *(If you need more space, please use the last page)*

Name & Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## TRUST

Is there a Trust Agreement?  Yes  No

Do you have a copy of the Trust?  Yes  No

Who are the named Trustees? *(also known as Successor Trustee)*

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**ASSETS**

Please supply the following information regarding assets and values for the decedent.  
Where “Value” is requested, give the Date of Death (DOD) value:

**REAL ESTATE** *(please attach a copy of the deed if you have it)*

ADDRESS *(Residence)*: \_\_\_\_\_

Titled	Auditor’s Value	Mortgage

ADDRESS *(Other)*: \_\_\_\_\_

Titled	Auditor’s Value	Mortgage	Rental?
			<input type="checkbox"/>

**CHECKING & SAVINGS ACCOUNTS** *(please attach DOD Bank Statements)*

Bank Name	Account Number	Titled	DOD Balance	Payable on Death Recipient

**CERTIFICATES OF DEPOSIT (CDs)** *(please attach DOD Bank Statements)*

<b>Bank Name</b>	<b>Account Number</b>	<b>Titled</b>	<b>DOD Balance</b>	<b>Beneficiary</b>

**RETIREMENT PLANS (IRA, KEOGH, OTHER):**

<b>Company</b>	<b>Account Number</b>	<b>Titled</b>	<b>Beneficiary</b>

**LIFE INSURANCE**

<b>Company</b>	<b>Policy Number</b>	<b>Titled</b>	<b>Beneficiary</b>

**ANNUITIES:**

<b>Company</b>	<b>Account Number</b>	<b>Titled</b>	<b>Beneficiary</b>

**BONDS (Savings, Treasury or Municipal):** *(attach detailed list if necessary)*

<b>Type of Bond</b>	<b>Owner(s)</b>	<b>Face Value</b>	<b>Present Value</b>

**STOCKS/MUTUAL FUNDS:** *(attach detailed list if necessary)*

<b>Company</b>	<b>Number of Shares</b>	<b>Titled</b>	<b>DOD Value</b>	<b>Beneficiary</b>

**EMPLOYEE BENEFITS** (*Profit Sharing or Pension Plan; Stock Options*)

Company	Titled	Type of Benefit	Death Benefit	Beneficiary

**OIL, GAS, OR OTHER MINERALS**

Description	Owner(s)	Value

**VEHICLES**

Year / Make / Model	VIN Number	Value

**TANGIBLE PERSONAL PROPERTY**

*(Clothing, Jewelry, Tools, Firearms, Household Furnishing and collections are examples of tangible personal property)*

Description	Value

**MISCELLANEOUS**

Was Decedent a beneficiary of any Trust and/or Estate?     No     Yes, *please explain*  
*below.*

Did Decedent own an interest in any other assets                     No     Yes, *please explain*  
*below.*  
*(such as a business, franchise, lawsuit, etc.?)*

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**NOTES / COMMENTS / QUESTIONS**

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## DEBTS

*(Secured/Unsecured loans, Notes, Loans on Insurance Policies, Medical and Other Expenses, are examples of debt).*

Description of Debt	Company (Creditor)	Balance

### **Additional document we will need from you in order to open the Estate:**

- A copy of the funeral bill that has been paid in full.
- Two (2) **original** certified copies of the Death Certificate.
- The **original** signed copy of the Decedent's Last Will and Testament
- Bank Statements for all bank accounts held on the date of death.
- Copies of any life insurance policies
- Copies of any bills



## NEXT OF KIN

Name & Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## BENEFICIARIES

Name & Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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