

THE UKOHA-AJIKE LAW GROUP
A PROFESSIONAL CORPORATION

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ESTATE PLANNING
BUSINESS TAX PLANNING & CONSULTING

*** Please complete ALL information prior to your meeting with the attorney. If you have any questions, please contact us directly.**

Client Contact Information

Date: _____

Full Name: _____

Relationship to Deceased: _____

Date of Birth: _____

Mailing Address: _____

City _____ State _____ Zip _____

Physical (if different): _____

City _____ State _____ Zip _____

Phone 1: _____ Cell Home Work

Phone 2: _____ Cell Home Work

Phone 3: _____ Cell Home Work

Fax: _____

E-Mail Address: _____

May we contact you by e-mail? Yes No

May we send you documents by e-mail? Yes No

Referred by: _____

Decedent Information

Full Name of Decedent: _____

Other Names Decedent used: _____

Decedent's marital status at time of death:

Married Divorced Spouse Deceased Date of Death: _____ Never Married

Name of Spouse (whether alive or deceased): _____

Address of Spouse (if alive): _____

If spouse is deceased, did he/she ever receive any Medi-Cal benefits? Yes No Unsure

If yes or unsure, please provide a copy of the spouse's death certificate.

Assets & Liabilities:

Approximate value of all real property owned: _____

Amount of existing mortgages on all real property: _____

Approximate value of all personal property owned (including cash assets, retirement funds, investments, etc.):

Did decedent receive Medi-Cal benefits? Yes No Unsure

Did decedent owe money to the IRS or Franchise Tax Board? Yes No Unsure

Living Children of Deceased (Including Adopted & Step-Children)

Name	Name
Son <input type="checkbox"/> Daughter <input type="checkbox"/> Minor <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/>	Son <input type="checkbox"/> Daughter <input type="checkbox"/> Minor <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/>
Address	Address
City, State, Zip	City, State, Zip
Phone Number (s)	Phone Number (s)

Name	Name
Son <input type="checkbox"/> Daughter <input type="checkbox"/> Minor <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/>	Son <input type="checkbox"/> Daughter <input type="checkbox"/> Minor <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/>
Address	Address
City, State, Zip	City, State, Zip
Phone Number (s)	Phone Number (s)

Pre-Deceased Children (Including Adopted & Step-Children)

Name	Name
Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/>	Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/>

Please list any children of the predeceased children along with their addresses and phone numbers, and indicate whether they are minors.

Siblings of Decedent (If no Living Spouse or Children)

Name	Name
Brother <input type="checkbox"/> Sister <input type="checkbox"/> Deceased <input type="checkbox"/>	Brother <input type="checkbox"/> Sister <input type="checkbox"/> Deceased <input type="checkbox"/>
Address	Address
City, State, Zip	City, State, Zip
Phone Number (s)	Phone Number (s)

Name	Name
Brother <input type="checkbox"/> Sister <input type="checkbox"/> Deceased <input type="checkbox"/>	Brother <input type="checkbox"/> Sister <input type="checkbox"/> Deceased <input type="checkbox"/>
Address	Address
City, State, Zip	City, State, Zip
Phone Number (s)	Phone Number (s)

Named Beneficiaries in Trust (If info has not already been provided)

Name	Name
Address	Address
City, State, Zip	City, State, Zip
Phone Number (s)	Phone Number (s)

Name	Name
Address	Address
City, State, Zip	City, State, Zip
Phone Number (s)	Phone Number (s)

Name	Name
Address	Address
City, State, Zip	City, State, Zip
Phone Number (s)	Phone Number (s)

Name	Name
Address	Address
City, State, Zip	City, State, Zip
Phone Number (s)	Phone Number (s)

