

THE UKOHA-AJIKE LAW GROUP  
A PROFESSIONAL CORPORATION

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ESTATE PLANNING  
BUSINESS TAX PLANNING & CONSULTING

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**\* 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)

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.

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**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 Will (If any and if info has not already been provided)**

Name	Name
Relationship to Deceased and Age if a Minor	Relationship to Deceased and Age if a Minor
Address	Address
City, State, Zip	City, State, Zip
Phone Number (s)	Phone Number (s)

Name	Name
Relationship to Deceased and Age if a Minor	Relationship to Deceased and Age if a Minor
Address	Address
City, State, Zip	City, State, Zip
Phone Number (s)	Phone Number (s)

Name	Name
Relationship to Deceased and Age if a Minor	Relationship to Deceased and Age if a Minor
Address	Address
City, State, Zip	City, State, Zip
Phone Number (s)	Phone Number (s)

