

Your Name: _____ DOB: _____

SSN: _____ Spouse: _____

Address: _____

City, State, Zip Code: _____

Best Daytime Phone: _____ Email: _____

Other Phone: _____ Fax: _____

Employer: _____

Information about the deceased (complete all known information):

Name: _____ Date of Birth _____

Most Recent Address: _____

Marital Status: ___ Single, never married ___ Widow(er) ___ Divorced
___ Married, spouse's name: _____

Place of death: _____

Date of Death: _____ Do you have any death certificates? _____

Did the deceased ever receive Medicaid or Mo Health Net benefits? _____

Did this person have: Durable power of attorney? Yes or No Agent _____

Last Will & Testament? Yes or No

Trust or Living Trust? Yes or No

Do you have the original Will or other estate planning documents? _____

Last known employer: _____

List All Children (or Siblings if none) (name, address, phone number):

Are any children/siblings deceased? _____ Are any children/siblings under 21 years of age? _____

Are any children/siblings disabled? _____

Do any children/siblings receive social security disability or Medicaid? _____

How did you find us? Phone Book: which one? Centurylink Yellow Book

Internet Friend or Colleague: _____

Other: _____