

INHERITANCE WORKSHEET

Please complete this entire form. This will assist us in providing you a quick and accurate evaluation and quote.

When completed, please fax to **888.283.3218**.

Inheritance Contact Information

Name:

Address 1:

Address 2:

City:

State:

Zip:

Home Phone:

Work Phone:

Fax:

Email:

Estate

Name of Deceased:

Date of Death:

Name of Trust (if any):

Court:

County:

State:

Case #:

Name of Executor/Trustee:

Address 1:

Address 2:

City:

State:

Zip:

Phone:

Email:

Name of Estate Attorney:

Address 1:

Address 2:

City:

State:

Zip:

Phone:

Fax:

Email:

How Many Expected Distributions:

How Much Money Are You Looking To Receive?:

What Are The Reasons For Selling?:

Have You Already Received Preliminary Distributions?:

How Much?:

Have You Already Borrowed or Assigned a Portion of Inheritance?:

How Much?:

Comments: