



TRAIL Associates

www.trailassociates.com

**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:

Partnering for Success

336 East Brown Street - East Stroudsburg, PA 18301 - 610.760.2724



TRAIL Associates

[www.trailassociates.com](http://www.trailassociates.com)

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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:

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