

TIMOTHY M. AYRES, LLC

Timothy M. Ayres, Esquire

Tonilyn Chippie Kargo, Esquire

Lauren Cascino Presser, Esquire

Date and Time of Appointment: _____ Attorney: _____

Who is attending the appointment today? _____

Who completed this form? _____

Type of appointment **Estate Administration**

CLIENTS' PERSONAL INFORMATION:

Client's Name: (NAME OF DECEDENT)

Executor's Name:

(First) (Middle) (Last)

(First) (Middle) (Last)

Address: _____

Address: _____

Township/Borough: _____

Township/Borough: _____

County: _____

County: _____

Date of Birth: _____

Home Phone: () _____

Date of Death: _____

Cell Phone: () _____

SSN: _____

E-mail: _____

SSN: _____

Decedent's Spouse's Name:

(First) (Middle) (Last)

Address: _____

Date of Death (if applicable): _____

CHILDREN OR BENEFICIARY INFORMATION

Please provide full legal names, oldest to youngest. List predeceased children.

1. Name/Age: _____ Contact Number: (____) _____

Spouse's Name: _____

Address: _____

Children's Names/Ages: _____

2. Name/Age: _____ Contact Number: (____) _____

Spouse's Name: _____

Address: _____

Children's Names/Ages: _____

3. Name/Age: _____ Contact Number: (____) _____

Spouse's Name: _____

Address: _____

Children's Names/Ages: _____

4. Name/Age: _____ Contact Number: (____) _____

Spouse's Name: _____

Address: _____

Children's Names/Ages: _____

5. Name/Age: _____ Contact Number: (____) _____

Spouse's Name: _____

Address: _____

Children's Names/Ages: _____

How were you referred to us? (Check one): EZ-to-Use Directory Tribune Democrat
Friend (Name _____) TV Ad Website Facebook
Attorney (Name) _____