

Estate Intake Form

	Client Account Information
Company:	
Trust Officer:	
Midland Account Number:	
Midland Account Name:	
Date of Death:	

	List of Heirs
Name:	
Relation:	
Address:	
City, State, Zip Code:	
Phone Number:	
Name:	
Relation:	
Address:	
City, State, Zip Code:	
Phone Number:	
Name:	
Relation:	
Address:	
City, State, Zip Code:	
Phone Number:	
Name:	
Relation:	
Address:	
City, State, Zip Code:	
Phone Number:	
Name:	
Relation:	
Address:	
City, State, Zip Code:	
Phone Number:	

Chicago Office: 225 West Washington Street Suite 1640 Chicago, IL 60606 (312) 338-7878

New York Office: 120 White Plains Road

Suite 135 Tarrytown, NY 10591 (914) 580-7500



Estate Settleme	ent Information	
Date of Acceptance by Fiduciary Oversight Subcommittee:		
Anticipated Market Value: (List of Assets attached)		
Anticipated Settlement Date: (Month & Year)		
Anticipated Estate Fee: (if non-standard fee, attach details of fee agreement)		
Notes:		
Trust Officer/Administrator Signature	 Date	-



Lists of Assets

Bank Accounts (Checking, savings, CDs, etc.)

ACCOUNT NUMBER	ACCOUNT TITLE	NAME OF FINANCIAL INSTITUTION	TYPE OF ACCOUNT	ACCOUNT VALUE

Investment Accounts

ACCOUNT NUMBER	ACCOUNT TITLE	NAME OF FINANCIAL INSTITUTION	TYPE OF ACCOUNT	ACCOUNT VALUE



Physical Stock Certificates

CERTIFICATE NUMBER	CERTIFICATE TITLE	NAME OF INSTITUTION	NUMBER OF SHARES	CERTIFICATE VALUE

Real Estate and Mineral Interests

PROPERTY ADDRESS	NAME ON TITLE OF PROPERTY	TYPE OF PROPERTY	MORTGAGE AMOUNT	PROPERTY VALUE



Life Insurance Policies

POLICY NUMBER	COMPANY NAME	PERSON INSURED	TYPE OF POLICY	DEATH BENEFIT

Business Ownership Interests

BUSINESS NAME	TYPE OF BUSINESS	OWNERSHIP INTEREST (TITLE)	OWNERSHIP INTEREST (PERCENTAGE)	OWNERSHIP VALUE