

## 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



## 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**

<b>CERTIFICATE NUMBER</b>	<b>CERTIFICATE TITLE</b>	<b>NAME OF INSTITUTION</b>	<b>NUMBER OF SHARES</b>	<b>CERTIFICATE VALUE</b>

**Real Estate and Mineral Interests**

<b>PROPERTY ADDRESS</b>	<b>NAME ON TITLE OF PROPERTY</b>	<b>TYPE OF PROPERTY</b>	<b>MORTGAGE AMOUNT</b>	<b>PROPERTY VALUE</b>

**Life Insurance Policies**

<b>POLICY NUMBER</b>	<b>COMPANY NAME</b>	<b>PERSON INSURED</b>	<b>TYPE OF POLICY</b>	<b>DEATH BENEFIT</b>

**Business Ownership Interests**

<b>BUSINESS NAME</b>	<b>TYPE OF BUSINESS</b>	<b>OWNERSHIP INTEREST (TITLE)</b>	<b>OWNERSHIP INTEREST (PERCENTAGE)</b>	<b>OWNERSHIP VALUE</b>