

**PRE-PLANNING FORM TO THE
REFERRAL PUBLIC ADMINISTRATOR WORKSHEET
175 South Lena Rd San Bernardino, CA 92415-0335
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DATE OF REFERRAL: 8/10/2010	YOUR NAME:	PHONE / EXT:
REFERRAL REASON:		
PG/CORONER CASE #:	COR/P.G. SUP. INIT/DATE:	

NOTE: ADDRESS EACH ITEM: IF UNKNOWN PLEASE INDICATE "UNK".

NAME: _____

AKA's: _____

DATE OF BIRTH: _____ **DATE OF DEATH:** _____ **SOC. SEC #:** _____

MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED WIDOWED

IF WIDOWED, NAME OF SPOUSE: _____ **DOD:** _____

MILITARY SERVICE: YES NO IF YES, WHICH BRANCH: _____

VA FILE OR CLAIM #: _____ **SERVICE #:** _____

PRE-NEED BURIAL PLAN:	
ARRANGEMENTS: MADE BY: _____	<input type="checkbox"/> NEED TO BE ARRANGED
REMAINS HELD AT: <input type="checkbox"/> MORTUARY _____	PRE-NEED: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CEMETERY _____	PRE-NEED: <input type="checkbox"/> YES <input type="checkbox"/> NO

IS THERE A WILL, EXECUTOR: _____ **PHONE:** _____

WILLING TO ACT: YES NO **LOCATION OF ORIGINAL WILL:** _____

RESIDENCE: _____	APT. #: _____		
ALTERNATE ADDRESS OR POST OFFICE BOX: _____			
NAME OF MOBILE HOME PARK/APARTMENT COMPLEX: _____			
MANAGER'S NAME AND PHONE NO. : _____			
<input type="checkbox"/> PRIVATE RESIDENCE: <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED <input type="checkbox"/> FACILITY <input type="checkbox"/> OTHER: _____			
PHOTOS TAKEN: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COPIES AVAILABLE			
Items of value in residence or in safekeeping:			
<input type="checkbox"/> GUNS/RIFLES	<input type="checkbox"/> ADDRESS BOOK	<input type="checkbox"/> MAIL	<input type="checkbox"/> PERSONAL PAPER
<input type="checkbox"/> WILL <input type="checkbox"/> BILLS	<input type="checkbox"/> BIBLES	<input type="checkbox"/> PHOTOS	<input type="checkbox"/> LOCK-BOXES
<input type="checkbox"/> COMPUTER EQUIP.	<input type="checkbox"/> COMPUTER DISKS OR CD'S	<input type="checkbox"/> LARGE ITEMS OF VALUE	
<input type="checkbox"/> OTHER	<input type="checkbox"/> NOTHING OF VALUE		

OTHER REAL PROPERTY: YES NO

MOBILE HOME: YES NO

ADDRESS _____

KEYS HELD BY: _____

SIGNIFICANT OTHERS:

NAME:	ADDRESS & PHONE	RELATIONSHIP	NAMED IN WILL?
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK.
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK.

PETS: YES NO TYPE: _____ HELD BY _____

CONTACTS WITH MORE INFORMATION OR INTEREST IN DECEDENT OR ESTATE

NAME	PHONE	RELATIONSHIP
_____	_____	_____
_____	_____	_____

ESTATE COMPOSITION: CASH: _____ HELD BY: _____

FACILITY TRUST FUNDS: _____ CONTACT: _____ PHONE: _____

BANK ACCOUNTS:

PRIMARY BANKS:	BRANCH ADDRESS & PHONE	ACCT #	BALANCE	DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANY NAMES(S) ON ACCOUNT WITH DECEDENT; IF CHECKED, LIST HERE:

STOCKS, BONDS, SECURITIES: YES NO UNK.

DESCRIPTION: _____

CERTIFICATES HELD AT _____

MOTOR VEHICLES: YES NO UNK.

MAKE & MODEL	YR.	LICENSE #	LOCATION	KEYS HELD BY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIFE INSURANCE: YES NO UNK.

COMPANY: _____ FACE AMOUNT: _____

POLICY NUMBER _____ BENEFICIARY _____

Additional Comments: _____
