

## 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 Settlement Information	
Date of Acceptance by Fiduciary Oversight Subcommittee:	
Anticipated Market Value: <i>(List of Assets attached)</i>	
Anticipated Settlement Date: <i>(Month &amp; Year)</i>	
Anticipated Estate Fee: <i>(if non-standard fee, attach details of fee agreement)</i>	
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**

<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>