

ESTATE INFORMATION

Please complete the following information for each beneficiary.

Decedent: _____

Last Residence: _____

SSN: _____

DOB: _____

DOD: _____

BENEFICIARY NAME	BENEFICIARY ADDRESS	SOCIAL SECURITY NUMBER
Name:		
Phone:		
DOB:		
Name:		
Phone:		
DOB:		
Name:		
Phone:		
DOB:		

Accountant / Tax Preparer:

Name: _____

Phone: _____

Address: _____



First Wealth Financial Group, LLP, Stratos Wealth Partners and LPL Financial do not provide legal advice or services. Please consult your legal advisor regarding your specific situation.

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