

# ESS *LifeTrack*<sup>®</sup> Estate Settlement Agreement

ESS *LifeTrack*<sup>®</sup> agreement between ESS and the client named below

## 1. GENERAL PURPOSE

By this agreement, you engage us to provide the following services as described below, and we agree to provide these services.

## 2. SERVICES TO BE PROVIDED

Upon the passing of an **ESS *LifeTrack*<sup>®</sup>** client we will assist the Executor(s)/children/heirs to settle the estate. You will receive 2 free hours of our services, and then you will be billed at a 50% discount of our current rate. We will also work with the attorney, accountant, real estate broker, insurance agent and financial advisor of record.

Estate Settlement to include:

- Contacting Social Security
- Contacting the IRS
- Contacting employers (current or past)
- Contacting banks
- Contacting insurance companies
- Contacting investment firms
- Gathering forms and assistance in filling them out
- Title transferring of assets
- Canceling no-longer needed insurance
- Receiving Estate ID number and opening and Estate bank account
- And more

## 3. PROCESS FOR SETTLEMENT

We will go through the file on record and notify all companies and institutions of the passing. We will obtain their process, forms, and needed documents. We will assist you in filing out the forms and sending the needed documents. We will follow up on the status of the claim or transfer of asset. We will work with the advisors as needed in the process. Then you will be billed monthly for our time spent in settling your estate.

## 4. COMPENSATION FOR ESTATE SETTLEMENT

For **ESS *LifeTrack*<sup>®</sup>** services described above, you have agreed to pay the current rate of \_\_\_\_\_ less the 50% discount per hour. You will receive the first 2 hours of service for free. This rate will be in effect for the entire settlement process or until you cancel this agreement in writing.

This contract is hereby agreed to and effective \_\_\_\_\_ at \_\_\_\_\_.  
(DATE) (CITY AND STATE)

EXECUTOR/CHILD/HEIR NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

REP NAME \_\_\_\_\_ REP SIGNATURE \_\_\_\_\_

ESS PROVIDES FOCUSED ADMINISTRATIVE HELP. ESS CAN ASSIST YOU IN PROVIDING INFORMATION TO YOUR CURRENT ATTORNEY, ACCOUNTANT, OR OTHER PROFESSIONALS. ESS GIVES NO LEGAL, ACCOUNTING, OR FINANCIAL ADVICE. REV 4/2009