

ESTATE ADMINISTRATION QUESTIONNAIRE

Date: _____, 20__

Decedent's Name: _____

Decedent's Date of Birth: _____ Decedent's Date of Death: _____

Decedent's Social Security No.: _____

Spouse's Name: _____

Spouse's Date of Birth: _____, _____ Spouse Date of Death: _____

Home Address: _____

Phone No.: _____

Decedent's Employer: _____

Decedent's Usual Occupation: _____

Executor's Address: _____

Executor's Phone No.: _____ Executor's SSN: _____

Executor's Employer: _____

Executor's Employer's Address: _____

Names and Addresses of Legatees (who inherit under will) and Heirs (who inherit in absence of will)	Relationship to Decedent	Ages
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

1. Are any of the above legatees or heirs minors, disabled, or in the military?

Yes _____ No _____; if "Yes," please so indicate next to their names.

2. Were any children adopted by the decedent?

Yes _____ No _____; if "Yes," please so indicate next to their names.

3. Was the decedent previously married?
Yes _____ No _____; if "Yes," please indicate to whom the decedent was married and whether any children were born of a prior marriage: _____.
4. Did any child of the decedent predecease the decedent?
Yes _____ No _____; if "Yes," please indicate the date of birth and date of death of such child: _____, ____; _____, ____.
5. Was the decedent a creator, trustee, or beneficiary of any trust?
Yes _____ No _____; if "Yes," please furnish a copy of the trust and all amendments.
6. Did the decedent execute a premarital or postmarital agreement?
Yes _____ No _____; if "Yes," please furnish a copy.
7. Did the decedent have a safe-deposit box?
Yes _____ No _____; if "Yes," please indicate the name of the bank: _____.
8. Did the decedent have a live-in caregiver for at least a three-year period?
Yes _____ No _____
9. Might Public Aid have a lien against the decedent for nursing home care?
Yes _____ No _____
10. List the name and address of the decedent's income tax return preparer (please provide copies of returns for the last three years): _____.
11. Please provide a copy of the decedent's death certificate. Received: _____
12. Did the decedent lease any property to or from any other person or company?
Yes _____ No _____
13. Did the decedent reside in any of the following states while married: Alaska; Arizona; California; Idaho; Louisiana; Nevada; New Mexico; Oklahoma; Oregon; Texas; Washington; or Wisconsin?
Yes _____ No _____
14. Did the decedent file prior gift tax returns or make any gift that should have been reported?
Yes _____ No _____; if "Yes," please furnish a copy of each return.
15. Were the decedent and the decedent's spouse U.S. citizens?
Yes _____ No _____; if "No," then identify citizenship of each spouse: _____.

List of Assets

A. Non-Farm Real Estate (provide copy of deed):

Personal Residence

Address: _____ Value: _____

Owner: _____

Other Real Estate

Address: _____ Value: _____

Owner: _____

If income producing, net annual revenue: _____

Does casualty and liability insurance coverage remain in effect? Yes _____ No _____

B. Cash (checking, savings, CDs, money market):

Name and Address of Institution	Value	Owner (Decedent, Spouse, Joint Tenant, or Tenant in Common)
1. _____	_____	_____
2. _____	_____	_____

B. Stock:

Name	Value	Owner
1. _____	_____	_____
2. _____	_____	_____

C. Bonds and Government Obligations:

Name	Value	Owner
1. _____	_____	_____
2. _____	_____	_____

D. Promissory Notes (include intrafamily loans):

Name	Value	Owner
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1. _____
2. _____

E. Closely Held Stock:

	Name	Value	Owner
1.	_____	_____	_____
2.	_____	_____	_____

F. Partnership Interests:

1. Name: _____ Value: _____
 General or Limited: _____ Percentage of Ownership: _____
2. Name: _____ Value: _____
 General or Limited: _____ Percentage of Ownership: _____

G. Retirement Plans:

	Name of Institution and Account Number	Value
1. Individual retirement account:	_____	_____
2. Keogh or HR 10 Plan:	_____	_____
3. Pension:	_____	_____
4. 401(k) retirement plan:	_____	_____
5. Other retirement plan:	_____	_____

H. Debts of Decedent (include credit and debit cards):

	Name and Address of Creditor	Amount
1.	_____	_____
2.	_____	_____
3.	_____	_____

I. Potential Creditors of Decedent (other than those listed above):

	Name	Type of Claim	Amount
1.	_____	_____	_____
2.	_____	_____	_____

J. Automobiles:

	Make and Model	Year	Value	Owner
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

K. Other Property (include if of significant value):

1. _____
2. _____

M. Other Notes:
