

ESTATE ADMINISTRATION QUESTIONNAIRE

To maximize the effectiveness and efficiency of our first meeting together, we ask that you provide as much of the information sought in this form as possible. Your accuracy and completeness in responding will help us to best represent you in this matter. Please bring this information with you to our initial appointment. Throughout this form we refer to the person who has passed away as the “Decedent” and you as our “Client.”

A. PERSONAL & GENERAL INFORMATION

Client’s Information

Decedent’s Information

Full Name:_____

Full Name:_____

Birth Date:_____

Birth Date:_____

Social Security No.:_____

Social Security No.:_____

U.S. Citizen? ___ Yes ___ No

U.S. Citizen? ___ Yes ___ No

Home Phone:_____

Date of death:_____

Home E-mail:_____

Cause of death:_____

Work Phone:_____

** Please bring certified copies of the death certificate*

Work E-mail:_____

Work Fax:_____

Cell Phone:_____

Communicating with you: Check the box above for your preferred mode of communication.

Client’s Residence Information

Street Address:_____

City:_____ State:_____ Zip:_____ County:_____

Decedent’s Residence Information (at time of death)

Street Address:_____

City:_____ State:_____ Zip:_____ County:_____

B. HOW DID YOU HEAR ABOUT US?

- Seminar/Community Ed. _____ (location) Postcard
 Referred by: _____ Yellow pages
 Search Engine: Google MSN Yahoo! Other _____

C. DECEDENT'S CHILDREN & MARRIAGE(S) (please indicate if children were adopted)

Children's Names, Addresses & Phone Nos.	Date of Birth	From Previous Marriage (Husband)	From Previous Marriage (Wife)	# of Children (i.e., your grandchildren)

Date of current marriage (with spouse at time of death): ____ / ____ / ____

Was decedent or decedent's spouse ever been married before? ___ Yes ___ No

If "yes", please provide name(s) of former spouse(s) and date(s) of divorce(s) and/or death(s):

Does the decedent have any children from a previous marriage? ___ Yes ___ No
(If yes, include name(s) above, and check the "From Previous Marriage" box)

Are any of the above children disabled? ___ Yes ___ No
(If yes, please describe the disability and the child(ren) effected by such disability)

 Name Age Date of Death # of Children

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

 Name Age Date of Death # of Children

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E. FINANCIAL SUMMARY (Provide statements, titles, deeds, etc. for all assets)

1. Assets

	<u>Decedent</u>	<u>Spouse</u>	<u>Joint</u>
Checking Accounts	\$ _____	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____	\$ _____
Real Estate (residence)	\$ _____	\$ _____	\$ _____
Real Estate (other)	\$ _____	\$ _____	\$ _____
Real Estate (other)	\$ _____	\$ _____	\$ _____
Certificates of Deposit	\$ _____	\$ _____	\$ _____
Money Market Accounts	\$ _____	\$ _____	\$ _____
Stocks - (Not Held by Broker)	\$ _____	\$ _____	\$ _____
Stocks - (Held by Broker)	\$ _____	\$ _____	\$ _____
Bonds - (Not Held by Broker)	\$ _____	\$ _____	\$ _____
Bonds - (Held by Broker)	\$ _____	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____	\$ _____
Notes and Mortgages Receivable	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____

Expected Inheritances	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____
Jewelry & Collections	\$ _____	\$ _____	\$ _____
Non-IRA Qualified Retirement Plans	\$ _____	\$ _____	\$ _____
IRAs	\$ _____	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____	\$ _____
Annuities	\$ _____	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____

2. Liabilities

	<u>Decedent</u>	<u>Spouse</u>	<u>Joint</u>
Notes Payable on Real Estate (i.e., mortgages)	\$ _____	\$ _____	\$ _____
Other Loans Payable (e.g., home equity, etc.)	\$ _____	\$ _____	\$ _____
Credit Card Debt	\$ _____	\$ _____	\$ _____
Other Miscellaneous Debt	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____

F. DECEDENT'S ESTATE PLANNING INFORMATION

Which, if any, estate planning document does the decedent have in place?

Will(s) Trust(s) Medical Power(s) of Attorney Financial Power(s) of Attorney

ATTACH COPIES OF THESE DOCUMENTS OR BRING THEM WITH YOU

Does the decedent have a Safe Deposit Box?

___ Yes ___ No With whom? _____

Did the decedent make any gifts within the three years before passing?

___ Yes ___ No

G. DOCUMENT CHECKLIST (Please bring these documents to the initial meeting.)

- Recent account statements for all assets
- Recent statements for all life insurance policies
- Deed(s), land contracts, mortgages, notes and tax statements for all real estate
- Documents evidencing any business interests (i.e. - corporations, LLCs, etc.)
- Motor vehicle titles
- Estate planning documents (i.e. - wills, trusts, amendments, powers of attorney, etc)
- Letters of Authority (For court appointed guardians and/or conservators)
- Proof of liabilities, creditors, debts, and outstanding bills
- Proof of income and deductions
- Private health insurance coverage policies and recent statement
- Proof of identification, including drivers license, SS card and birth certificate
- Several certified copies of decedent's death certificate

H. CERTIFICATION

The information contained in this form is accurate and complete to the best of our knowledge, information, and belief, and we understand that the law firm will rely upon this information. We understand that if the information contained herein is inaccurate or incomplete, the services provided by the law firm may not be appropriate.

Client's Signature

Date