



Estate Questionnaire

Please attach additional sheets if needed

1. Decedent's full name: _____
2. Decedent's Social Security #: _____ -- _____ -- _____
3. Address at death: _____
4. Year domicile established in this state: _____
5. Citizenship at death: _____
6. Place of death (e.g., name of hospital): _____
7. Cause of death (compare with information on death certificate): _____
8. Length of last illness (compare with information on death certificate): _____
9. Decedent's physicians and their addresses: _____
10. Date of birth: _____
11. Place of birth: _____
12. Current or, if retired, former business or occupation: _____
13. Marital status at time of death: _____
14. Name of surviving spouse: _____
Social Security # of surviving spouse: _____ -- _____ -- _____
Date of marriage to surviving spouse: _____
Domicile at date of marriage to surviving spouse: _____
Citizenship of surviving spouse: _____
15. If decedent was a widow(er), name of deceased spouse: _____
Date of death of deceased spouse: _____
Social Security # of deceased spouse: _____
16. Decedent's safe deposit boxes: _____
Location: _____
Joint: _____

With whom: _____

Relationship of joint owner to decedent: _____

17. Name of accountant or tax return preparer: _____

18. Testate or intestate? _____

If Testate:

19. Where is Will?

Is Will self-proving? ___ Yes or ___ No. If not, Names and addresses of witnesses:

<u>Name</u>	<u>Address</u>
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20. Beneficiaries under Will:

<u>Name</u>	<u>Age</u>	<u>Social Security #</u>	<u>Address</u>	<u>Relationship</u>
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21. Executor under Will:

<u>Name</u>	<u>Address</u>	<u>Social Security #</u>
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Will he/she/it serve? ___ Serve or ___ Renounce

If Intestate:

22. Heirs-at-law:

<u>Name</u>	<u>Age</u>	<u>Social Security #</u>	<u>Address</u>	<u>Relationship</u>
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23. Who will serve as Administrator:

<u>Name</u>	<u>Address</u>	<u>Social Security #</u>
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24. Will a bond be required? ___ Yes or ___ No

Preliminary Checklist of Decedent's Property

1. Cash on hand: \$ _____

2. Uncashed checks:

<u>Payor</u>	<u>Amount</u>
_____	_____
_____	_____

3. Cash on deposit:

<u>Bank</u>	<u>Account Number</u>	<u>Amount</u>	<u>Sole or Joint</u>
_____	_____	_____	_____
_____	_____	_____	_____

4. Stocks and bonds:

<u>Number of Shares/Units</u>	<u>Description</u>	<u>Company/Issuer</u>	<u>Sole or Joint</u>
_____	_____	_____	_____
_____	_____	_____	_____

5. Brokerage accounts:

<u>Location</u>	<u>Account Number</u>	<u>Sole or Joint</u>
_____	_____	_____
_____	_____	_____

6. Notes, secured and unsecured:

<u>Debtor</u>	<u>Amount</u>
_____	_____
_____	_____

7. Automobiles:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Vehicle Identification Number (VIN)</u>
_____	_____	_____	_____
_____	_____	_____	_____

8. Household furnishings:
(attach an itemized list)

9. Other tangible personal property:

10. Insurance payable to Estate:

<u>Company</u>	<u>Policy Number</u>	<u>Amount</u>

11. Insurance payable to named beneficiaries other than the Estate:

<u>Company</u>	<u>Policy Number</u>	<u>Amount</u>	<u>Beneficiary</u>

12. Interest in businesses:

<u>Company</u>	<u>Corporation</u>	<u>Partnership</u>	<u>Proprietorship</u>

13. Real estate:

A. Owned jointly with spouse

<u>County</u>	<u>Description</u>	<u>Tax Value</u>

B. Other

<u>County</u>	<u>Description</u>	<u>Tax Value</u>

14. Gifts made within three years of death:

<u>Donee</u>	<u>Date</u>	<u>Description of Property</u>	<u>Value on Date of Death</u>

Inventory of Decedent's Assets and Liabilities Assets

Indicate the approximate value of each asset. If jointly held, indicate the name of any co-owner of the asset and how the asset is held.

A.	Basic Information	I. Real Property		
		<u>Parcel One</u>	<u>Parcel Two</u>	<u>Parcel Three</u>
1.	Location	_____	_____	_____
2.	Type of property (e.g., resident, commercial, Unimproved land)	_____	_____	_____
3.	Title in the name of	_____	_____	_____
4.	How held--solely or jointly (with whom and with or without survivorship)	_____	_____	_____
5.	Date acquired	_____	_____	_____
6.	Cost basis	_____	_____	_____
7.	Fair marke value on date of death (indicate accrued rent separately)	_____	_____	_____
B.	Mortgage Obligation			
1.	Payee	_____	_____	_____
2.	Original amount	_____	_____	_____
3.	Current balance of mortgages (indicate accrued interest separately)	_____	_____	_____
4.	Payment schedule	_____	_____	_____

IV. Brokerage Accounts

(Obtain photocopy of signature card for each)

Location: _____
Contact: _____
How Held (Sole/Joint): _____

V. Life Insurance Policies

<u>Owner</u>	<u>Insurer</u>	<u>Number</u>	<u>Beneficiary</u>	<u>Face Amount</u>	<u>Policy Loans</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

VI. Tangible Personal Property

	<u>Description</u>	<u>Value</u>
A.	Clothing and furs	_____
B.	Jewelry	_____
C.	Home Furnishings	_____
	_____	_____
	_____	_____
D.	Collections	_____
E.	Automobiles	_____
F.	Other	_____
	_____	_____
	_____	_____
	_____	_____

VII. Other Property

If the decedent had an interest in any items listed below, describe the interest in the space provided.

- A. Cash, Mortgages and Notes:** For mortgages and notes, indicate the type of obligation, the obligor, security (if any), terms, interest, current status and value.
- B. Business Interests:** Describe the value of the decedent's interest in sole proprietorships and partnerships. Request financial statements for the five-year period prior to the date of death. Obtain copy of any buy-sell agreement -- ascertain how funded and amount and method for determining value (e.g., book value, earnings multiple, appraisal, agreed value).
- C. Income Due Decedent:** Describe and value any income due the decedent at time of death, including accrued compensation, commissions, fees, rents and tax refunds, if not included under other categories.
- D. Employee Benefits:** Indicate type of benefit (pension, profit sharing or deferred compensation plan, death gratuity, etc.), name of employer, person to contact for details, beneficiary, type of benefits and value.
- E. Annuities, Trusts and Estates:** Describe and identify the interest and explain what disposition will be made of the interest as a result of the decedent's death.
- F. Lump Sum Death Benefit:** Indicate the government agency making the payment, the payee and the amount.
- G. Other Property:** List any powers of appointment or disposition (whether general or limited) held by the decedent, patents, royalties, copyrights or other assets not listed above.

Inventory of Decedent's Liabilities

I. Funeral and Burial Expenses

<u>Item</u>	<u>Payee</u>	<u>Amount Due</u>
a. Funderal Home	_____	_____
b. Grave Marker	_____	_____
c. Grave Lots	_____	_____
d. Other (flowers, etc.)	_____	_____
	_____	_____
	_____	_____

II. Medical and Hospital Expenses

<u>Item</u>	<u>Payee</u>	<u>Amount Due</u>
a. Doctor	_____	_____
	_____	_____
b. Hospital	_____	_____
	_____	_____
c. Other (Nurses, etc.)	_____	_____
	_____	_____
	_____	_____

III. Household Bills, Charge Accounts and Installment Payments

<u>Item</u>	<u>Payee</u>	<u>Amount Due</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. Other Debts of Decedent

Include estimated income tax payments and property taxes.

<u>Item</u>	<u>Payee</u>	<u>Amount Due</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

