

Confidential Estate Administration Questionnaire

Please complete and bring to your appointment.

For Office Use:

Interviewer: _____

Date: _____

Instructions:

In order for the attorney to properly advise you regarding your estate administration, please fill out this questionnaire as completely as you are able. **Don't worry if you are unable to fill in some of the information. Bring it with you to the meeting and the attorney will help you complete it.** Attach another sheet or write on the back of the form if more space is needed.

1. Trust Settlement Checklist

Please bring the following items with you to the meeting.
If you do not have everything, don't worry. Bring what you have.

	Done or Not Applicable
Completed questionnaire	_____
Certified copy of death certificate (one for each parcel of real estate)	_____
Original Will, Trust and Estate Organizer	_____
Written statements by decedents regarding specific gifts	_____
Deed to each piece of real property	_____
Property tax bill for each parcel of real estate (any year)	_____
Bank statements for each bank account which covers the date of death, plus the statement which follows the date of death	_____
Bank book for each bank account for which you do not receive a bank statement (Please have the bank book updated before our appointment)	_____
Stock certificates and bonds, or statement for each brokerage account which covers the date of death	_____
All life insurance policies	_____
Automobile, boat, motor home, mobile home and airplane registrations	_____
Any promissory notes and deeds of trust	_____

Done or Not Applicable

Any document that proves ownership of an IRA, pensions or annuity _____

Any leases _____

Income tax returns for past three years _____

Any gift tax returns previously filed _____

A list of all heirs and beneficiaries
(Please include name, age, relationship, address, telephone number and social security number of each. This information may already be in your Estate Organizer) _____

Name, address and telephone number for each bank, stockbroker, accountant, life insurance company, and creditor, if not already provided above _____

2. Personal Information

Name of decedent _____

Use name as it appears in trust

Legal AKA (if any) _____ Social Security No. _____

City, County and State of Residence _____

Date of Death _____ Cause of death _____

Possible legal action by the trust or estate? Yes or No

Was the decedent receiving any governmental benefits other than Social Security or Medicare? Yes or No

Trustee's Name _____ **Relationship** _____

Use name as it appears in trust

Legal AKA (if any) _____ Social Security No. _____

U.S. Citizen? Yes or No _____ Date Naturalized _____

Date of birth _____ Are you in good health? Yes or No

Home Address _____

City _____ State _____ Zip _____

County of _____ Home Phone () _____

Cell phone () _____ Email _____

Fax # _____

Employer _____ Work phone _____

Co-Trustee's Name _____ **Relationship** _____
Use name as it appears in trust

Legal AKA (if any) _____ Social Security No. _____

U.S. Citizen? Yes or No _____ Date Naturalized _____

Date of birth _____ Are you in good health? Yes or No

Home Address _____

City _____ State _____ Zip _____

County of _____ Home Phone () _____

Cell phone () _____ Fax # () _____

E-mail _____

Employer _____ Work phone _____

3. Decedent's Children and Family

Full Name	Sex	DOB	Parent	# of Children	Married?
1. _____	M or F _____	_____	Ours His Hers _____	_____	Yes or No
Social Security No. _____					
Address _____					
Home Phone _____ Email _____					
Are you concerned with this child's ability to manage money? Yes or No					
Does this child have health problems? Yes or No					
Is this child receiving government benefits? Yes or No					
2. _____	M or F _____	_____	Ours His Hers _____	_____	Yes or No
Social Security No. _____					

Address _____

Home Phone _____ Email _____

Are you concerned with this child's ability to manage money? Yes or No

Does this child have health problems? Yes or No

Is this child receiving government benefits? Yes or No

3. _____ M or F _____ Ours His Hers _____ Yes or No

Social Security No. _____

Address _____

Home Phone _____ Email _____

Are you concerned with this child's ability to manage money? Yes or No

Does this child have health problems? Yes or No

Is this child receiving government benefits? Yes or No

4. _____ M or F _____ Ours His Hers _____ Yes or No

Social Security No. _____

Address _____

Home Phone _____ Email _____

Are you concerned with this child's ability to manage money? Yes or No

Does this child have health problems? Yes or No

Is this child receiving government benefits? Yes or No

Did the deceased have any deceased children? Yes or No

If yes, who? _____

Did the deceased child(ren) leave surviving children? Yes or No

Did the deceased have step-children? Yes or No

4. Financial Information

* Please attach statements for every account *

Personal Property: Value: _____

Cars

Make/Model/Year: _____ Value: _____

Make/Model/Year: _____ Value: _____

Make/Model/Year: _____ Value: _____

Real Properties:

	Property Address	In trust?	Current Value	Debt or Mortgage	Net Value
1.	_____	Yes or No	\$ _____	\$ _____	\$ _____

2.	_____	Yes or No	\$ _____	\$ _____	\$ _____

3.	_____	Yes or No	\$ _____	\$ _____	\$ _____

4.	_____	Yes or No	\$ _____	\$ _____	\$ _____

5.	_____	Yes or No	\$ _____	\$ _____	\$ _____

Total Net Value \$ _____

Are you planning to sell any real estate soon? Yes or No
 Do you wish to gift certain properties to anyone in particular? Yes or No
 Are any properties owned with someone other than the surviving spouse? Yes or No
 Are any properties held in a LLC or personal residence trust? Yes or No
 Do any of the decedent's children (or other relatives) reside on any of the properties? Yes or No
 What properties do you think will appreciate most? _____

Mortgage Information:

* Please bring a copy of the mortgage statement, if any *

Name and address of lender	Property number	Telephone	Account
_____	_____	(_____) _____	_____
_____	_____	(_____) _____	_____

Accounts in Banks, Savings & Loans and Credit Unions - Not in IRA

Name of Institution	In trust?	Type of Account (Checking, Savings, CD)	Account Number	Approximate Balance
1. _____ <small>Name</small>	Yes or No _____	_____	_____	\$ _____
_____			(_____) <small>Phone</small>	

2. _____ <small>Name</small>	Yes or No _____	_____	_____	\$ _____
_____			(_____) <small>Phone</small>	

3. _____ <small>Name</small>	Yes or No _____	_____	_____	\$ _____
_____			(_____) <small>Phone</small>	

4. _____ <small>Name</small>	Yes or No _____	_____	_____	\$ _____
_____			(_____) <small>Phone</small>	

Total Value				\$ _____

Stocks or Bonds – Not in a Brokerage Account

	Name of Stock	In trust?	Number of Shares	Total Market Value
1.	_____	Yes or No	_____	\$ _____
	<small>Name</small>			
	_____		()	
	<small>Address, City, State</small>		<small>Phone</small>	
2.	_____	Yes or No	_____	\$ _____
	<small>Name</small>			
	_____		()	
	<small>Address, City, State</small>		<small>Phone</small>	
3.	_____	Yes or No	_____	\$ _____
	<small>Name</small>			
	_____		()	
	<small>Address, City, State</small>		<small>Phone</small>	
4.	_____	Yes or No	_____	\$ _____
	<small>Name</small>			
	_____		()	
	<small>Address, City, State</small>		<small>Phone</small>	
Total Value				\$ _____

Brokerage Accounts and/or Mutual Funds

	Name of Firm or Fund	In trust?	Account Number	Total Market Value
1.	_____	Yes or No	_____	\$ _____
	<small>Name</small>			
	_____		()	
	<small>Address, City, State</small>		<small>Phone</small>	
2.	_____	Yes or No	_____	\$ _____
	<small>Name</small>			
	_____		()	
	<small>Address, City, State</small>		<small>Phone</small>	
3.	_____	Yes or No	_____	\$ _____
	<small>Name</small>			
	_____		()	
	<small>Address, City, State</small>		<small>Phone</small>	
4.	_____	Yes or No	_____	\$ _____
	<small>Name</small>			
	_____		()	
	<small>Address, City, State</small>		<small>Phone</small>	
Total Value				\$ _____

Promissory Notes and Trust Deeds Owed to Decedent

Name of Debtor	Secured by T.D.?	Due Date	Balance
1. _____	Yes or No	_____	\$ _____
2. _____	Yes or No	_____	\$ _____
3. _____	Yes or No	_____	\$ _____
4. _____	Yes or No	_____	\$ _____
Total Due			\$ _____

Did any of the decedent's children owe him/her any money? Yes or No

Who and how much? _____

Are there any written promissory notes? Yes or No

Limited or General Partnerships

Partnership	Limited or General	In Trust?	TIN	Total Market Value
1. _____ <small>Name</small>	LP or GP	Yes or No	_____	\$ _____
_____			() <small>Phone</small>	

<small>Address, City, State</small>			<small>Phone</small>	
2. _____	LP or GP	Yes or No	_____	\$ _____
_____			() <small>Phone</small>	

<small>Address, City, State</small>			<small>Phone</small>	
3. _____	LP or GP	Yes or No	_____	\$ _____
_____			() <small>Phone</small>	

<small>Address, City, State</small>			<small>Phone</small>	
Total Value				\$ _____

Solely Owned Businesses

Business	Type of Business	TIN	Approximate Value
1. _____ Company Name	_____	_____ ()	\$ _____
_____	_____	_____ Phone	_____
_____	_____	_____ ()	_____
_____	_____	_____ Phone	_____
3. _____ Company Name	_____	_____ ()	\$ _____
_____	_____	_____ Phone	_____
_____	_____	_____ ()	_____
_____	_____	_____ Phone	_____
Total Value			\$ _____

Percentage owned by decedent? _____%

Was there a Buy-Sell Agreement? Yes or No

Was the business transferred or assigned to the trust? Yes or No

Who runs the business? _____

Are family members capable of running the business? Yes or No

If yes, who? _____

IRA Accounts and Other Retirement Plans

Company	Type (IRA, 401k, etc)	Primary Beneficiary	Secondary Beneficiary	Approximate Value
1. _____ Company Name	_____	_____	_____	\$ _____
_____	_____	_____	_____ Contact Name	_____
_____	_____	_____	_____ ()	_____
_____	_____	_____	_____ Phone	_____
2. _____ Company Name	_____	_____	_____	\$ _____
_____	_____	_____	_____ Contact Name	_____
_____	_____	_____	_____ ()	_____
_____	_____	_____	_____ Phone	_____

3. _____ \$ _____
 Company Name

_____ Contact Name
 Account No. ()
 _____ Phone
 Address, City, State

4. _____ \$ _____
 Company Name

_____ Contact Name
 Account No. ()
 _____ Phone
 Address, City, State

Total Value \$ _____

Annuities

	Company	Type (IRA, 401k, etc)	Primary Beneficiary	Secondary Beneficiary	Approximate Value
1.	_____	_____	_____	_____	\$ _____
	_____			_____ Contact Name	
	_____			()	
	_____			_____ Phone	
	Address, City, State				
2.	_____	_____	_____	_____	\$ _____
	_____			_____ Contact Name	
	_____			()	
	_____			_____ Phone	
	Address, City, State				
3.	_____	_____	_____	_____	\$ _____
	_____			_____ Contact Name	
	_____			()	
	_____			_____ Phone	
	Address, City, State				
4.	_____	_____	_____	_____	\$ _____
	_____			_____ Contact Name	
	_____			()	
	_____			_____ Phone	
	Address, City, State				

Total Value \$ _____

Life Insurance

	Company	Owner	Primary Beneficiary	Secondary Beneficiary	Death Benefit
1.	_____	_____	_____	_____	\$ _____
	<small>Company Name</small>				
	_____			_____	
	<small>Policy No.</small>			<small>Contact Name</small>	
				()	
	_____			_____	
	<small>Address, City, State</small>			<small>Phone</small>	
2.	_____	_____	_____	_____	\$ _____
	<small>Company Name</small>				
	_____			_____	
	<small>Policy No.</small>			<small>Contact Name</small>	
				()	
	_____			_____	
	<small>Address, City, State</small>			<small>Phone</small>	
3.	_____	_____	_____	_____	\$ _____
	<small>Company Name</small>				
	_____			_____	
	<small>Policy No.</small>			<small>Contact Name</small>	
				()	
	_____			_____	
	<small>Address, City, State</small>			<small>Phone</small>	
4.	_____	_____	_____	_____	\$ _____
	<small>Company Name</small>				
	_____			_____	
	<small>Policy No.</small>			<small>Contact Name</small>	
				()	
	_____			_____	
	<small>Address, City, State</small>			<small>Phone</small>	

Total Value \$ _____

Any life insurance owned by an irrevocable trust? Yes or No

If yes, Name and Date of life insurance trust _____

Type of Policy? _____

Amount of Policy? _____ Date purchased? _____

Who paid the premiums? _____

Any life insurance owned by beneficiaries? Yes or No

If yes, amount? _____ Date purchased? _____

Other Assets of Value

	Asset		Value
1.	_____	\$	_____
2.	_____	\$	_____
3.	_____	\$	_____
4.	_____	\$	_____
Total Value			\$ _____

Safety Deposit Box

	Location	Contents
1.	_____	_____
2.	_____	_____

Debts of Decedent

	Description	To Whom Owed?	Amount
1.	Funeral Expenses	_____	\$ _____
2.	Medical Bills	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____
6.	_____	_____	\$ _____
7.	_____	_____	\$ _____
8.	_____	_____	\$ _____
Total Value			\$ _____