

Estate Administration Information Form

Please fill out this form as completely and accurately as possible. If time allows, return the completed form to us before our first meeting; otherwise, bring the completed form with you to our meeting. This information will help us to better analyze your estate administration needs and will shorten the length of time needed for the first meeting. All information contained in this questionnaire is *strictly confidential*. After we have met with you and determined what needs to be done, we will advise you as to the cost of our services.

Person providing this information:

Date: _____

Name _____

Address _____

e-mail _____

Relation to Deceased Surviving Spouse

Phone No. (____) - _____

Other: _____

Fax No. (____) - _____

PART I – DECEDENT INFORMATION

Name of Deceased _____
(FIRST) (MIDDLE) (LAST)

Last Address _____

Date of Birth _____

Social Security No. _____

Date of Death _____

Estate's EIN _____

(PROVIDED BY FIRM)

PART II – DECEDENT'S FAMILY

SURVIVING SPOUSE

Is there a surviving spouse? Yes No

Is he or she a U.S. citizen? Yes No

If Yes: Born Naturalized

If yes, provide the following:

See contact information above, or:

Name _____

Address _____

Phone No. (____) - _____

Spouse's DOB: _____

If surviving spouse is a naturalized U.S. citizen and a federal estate tax return is expected, we need the naturalization certificate (copy).

Spouse's SSN: _____

Was Decedent ever previously married? Yes No - if yes, how was/were the marriage(s) terminated?

Divorce - Date: _____

Death - Spouse's DOD: _____

Spouse's name: _____

Spouse's name: _____

CHILDREN/BENEFICIARIES

If any children are deceased but left surviving issue, provide information on those descendants also.

Name	Address and Telephone	Date of Birth
_____	_____ _____ ()-	_____
_____	_____ _____ ()-	_____
_____	_____ _____ ()-	_____
_____	_____ _____ ()-	_____
_____	_____ _____ ()-	_____

Are all of the decedent's children also all children of the surviving spouse? Yes No

PART III – FINANCIAL INFORMATION

A. REAL ESTATE

Address	Value	Mortgage	Title (i.e. sole name, joint names, trust)
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

Is any of the real estate listed above rental property? Yes No - if yes, which are rented and how much income is earned each year? _____

B.1. INVESTMENT AND MONEY MARKET ACCOUNTS

Institution, type of account, acct. no.	Value	Title (i.e. sole name, joint names, trust)
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____

B.2. OTHER INVESTMENTS (Stocks, Bonds, Other Securities)

Institution, type of account, acct. no.	Value	Title (i.e. sole name, joint names, trust)
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____

C. BANK ACCOUNTS AND CERTIFICATES OF DEPOSIT

Institution, type of account, acct. no.	Value	Title (i.e. sole name, joint names, trust)
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____

D. LIFE INSURANCE. Note: Check for riders on any long-term care policies.

	<i>Policy 1</i>	<i>Policy 2</i>	<i>Policy 3</i>
Insurance Co.	_____	_____	_____
Policy no.	_____	_____	_____
Death benefit	_____	_____	_____
Beneficiary(ies)	_____	_____	_____

E. ACCOUNTS WITH OTHERS

Is there any property owned jointly with children or other non-spouses? Yes No
Did the Decedent hold any custodial accounts for other persons (e.g. UTMA accounts)? Yes No
If yes, describe on reverse.

F.1. BUSINESS OR PROFESSIONAL PRACTICE

Name of business: _____
Nature of the business: _____
Ownership Interest (Type, percentage): _____

F.2. MISCELLANEOUS ASSETS

Motor vehicles, boats, and other titled personal property (provide copies of titles):

1. Make and Model: _____ Value: \$ _____
2. Make and Model: _____ Value: \$ _____
3. Make and Model: _____ Value: \$ _____

Value of other tangible personal property (e.g. clothing, furniture, jewelry, etc.) \$ _____

Describe all assets that have distinct value (e.g. artwork, antiques, open cemetery plots, safe deposit boxes, etc.) _____

G. TRUSTS. Was the Decedent a grantor, trustee, or beneficiary of any trust? Yes No
If yes, attach.

H. RETIREMENT ASSETS AND ANNUITIES

	<i>Plan 1</i>	<i>Plan 2</i>	<i>Plan 3</i>
Institution Name	_____	_____	_____
Type (IRA, 401(k), etc.)	_____	_____	_____
Account no.	_____	_____	_____
Value	_____	_____	_____
Beneficiary(ies)	_____	_____	_____

I. OTHER CONSIDERATIONS

Did the Decedent acquire any property by gift within one year of the date of death? Yes No
If yes, briefly describe the gifts, including from whom, and the estimated value of the property.

Did the Decedent gift any property to others within three years of the date of death? Yes No
If yes, briefly describe the gifts, including to whom and the estimated value of the property.

DEBTS AND LIABILITIES

Briefly describe the Decedent's mortgages and other debts and liabilities (don't forget lawsuits).

ADVISORS

Financial Advisor _____

Accountant _____

Insurance Agent _____

Is there anything of particular concern to you or other family members that we need to discuss (family conflict, incapacitated spouse or other family member, etc.) Yes No - if yes, describe.