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## 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.** (\_\_\_\_) - \_\_\_\_\_

**Fiduciary's SSN:** \_\_\_\_\_

### ***PART I – DECEDENT INFORMATION***

**Name of Deceased** \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

**Last Address** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Social Security No.** \_\_\_\_\_

**Date of Death** \_\_\_\_\_

**Estate's EIN** \_\_\_\_\_

**Medicaid Recipient?** \_\_\_\_\_

### ***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:** \_\_\_\_\_

**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:** \_\_\_\_\_

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

**CHILDREN/BENEFICIARIES**

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

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

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

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***PART III – FINANCIAL INFORMATION***

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**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: \_\_\_\_\_ Mileage: \_\_\_\_\_

2. Make and Model: \_\_\_\_\_ Mileage: \_\_\_\_\_

3. Make and Model: \_\_\_\_\_ Mileage: \_\_\_\_\_

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.

\_\_\_\_\_

**CHECKLIST OF DOCUMENTS NEEDED**  
*(If applicable and readily available)*

**ESTATE OF** \_\_\_\_\_

- Death Certificate
- Original Last Will and Testament
- Trust Agreement
- Spouse's naturalization certificate (if applicable)
- Divorce decrees from previous marriages (if applicable)
- Deeds (including real estate deeds or certificates to unused cemetery plots)
- Copies of all account statements and updated passbooks
- Copies of stock certificates and savings bonds
- If decedent ran a business, a copy of all corporate record books
- If decedent owned an interest in a business, a copy of all buy-sell agreements and record books
- Copies of life insurance policies
- Vehicle and mobile home titles
- Safety deposit box information
- Paid funeral and cemetery bills
- All existing appraisals for real or tangible personal property
- Copies of all trust agreements under which decedent was a beneficiary or a trustee
- Most recent income tax return
- Other important documents (promissory notes, leases, police report, lawsuits, etc.) and the following items requested by firm:
  - \_\_\_\_\_
  - \_\_\_\_\_
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