

Estate and Trust Administration

Questionnaire

Decedent's Full Legal Name _____

Also Known As (Aliases) _____

Date of Death _____ Birth Date _____ SS# _____ US Citizen? _____

Spouse's Full Legal Name _____

Also Known As (Aliases) _____

Marriage Date _____ Birth Date _____ SS# _____ US Citizen? _____

Home Address _____

County of Residence _____

Year Residence Established in this State _____

Divorced Widowed Single Please provide information regarding any prior marriages, including: Name of prior spouse, date and place of marriage, date and place of dissolution of marriage. Please indicate below which of the children resulted from the prior marriage. Please indicate the nature of your relationship with the ex-spouse. (Good, bad, other – explain)

Information on Personal Filing in Questionnaire:

Name	Address	Phone	Email

Other information:

Location of Will (if any) _____

Advisors

	Name/ Company Name	Address/Phone number	Email
Attorney who Prepared Estate Planning Documents			
Accountant /Tax Preparer			
Financial Advisor			
Insurance Agent			

Legal Documents

	Date Created	Location of Original	State Created In
Last Will and Testament			
Revocable Living Trust			
Irrevocable Trust			
Trust from Spouse/Parent			
Other			

If available, please bring originals and copies of any Last Will and Testament, Revocable Trust or other listed documents.

Real Property

(Any interest in real estate, including family residence, vacation home, time share, vacant land, etc.)

General Description/
Address

	Owner ¹	Market value	Loan Balance

Furniture and Personal Property

Type or description	Owner	Market Value

Automobiles, Boats and RVs

Make/Model/Year	Owner ¹¹	Market Value

Bank, Savings Accounts and Safe Deposit Boxes (Not including retirement accounts)

Bank	Account #	Type	Owner ¹	Amount

If available, please bring copies of all statements covering one month prior to the date of death, to the present.

1 i.e. sole, joint (with whom), transfer on death, trust

Stocks and Bonds (Not including retirement accounts)

Stock, Bond or Investment Account	Account Number	Type	Owner ¹	Amount

If available, please bring copies of all investment account statements covering one month prior to the date of death, to the present.

Life Insurance Policies and Annuities

Company	Type	Policy #	Owner	Beneficiary	Death Benefit

Please bring copies of all insurance statements and policies.

Retirement Plans

Company	Type	Account #	Beneficiary	Amount

If available, please bring copies of all investment account statements covering one month prior to the date of death, to the present.

Was the decedent required to take a required minimum distribution in the year of his/her death?

Yes No

If required, did the decedent take the RMD in the year of his/her death? Yes No

Debts and Funeral Expenses

Creditor	Description	Amount

Summary	Decedent	Spouse/Other	Total
Furniture/Personal Property			
Automobiles, etc.			
Bank/Savings Accounts			
Stocks and Bonds			
Life Insurance, etc.			
Retirement Plans			
Business Interests			
Money Owed to Decedent			
Anticipated Inheritance			
Other			
Total Assets			

Documents to collect and bring to first meeting if possible:

- Most recently filed state and federal tax return (and 2 years prior)**
- Death Certificate**
- Funeral Expense documentation (receipts, etc.)**
- As noted above, copies of retirement, bank, and investment account statements from one month prior to the date of death, through the present**

