# 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 <u>your</u> relationship with the ex-spouse. (Good, bad, other – explain)

______________________________

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Location of Will (if any) ______________________________

## Nominated Personal Representative(s)

| Name | Address | Phone/email | Date of Birth | SS # |
|---|---|---|---|---|
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**Heirs** (including deceased children and children of deceased children, or if no children, then parents, if no parents, then siblings and nieces and nephews of predeceased siblings)

| (Use full legal names) Name | Address/Phone/Email | Date of Birth | Relationship |
|---|---|---|---|
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**Legatees** (including all individuals named to receive any distribution (including real estate, tangible personal property or other assets) under the Last Will and Testament)

| (Use full legal names) Name | Address/Phone/Email | Date of Birth | Relationship |
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## Advisors

| | Name/<br>Company Name | Address/Phone number | Email |
|---|---|---|---|
| Attorney who Prepared Estate Planning Documents | | | |
| Accountant<br><br>/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 |
|---|---|---|---|
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## Furniture and Personal Property

| Type or description | Owner | Market Value |
|---|---|---|
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## Firearms of Any Kind[2]

| Type or description | Owner | Market Value |
|---|---|---|
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| | | |
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## Automobiles, Boats and RVs

| Make/Model/Year | Owner | Market Value |
|---|---|---|
| | | |
| | | |
| | | |

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

2 If the decedent owned firearms of any kind, please provide information as to whether the Personal Representative or any beneficiary is a "prohibited person." We can provide legal definitions of both "firearm" and "prohibited person."

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

| Bank | Account # | Type | Owner | Amount |
|---|---|---|---|---|
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**If available, please bring copies of all statements covering one month prior to the date of death, to the present.**

## Stocks and Bonds (Not including retirement accounts)

| Stock, Bond or Investment Account | Account Number | Type | Owner | Amount |
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**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 |
|---|---|---|---|---|---|
| | | | | | |
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**Please bring copies of all insurance statements and policies.**

## Retirement Plans

| Company | Type | Account # | Beneficiary | Amount |
|---|---|---|---|---|
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**If available, please bring copies of <u>all</u> 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 |
|---|---|---|
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| | | |
| | | |
| | | |
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**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**

**Additional Information**

As noted above, while completing this questionnaire is not a prerequisite to an estate/trust administration consultation, we **strongly** urge you to complete as much of it as you can, and return it to us **prior** to your consultation.

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