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) (Executor)

Name	Address	Phone/email	Date of Birth	SS #

*If the Personal Representative (Executor) plans to ask for Commissions, please let us know as soon as possible so we can provide them with a spreadsheet to keep their time and expenses.

*If the presumptive or intended Personal Representative (Executor) has ever been convicted of fraud, extortion, embezzlement, forgery, perjury, theft, or any other serious crime, including violent crimes, please notify us and provide details, as that may delay or prevent appointment.

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

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/ 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 Last Will and Testament Last Will and Testament			
Trust Revocable Living Trust			
Trust Irrevocable Trust			

Trust Trust from Spouse/Parent			
Trust 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[i]	Market value	Loan Balance

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1 .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

Furniture and Personal Property

Type or description	Owner	Market Value	
Miscellaneous furniture and household effects			

Firearms of Any Kind[2]

Type or description	Owner	Market Value
Miscellaneous furniture and household effects		

Automobiles, Boats and RVs

Make/Model/Year	Owner	Market Value

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

Bank	Account #	Type	Owner	Amount

Personal Representative or any beneficiary is a "prohibited person." We can provide legal definitions of both "firearm" and "prohibited person."

If available, please bring complete copies of all statements covering one month prior to the date of death, to the present. Even where you do not believe a portion of the statement is pertinent, please provide all pages.

Stocks and Bonds (Not including retirement accounts)

Stock, Bond Or Investment Account	Account Number	Type	Owner	Amount

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

Online and Cypto-Currency Accounts (Including Coinbase, Robinhood, etc.)

Account Name	Acc. Number	Type (IRA, Crypto, etc.)	Owner	Amount

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 (other than Medical) and Funeral Expenses

Creditor	Description	Amount

Medical Debts

Provider	Description	Amount	Medicaid/State Reimbursement?

Medicaid and States may seek reimbursement for payments made. Please provide information regarding any application made to pay for medical expenses.

Additional Information

Summary

	Decedent	Spouse/Other	Total
Real Property			
Furniture/Personal Property			
Automobiles, etc.			
Bank/Savings Accounts			
Stocks and Bonds			
Crypto / Online Accounts			
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 ______________________________

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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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