

Estate Administration Questionnaire

Thank you for contacting us regarding your Estate Administration matter. The following questionnaire will be used during your initial consult to determine if there is a sufficient need for our services. Completing this questionnaire does not obligate you to engage us as your attorney, nor does it obligate us to engage you as a client. By signing below you acknowledge the nature of your initial consultation is exploratory only, and no attorney-client relationship is being formed. However, to ensure that an accurate assessment of your case can be made, your answers should be accurate and honest.

Name of person completing form

Relationship to Decedent

Signature

Date

How did you hear about us? Google Search WPTF NPR Facebook Other _____

I. PROPOSED PERSONAL REPRESENTATIVE

Full Legal Name: _____ Preferred Name _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____ Email: _____

Date of Birth: _____ Social Security Number: _____

Relationship to Decedent: _____

Has the Proposed Personal Representative encountered any of the following problems?

- a. Conviction of a crime (other than a misdemeanor)? Yes No
- b. Bankruptcy? Yes No
- c. Revocation of a professional or occupational license? Yes No

Proposed Co-Personal
Representative (if
applicable)

Full Legal Name: _____ Preferred Name _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____ Email: _____

Date of Birth: _____ Social Security Number: _____

Relationship to Decedent: _____

Has the Proposed Co-Personal Representative encountered any of the following problems?

- a. Conviction of a crime (other than a misdemeanor)? Yes No
- b. Bankruptcy? Yes No
- c. Revocation of a professional or occupational license? Yes No

II. DECEDENT

Full Legal Name: _____

Aliases: _____

Address: _____

City: _____ State: _____ Zip: _____

County _____ Country of Citizenship _____

Date of Birth: _____ Date of Death: _____

Social Security Number

- Married Separated Divorced Deceased Not Married

If married:

Spouse's Full Name: _____

Date of Marriage: _____ Place: _____

Pre-marital Agreement? Yes No *If yes, please supply copy* _____

Was surviving spouse previously married? Yes No If yes, how many times? _____

For each prior marriage, indicate name of prior spouse, date of marriage, date of termination, reason for termination (divorce, death) and, if divorced, whether prior spouse is living. Please supply copy of any divorce decrees.

IF YOU HAVE ANY OF THE FOLLOWING DOCUMENTS, PLEASE BRING THEM TO YOUR APPOINTMENT:

- Decedent's original will and any codicils;
- Decedent's trust;
- Recent Financial Account Statements showing interests in any bank accounts, investment accounts, retirement accounts, etc.;
- Information regarding any life insurance policies showing the beneficiary of each such policy;
- Titles to any automobiles owned;
- Listing of any known creditors;
- Copies of the Decedent's most current tax return;
- Death Certificate; and
- Paid Funeral Receipt for the funeral service and burial.

III. FAMILY INFORMATION

(Please list each child of the decedent; attach additional sheets if necessary.)

Child 1 Deceased Minor

Full Legal Name: _____ Nickname _____

Address: _____

City: _____ State: _____ Zip: _____

Status: Married; Spouse's Name: _____ Divorced Widowed Unmarried

Grandchildren (*List if Child is deceased OR grandchildren are beneficiary of the estate*)

Name:	Address	Minor
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Child 2 Deceased Minor

Full Legal Name: _____ Nickname _____

Address: _____

City: _____ State: _____ Zip: _____

Status: Married; Spouse's Name: _____ Divorced Widowed Unmarried

Grandchildren (*List if Child is deceased OR grandchildren are beneficiary of the estate*)

Name:	Address	Minor
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Child 3 Deceased Minor

Full Legal Name: _____ Nickname _____

Address: _____

City: _____ State: _____ Zip: _____

Status: Married; Spouse's Name: _____ Divorced Widowed Unmarried

Grandchildren (*List if Child is deceased OR grandchildren are beneficiary of the estate*)

Name:	Address	Minor
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Child 4 Deceased Minor

Full Legal Name: _____ Nickname _____

Address: _____

City: _____ State: _____ Zip: _____

Status: Married; Spouse's Name: _____ Divorced Widowed Unmarried

Grandchildren (*List if Child is deceased OR grandchildren are beneficiary of the estate*)

Name:	Address	Minor
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

ADD ADDITIONAL PAGES AS NEEDED

Other Beneficiary Deceased Minor

Full Legal Name: _____ Nickname _____

Address: _____

City: _____ State: _____ Zip: _____

Status: Married; Spouse's Name: _____ Divorced Widowed Unmarried

Children (*List if beneficiary is deceased*)

Name:	Address	Minor
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Other Beneficiary Deceased Minor

Full Legal Name: _____ Nickname _____

Address: _____

City: _____ State: _____ Zip: _____

Status: Married; Spouse's Name: _____ Divorced Widowed Unmarried

Children (*List if beneficiary is deceased*)

Name:	Address	Minor
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

ADD ADDITIONAL PAGES AS NEEDED

IV. DECEDENT'S ADVISORS/FACILITIES

Safe Deposit Box

Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Number: _____ Email: _____

Box number: _____ Owner: _____

Accountant

Name: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Financial Advisor

Name: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Personal Banker/Other

Name: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Life Insurance Agent

Name: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

V. ASSETS AND RESOURCES

Please complete the following section, indicating the ownership of each asset that is owned by the Decedent. Please mark to the left of each asset a "J" for any jointly owned property, or a "T" for any property titled into trust:

___ **Real Estate**
Address: _____
Purchase price: _____ Est. Fair Market Value: _____
Year of purchase: _____ Mortgage Balance: _____

___ **Real Estate**
Address: _____
Purchase price: _____ Est. Fair Market Value: _____
Year of purchase: _____ Mortgage Balance: _____

___ **Real Estate**
Address: _____
Purchase price: _____ Est. Fair Market Value: _____
Year of purchase: _____ Mortgage Balance: _____

General household furniture and furnishings

Collectibles (e.g. china, silver, art works, antiques, jewelry, collections, etc.)

<u>Description</u>	<u>Estimated Value</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

___ **Automobile**
 Year: _____ Value: _____
 Make/Model: _____ Loan Balance: _____

___ **Automobile**
 Year: _____ Value: _____
 Make/Model: _____ Loan Balance: _____

___ **Automobile**
 Year: _____ Value: _____
 Make/Model: _____ Loan Balance: _____

CASH AND BANK ACCOUNTS (CDs, Checking, Savings, etc.)

(Please provide copies of most recent statements)

Name of Bank/Branch	Account No.	Type of Account	Balance	How Title Held
<i>E.g. Big Bank/Main St.</i>	<i>xxx-xxxx</i>	<i>Savings</i>	<i>\$ xx,xxx.xx</i>	<i>Joint w/son</i>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

RETIREMENT ACCOUNTS (IRAs, Annuities, Keoghs, etc.)

(Please provide a copy of the most recent statement)

Name of Institution	Account No.	Owner	Balance	Beneficiary
<i>E.g. Big Broker</i>	<i>xxx-xxxx</i>	<i>Decedent</i>	<i>\$ xx,xxx.xx</i>	<i>Son</i>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

NON-RETIREMENT BROKERAGE ACCOUNTS (Money Market, Mutual Funds, EFTs, etc.)

(Please provide a copy of the most recent statement)

Name of Institution	Account No.	Owner	Balance	Beneficiary (if any)
<i>E.g. Big Broker</i>	<i>xxx-xxxx</i>	<i>Decedent</i>	\$ <i>xx,xxx.xx</i>	<i>Son</i>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

SECURITIES NOT HELD IN A BROKERAGE ACCOUNTS (Stocks, Bonds, etc.)

Name of Security	Type of Security	No. Shares/ Face Value	Cost	Current Value	How Title Held
<i>Acme Corp.</i>	<i>Common</i>	<i>xx Shares</i>	\$ <i>x,xxx.xx</i>	\$ <i>x,xxx.xx</i>	<i>Sole owner</i>
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____

LIFE INSURANCE (Whole Life, Term, Endowment, etc.)

(Please provide a copy of the most recent statement)

Name of Institution	Account No.	Owner	Current Value	Beneficiary
<i>Apple Ins. Co.</i>	<i>xxx-xxxx</i>	<i>Decedent</i>	<i>\$ xx,xxx.xx</i>	<i>Daughter</i>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES

Briefly describe or give the name of any Trust in which the Decedent has an interest. Please provide a copy of the Will or Trust which creates the interest, if available. If not, please advise if and how we may obtain a copy.

BUSINESS INTERESTS

If the Decedent has an ownership in any business (whether sole proprietorship, corporation or partnership), please provide additional information regarding the nature of the interest and value of the business interest. If there are business documents (such as Buy-Sell Agreements, Stock Certificates, etc.), please provide copies.

MISCELLANEOUS

If the Decedent has any property interests not described above, please explain the nature of the interests and the estimated value of each.

VI. CERTIFICATION

The undersigned hereby represents to Brady | Cobin Law Group, PLLC that the information contained in this questionnaire is accurate and complete to the best of my knowledge following reasonable inquiry, and that the undersigned understands that the law firm will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by Brady | Cobin Law Group, PLLC may not be appropriate.

Signature of Client or Client Representative

Date