

**ESTATE ADMINISTRATION QUESTIONNAIRE**

Date: \_\_\_\_\_, 20\_\_

Decedent's Name: \_\_\_\_\_

Decedent's Date of Birth: \_\_\_\_\_ Decedent's Date of Death: \_\_\_\_\_

Decedent's Social Security No.: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_, \_\_\_\_

Spouse's Social Security No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Decedent's Employer: \_\_\_\_\_

Decedent's Usual Occupation: \_\_\_\_\_

Executor's Address: \_\_\_\_\_

\_\_\_\_\_

Executor's Phone No.: \_\_\_\_\_ Executor's SSN: \_\_\_\_\_

Executor's Employer: \_\_\_\_\_

Executor's Employer's Address: \_\_\_\_\_

\_\_\_\_\_

Executor's Employer's Phone No.: \_\_\_\_\_

Names and Addresses of Legatees (who inherit under will) and Heirs (who inherit in absence of will)	Relationship to Decedent	Ages	Social Security Numbers
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

1. Are any of the above legatees or heirs minors, disabled, or in the military?  
Yes \_\_\_\_\_ No \_\_\_\_\_; if "Yes," please so indicate next to their names.
2. Were any children adopted by the decedent?  
Yes \_\_\_\_\_ No \_\_\_\_\_; if "Yes," please so indicate next to their names.
3. Was the decedent previously married?  
Yes \_\_\_\_\_ No \_\_\_\_\_; if "Yes," please indicate to whom the decedent was married and whether any children were born of a prior marriage: \_\_\_\_\_.
4. Did any child of the decedent predecease the decedent?  
Yes \_\_\_\_\_ No \_\_\_\_\_; if "Yes," please indicate the date of birth and date of death of such child: \_\_\_\_\_, \_\_\_\_\_; \_\_\_\_\_, \_\_\_\_\_.
5. Was the decedent a creator, trustee, or beneficiary of any trust?  
Yes \_\_\_\_\_ No \_\_\_\_\_; if "Yes," please furnish a copy of the trust and all amendments.
6. Did the decedent execute a premarital or postmarital agreement?  
Yes \_\_\_\_\_ No \_\_\_\_\_; if "Yes," please furnish a copy.
7. Did the decedent have a safe-deposit box?  
Yes \_\_\_\_\_ No \_\_\_\_\_; if "Yes," please indicate the name of the bank: \_\_\_\_\_.
8. Did the decedent have a live-in caregiver for at least a three-year period?  
Yes \_\_\_\_\_ No \_\_\_\_\_
9. Might Public Aid have a lien against the decedent for nursing home care?  
Yes \_\_\_\_\_ No \_\_\_\_\_
10. List the name and address of the decedent's income tax return preparer (please provide copies of returns for the last three years): \_\_\_\_\_.
11. Please provide a copy of the decedent's death certificate.
12. Did the decedent lease any property to or from any other person or company?  
Yes \_\_\_\_\_ No \_\_\_\_\_
13. Did the decedent reside in any of the following states while married: Alaska; Arizona; California; Idaho; Louisiana; Nevada; New Mexico; Oklahoma; Oregon; Texas; Washington; or Wisconsin?

Yes \_\_\_\_\_ No \_\_\_\_\_

14. Did the decedent file prior gift tax returns or make any gift that should have been reported?

Yes \_\_\_\_\_ No \_\_\_\_\_; if "Yes," please furnish a copy of each return.

15. Were the decedent and the decedent's spouse U.S. citizens?

Yes \_\_\_\_\_ No \_\_\_\_\_; if "No," then identify citizenship of each spouse: \_\_\_\_\_.

**List of Assets**

**A. Cash (checking, savings, CDs, money market):**

Name and Address of Institution	Value	Owner (Decedent, Spouse, Joint Tenant, or Tenant in Common)
1. _____	_____	_____
2. _____	_____	_____

**B. Stock:**

Name	Value	Owner
1. _____	_____	_____
2. _____	_____	_____

**C. Bonds and Government Obligations:**

Name	Value	Owner
1. _____	_____	_____
2. _____	_____	_____

**D. Promissory Notes (include intrafamily loans):**

Name	Value	Owner
1. _____	_____	_____
2. _____	_____	_____

**E. Closely Held Stock:**

	Name	Value	Owner
1.	_____	_____	_____
2.	_____	_____	_____

**F. Partnership Interests:**

- Name: \_\_\_\_\_ Value: \_\_\_\_\_  
General or Limited: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_
- Name: \_\_\_\_\_ Value: \_\_\_\_\_  
General or Limited: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

**G. Retirement Plans:**

	Name of Institution and Account Number	Value
1. Individual retirement account:	_____	_____
2. Keogh or HR 10 Plan:	_____	_____
3. Pension:	_____	_____
4. 401(k) retirement plan:	_____	_____
5. Other retirement plan:	_____	_____

**H. Debts of Decedent (include credit and debit cards):**

	Name and Address of Creditor	Amount
1.	_____	_____
2.	_____	_____

**I. Potential Creditors of Decedent (other than those listed above):**

	Name	Type of Claim	Amount
1.	_____	_____	_____

2. \_\_\_\_\_

**J. Automobiles:**

	Make and Model	Year	Value	Owner
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

**K. Other Property (include if of significant value):**

1. \_\_\_\_\_
2. \_\_\_\_\_

**L. Non-Farm Real Estate (provide copy of deed):**

Personal Residence		
Address	Value	Owner
_____	_____	_____

Other Real Estate		
Address	Value	Owner
_____	_____	_____

If income producing, net annual revenue: \_\_\_\_\_

Does casualty and liability insurance coverage remain in effect? Yes \_\_\_\_\_ No \_\_\_\_\_

**M. Other Notes:**

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