

ESTATE ADMINISTRATION SURVEY

Information you provide to this office will be treated as confidential.

DECEDENT INFORMATION

Full Name: _____ Date: _____
Last First Middle

Also known as (if applicable): _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Date of Birth: _____ SSN: _____ Date of Death: _____

SPOUSE INFORMATION *(if applicable):*

Full Name: _____
Last First M.I.

Address *(if different)*: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date of Birth: _____ Date of Death (if deceased): _____

CONTACT PERSON

Full Name: _____
Last First M.I.

Address *(if different)*: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

CHILDREN (if applicable):

Name: _____ Phone: _____

Address: _____

Date of Birth: _____

Name: _____ Phone: _____

Address: _____

Date of Birth: _____

Name: _____ Phone: _____

Address: _____

Date of Birth: _____

Name: _____ Phone: _____

Address: _____

Date of Birth: _____

Does the Decedent have any children with a disability? YES NO

Does the Decedent have any children that predeceased them? YES NO

BENEFICIARIES/FAMILY MEMBERS (if no surviving spouse and/or children)

Full Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Relationship: _____

Full Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Relationship: _____

ASSETS

LIST ALL REAL ESTATE (please bring tax bills and deeds to your consultation):

Address: _____ Name(s) on Deed: _____

Mortgage Amount: _____ Approximate Value: _____

Address: _____ Name(s) on Deed: _____

Mortgage Amount: _____ Approximate Value: _____

LIST ALL BANK ACCOUNTS (CHECKING ACCOUNTS, SAVING ACCOUNTS AND C.D.'S):

Financial Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Financial Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Financial Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

LIST ALL STOCKS NOT HELD WITH A BROKER:

Name of Stock: _____ Name on Account/Certificate: _____

Beneficiary (if listed): _____ Value: _____

Name of Stock: _____ Name on Account/Certificate: _____

Beneficiary (if listed): _____ Value: _____

Name of Stock: _____ Name on Account/Certificate: _____

Beneficiary (if listed): _____ Value: _____

LIST ALL SAVINGS BONDS:

Type of Bond: _____ Owner: _____

Beneficiary (if listed): _____ Value: _____

Type of Bond: _____ Owner: _____

Beneficiary (if listed): _____ Value: _____

Type of Bond: _____ Owner: _____

Beneficiary (if listed): _____ Value: _____

LIST ALL BROKERAGE ACCOUNTS (EXCLUDES IRA OR OTHER RETIREMENT ACCOUNTS):

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Advisor Name/Phone: _____

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Advisor Name/Phone: _____

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Advisor Name/Phone: _____

LIST ANY RETIREMENT FUNDS (IRAS, 401KS, (403(B)S, ETC.):

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

LIST ANY ANNUITIES:

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

LIST ANY LIFE INSURANCE POLICIES:

Financial Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Financial Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Financial Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

LIST ALL VEHICLES (CAR, BOATS, TRAILERS, ETC.):

Make/Model: _____ Name on Title: _____

Approximate Value: _____

Make/Model: _____ Name on Title: _____

Approximate Value: _____

Any business interest/ownership? YES NO
 If yes, please list below:

Type: _____ Co-owner, if any: _____

Value: _____

Type: _____ Co-owner, if any: _____

Value: _____

Any collectibles (antiques, coins, jewelry, etc.)? YES NO
 If yes, please list below:

Type of collectible: _____

Market Value: _____

Type of collectible: _____

Market Value: _____

Is any money owed to the Decedent (mortgage, personal loans, etc.) YES NO
 If yes, please list below:

Type of Loan: _____ Borrower: _____

Amount Owed: _____

Type of Loan: _____ Borrower: _____

Amount Owed: _____

Does the Decedent have any outstanding bills and or debts (funeral, medical, credit card, etc.)? YES NO
 If yes, please list below:

Type of Debt: _____

Amount Owed: _____

Type of Debt: _____

Amount Owed: _____

Does the Decedent have a safe deposit box? YES NO
 If yes, please list below:

Location: _____

Who has access: _____

Any pending lawsuits?

YES NO

If yes, please list below:

REQUESTED DOCUMENTS FOR ESTATE ADMINISTRATION

Below is a list of the documents that are needed in connection with your estate administration/probate matter:

- Certified Copy of Death Certificate(s) for the decedent and predeceased spouse, if applicable
- Original Last Will & Testament for the decedent and surviving spouse, if any
- Trust documents for the decedent and surviving spouse, if any
- For all real property: Deeds, Title Insurance Policy, most recent property tax statements, certified appraisal (if available), homeowners insurance information
- Copy of the decedent's most recent Federal and State Income Tax Returns
- Copies of any Gift Tax Returns filed by the decedent
- Copies of all known debts owed by the decedent (credit card balances, car loans, mortgages, etc.)
- Copies of all bills and receipts for any expenses relating to the administration expenses for the estate (funeral, luncheon, obituary, etc.), as well as information regarding amounts expended by the family and friends that are to be reimbursed from the estate