ESTATE ADMINISTRATION QUESTIONNAIRE

The information on this form is confidential and subject to the attorney-client privilege.

I. DECEDENT INFORMATION

Decedent's Name ______________________________

Decedent's Address ______________________________

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Decedent's Date of Death ______________________________

Decedent's Date of Birth ______________________________

Decedent's Social Security Number ______________________________

Date of Will ______________________________

Date of Codicils ______________________________

Decedent's Occupation ______________________________

Was the Decedent Retired? ______________________________

Is there a safe deposit box? ______________________________

Name of Bank or Depository ______________________________

Name of Co-Tenant, if not spouse ______________________________

Spouse's name ______________________________

Spouse's Address ______________________________

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Spouse's Phone Number ______________________________

Spouse's Social Security Number ______________________________

Spouse's Date of Birth ______________________________

If Spouse is Deceased:
Date of Death ______________________________

II. PERSONAL REPRESENTATIVE INFORMATION

Name ______________________________

Address ______________________________

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Home Phone ______________________________

Business Phone ______________________________

Social Security Number ______________________________

III. CHILDREN AND GRANDCHILDREN

Please continue on back if necessary

Children – Full Names and Addresses	Birth Date	Social Security Number
Child #1: ____________________	__________	__________
____________________		
____________________		
Spouse's name: ____________________		
Child #2: ____________________	__________	__________
____________________		
____________________		
Spouse's name: ____________________		
Child #3: ____________________	__________	__________
____________________		
____________________		
Spouse's name: ____________________		
Child #4: ____________________	__________	__________
____________________		
____________________		
Spouse's name: ____________________		

Grandchildren – Full Name	Social Security Number	Birth Date	Parent

IV. DEVISEE INFORMATION

(Other than children or grandchildren identified under Item II, such as charitable or educational organizations, friends or other relatives)

Devisee – Full Names and Addresses	Birth Date	Social Security Number
Devisee #1:		
Devisee #2:		
Devisee #3:		
Devisee #4:		

V. ADVISORS

Accountant: ____________ ____________ ____________
Name Firm Phone

Insurance Agent: ____________ ____________ ____________
Name Firm Phone

Investment Advisor/ Stock Broker: ____________ ____________ ____________
Name Firm Phone

Private Banker/ Trust Officer: ____________ ____________ ____________
Name Firm Phone

VI. MISCELLANEOUS

Who will prepare estate/trust income tax returns? (Form 1041) ______________________

Who will prepare Decedent's final income tax return? (Form 1041) ______________________

VII. DOCUMENTS TO DELIVER TO US

- ☐ A recent Balance Sheet or similar schedule listing all assets and liabilities, including amounts of life insurance and retirement plan benefits. (The balance sheet does not need to be prepared by an accountant – a simple handwritten statement of assets and liabilities will do.)
- ☐ This completed questionnaire.
- ☐ The original of any existing Wills or Trusts, including any Codicils to the Will and Amendments to the Trusts.
- ☐ A copy of any deeds to real property owned by the Decedent or the Decedent's existing Trust, wherever located.
- ☐ A copy of last years personal income tax returns.
- ☐ A copy of Promissory Notes (if any).
- ☐ A copy of the Decedent's most recent gift tax returns (if any).

Please return this form using one of the following options:

US Mail: Colby & Thornes, PLLC
8434 E. Shea Blvd.
Scottsdale, Arizona 85260

Fax: (480) 443-4310

E-mail: mthornes@colbythornes.com

Should you have any questions, please contact us at (480) 443-1990