

**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 \_\_\_\_\_

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 Decedent Retired \_\_\_\_\_

Is there a safe deposit box? \_\_\_\_\_

Name of Bank or Depository \_\_\_\_\_

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

Spouse's Address \_\_\_\_\_

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 (if not spouse)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

**III. CHILDREN AND GRANDCHILDREN**

<u>Children -- Full Names and Addresses</u>	<u>Birth Date</u>	<u>Social Security Number</u>
Child #1: _____ _____ _____	_____	_____
Spouse's Name: _____ _____		
Child #2: _____ _____ _____	_____	_____
Spouse's Name: _____ _____		
Child #3: _____ _____ _____	_____	_____
Spouse's Name: _____ _____		
Child #4: _____ _____ _____	_____	_____
Spouse's Name: _____ _____		

<u>Grandchildren -- Full Name</u>	<u>Social Security Number</u>	<u>Birth Date</u>	<u>Parent</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IV. DEVISEE INFORMATION**

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

<u>Devisee -- Full Names and Addresses</u>	<u>Birth Date</u>	<u>Social Security Number</u>
Devisee #1: _____ _____ _____	_____	_____
Devisee #2: _____ _____ _____	_____	_____
Devisee #3: _____ _____ _____	_____	_____
Devisee #4: _____ _____ _____	_____	_____

**V. ADVISORS**

	<u>Name</u>	<u>Firm</u>	<u>Phone</u>
Accountant:	_____	_____	_____
Insurance Agent:	_____	_____	_____
Investment Advisor/ Stock Broker	_____	_____	_____
Private Banker/ Trust Officer:	_____	_____	_____

**VI. OTHER DOCUMENTS NEEDED**

Does the Estate Have?

Yes	No	Verify Provided	OTHER DOCUMENTS NEEDED
_____	_____	_____	Death certificate (2 originals for our office)
_____	_____	_____	Decedent's Will
_____	_____	_____	Trust document(s), with amendment(s), for
_____	_____	_____	Family (revocable living) Trust
_____	_____	_____	Irrevocable Life Insurance Trust (ILIT)
_____	_____	_____	Any other trusts ever established
_____	_____	_____	Individual Income tax returns, Federal Forms 1040
_____	_____	_____	and Arizona Forms 140
_____	_____	_____	Gift tax returns -- copies of all that were ever filed

**VII. ASSETS**

	<u>Account Location</u>	<u>Account Number</u>	<u>Account Title</u>	<u>Verify You Have Provided Statement for Month of Death</u>
Checking Account	_____	_____	_____	_____
Checking Account	_____	_____	_____	_____
Checking Account	_____	_____	_____	_____
Checking Account	_____	_____	_____	_____
Checking Account	_____	_____	_____	_____
Checking Account	_____	_____	_____	_____
Money Market Account	_____	_____	_____	_____
Money Market Account	_____	_____	_____	_____
Money Market Account	_____	_____	_____	_____
Savings Account	_____	_____	_____	_____
Savings Account	_____	_____	_____	_____
	<u>Account Location</u>	<u>Account Number</u>	<u>Account Title</u>	<u>Verify You Have Provided Statement for Month of Death or Day of Death with CUSIPs</u>
Brokerage Account	_____	_____	_____	_____
Brokerage Account	_____	_____	_____	_____
Brokerage Account	_____	_____	_____	_____
Brokerage Account	_____	_____	_____	_____
Brokerage Account	_____	_____	_____	_____
Brokerage Account	_____	_____	_____	_____
Brokerage Account	_____	_____	_____	_____
Brokerage Account	_____	_____	_____	_____
Brokerage Account	_____	_____	_____	_____
Brokerage Account	_____	_____	_____	_____

	<u>Account Location</u>	<u>Account Number</u>	<u>Account Title</u>	<u>Verify You Have Provided Statement for Month of Death with CUSIPs</u>
CD				
CD				
CD				
CD				
CD				

	<u>Account Location</u>	<u>Account Number</u>	<u>Owner</u>	<u>Verify You Have Provided Statement for Month of Death or Day of Death with CUSIPs</u>	<u>Verify You Have provided a copy of the Beneficiary Designation on file with the Custodian</u>
401(k), 403(b), IRA					
401(k), 403(b), IRA					
401(k), 403(b), IRA					
401(k), 403(b), IRA					
401(k), 403(b), IRA					
401(k), 403(b), IRA					

	<u>Policy Written By</u>	<u>Policy Number</u>	<u>Owner</u>	<u>Verify You Have Provided form 712 from Insurance Company</u>	<u>Designated Beneficiary</u>
Life Insurance					
Life Insurance					
Life Insurance					
Life Insurance					
Life Insurance					
Annuity					
Annuity					
Annuity					

	<u>Address</u>	<u>Description (i.e. primary, vacation, rental)</u>	<u>Owner</u>	<u>Verify You Have Provided the Deed</u>	<u>Verify You Have Obtained a Certified Date of Death Appraisal</u>
Real Property					
Real Property					
Real Property					
Real Property					
	<u>Provide Entity Documents</u>	<u>Provide Entity Tax Returns</u>	<u>Provide Entity Statements (if applicable)</u>		
LLC Interests					
LLC Interests					
LLC Interests					
Sub-S Corp. Stock					
Sub-S Corp. Stock					
Sub-S Corp. Stock					
Partnerships					
Partnerships					
Partnerships					
	<u>Verify You Have Provided a Copy of the Note</u>	<u>Verify You have Provided a Current Statement</u>	<u>Outstanding Balance at Date of Death</u>		
Notes and Receivable					
Notes and Receivable					
Notes and Receivable					
	<u>Approximate Value</u>	<u>Brief Description</u>	<u>Provide Appraisals</u>		
Tangible Property (furniture, etc)					
Valuable Property (i.e. silver, china)					
Jewelry					
Safety Deposit Box Contents					

	<u>Copy of Title</u>	<u>Provide Kelly Blue Book Value</u>	<u>Provide Appraisal of Collector Vehicle</u>	<u>Outstanding Loan on Vehicle?</u>
Automobile	_____	_____	_____	_____
Automobile	_____	_____	_____	_____
Automobile	_____	_____	_____	_____
Automobile	_____	_____	_____	_____

Does the Estate Have?

	<u>Yes</u>	<u>No</u>
Dividend Reinvestment Plans	_____	_____
Employer Stock Options	_____	_____
Treasury Bills	_____	_____
Pension	_____	_____
Other Securities	_____	_____
Charitable Trusts	_____	_____
Other Business or Farming Interests	_____	_____
Oil or Gas Interests	_____	_____
Patents, Trademarks, Intellectual Property	_____	_____
Royalties	_____	_____
Uncollected Notes	_____	_____
Beneficial Interests in Trusts	_____	_____
Federal or State Income Tax Returns	_____	_____
Joint Ownership Assets	_____	_____
Medical or Premium Reimbursement	_____	_____

Provide Documentation for all of the above

**VIII. DEBTS**

	<u>Provide Copy of Loan Documentation</u>	<u>Provide Loan Statement as of Death</u>	<u>Supporting Documentation (security, etc)</u>
Bank Loans	_____	_____	_____
Mortgage Loans	_____	_____	_____



Home Equity Loans \_\_\_\_\_

Auto Loans \_\_\_\_\_

Misc. Loans \_\_\_\_\_

Verify You Have  
Provided Statement  
for the Month of  
Death

Card Issuer

Account Number

Credit Card \_\_\_\_\_

Credit Card \_\_\_\_\_

Credit Card \_\_\_\_\_

Identify or Explain  
Any Refunds or  
Reimbursements

Date of Expense

Verify You have  
Provided a Receipt

Medical Expenses \_\_\_\_\_

Medical Expenses \_\_\_\_\_

Medical Expenses \_\_\_\_\_

Medical Expenses \_\_\_\_\_

Funeral Expenses \_\_\_\_\_

Funeral Expenses \_\_\_\_\_

Funeral Expenses \_\_\_\_\_

Funeral Expenses \_\_\_\_\_

Funeral Expenses \_\_\_\_\_