



DECEDENT'S ESTATE QUESTIONNAIRE

Date: _____

I. GENERAL INFORMATION

Decedent's Name: _____
FIRST MIDDLE LAST

Date of Birth: _____ Date of Death: _____

Age at Death: _____

Did the Decedent have a Will? _____ Date of Will: _____

II. PERSONAL INFORMATION

Decedent's Social Security Number: _____

Address at the time of death: _____

County (of domicile): _____ Year domicile established: _____

Marital Status: Single: ___ Married: ___ Legally Separated: ___
Divorced: ___ Widowed: ___

Date of Marriage: _____

Date of Separation, divorce, or death of spouse: _____

III. PERSONAL REPRESENTATIVE OR TRUSTEE

Name: _____
First Middle Last

Address: _____ Home Telephone: (____) _____

Work Telephone: (____) _____

E-mail: _____

Social Security Number: _____

Date of Birth: ___/___/___ Age: _____

IV. BENEFICIARIES

Name of Spouse: _____
 First Middle Last

Legatees under Will or Trust, or Heirs at Law

Name: _____
Date of Birth: _____ Social Security #: _____
Address: _____
Telephone Number: _____ E-mail: _____

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Address: _____
Telephone Number: _____ E-mail: _____

V. PROBATE PROPERTY (INDIVIDUALLY OWNED)

Real Estate: _____

Business Interests: _____

Lock Box Location: _____

Bank Account Information

Bank Name	Type of Account	Account Number	Balance (as of Date of Death)

Stocks, Bonds, Mutual Funds

Issuer:	Account # or Certificate #	Number of Shares	Value (as of Date of Death)

Motor Vehicles

Make:	Model:	Year:

Other Personal Property
(i.e. furniture and household goods)

VI. JOINTLY HELD OR TRUST OWNED PROPERTY

Real Estate: _____

Business Interests: _____

Lock Box Location: _____

Joint or Trust Bank Account Information

Bank Name	Type of Account	Account Number	Balance (as of Date of Death)

Stocks, Bonds, Mutual Funds

Issuer:	Account # or Certificate #	Number of Shares	Value (as of Date of Death)

Motor Vehicles

Make:	Model:	Year:

VII. ASSETS WITH BENEFICIARY DESIGNATION

Life Insurance

Company Name	Policy Number	Name of Beneficiary	Death Benefit Paid

Annuities

Company Name	Policy Number	Name of Beneficiary	Value (As of Date of Death)

IRA, 401K, and other Pension Plans

Company Name	Account Number	Name of Beneficiary	Value (As of Date of Death)

VIII. DOCUMENTS TO BRING TO INITIAL MEETING

1. Will, Codicil, Trust Agreements
2. Real Estate Deeds
3. Certificates of Title to Motor Vehicles, R.V.s, etc.
4. Federal Income Tax Returns for the last three (3) years
5. Gift Tax Returns (if any)
6. Certificates, Passbooks, Statements of Account for Checking and Savings
7. Certificates, Brokerage Statements for stocks, bonds and securities

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