PROBATE/ESTATE ADMINISTRATION QUESTIONNAIRE

PROBATE/ESTATE ADMINISTRATION QUESTIONNAIRE

Full legal name of person completing questionnaire _____
First Middle Last

Relationship to decedent _____

Home address _____

City _____ County _____ State _____ Zip _____

Mailing address *(if different from home address)* _____

City _____ County _____ State _____ Zip _____

Email _____

Home number _____ Mobile number _____ Work number _____

DECEDENT'S PERSONAL INFORMATION

Decedent's full legal name _____
First Middle Last

Also known as/nickname _____

City, state, and county of death _____

Date of birth ___/___/____ Date of death ___/___/____ Social Security number _____ - _____ - _____

U.S. Citizen? ☐ Yes ☐ No: citizenship _____

Permanent address at death _____

City _____ County _____ State _____ Zip _____

Email _____

Home number _____ Mobile number _____ Work number _____

Employer _____ Occupation _____

Business address _____

City _____ County _____ State _____ Zip _____

☐ Married (marriage date) ___/___/____ ☐ Divorced (divorce date) ___/___/____

☐ Widowed ☐ Single ☐ Life partner

Was decedent in the military? ☐ Yes ☐ No

Branch and dates of service _____

Veteran's Administration ID number _____ Military ID number _____

DECEDENT'S SPOUSE INFORMATION

Spouse's full legal name _____ _____
First Middle Last

Also known as/nickname _____ _____

Date of birth ___/___/____ Date of death ___/___/____ Social Security number _____ - _____ - _____

U.S. Citizen? ☐ Yes ☐ No: citizenship _____

Home address _____

City _____ County _____ State _____ Zip _____

Email _____

Home number _____ Mobile number _____ Work number _____

Employer _____ Occupation _____

DECEDENT'S CHILDREN INFORMATION

Child 1 Full legal name _____ _____
First Middle Last

Also known as/nickname _____ _____

Date of birth ___/___/____ Date of death ___/___/____ Social Security number _____ - _____ - _____

Home address _____

City _____ County _____ State _____ Zip _____

Email _____ Phone number _____

Beneficiary? ☐ Yes ☐ No

Other information (disability, addiction, other) _____

_____

_____

_____

_____

Does Child 1 have children? (If yes, list names) and birth dates, if minors _____

_____

_____

_____

_____

Child 2 Full legal name _____
First Middle Last

Also known as/nickname _____

Date of birth ___/___/____ Date of death ___/___/____ Social Security number _____ - _____ - _____

Home address _____

City _____ County _____ State _____ Zip _____

Email _____ Phone number _____

Beneficiary? ☐ Yes ☐ No

Other information (disability, addiction, other) _____

_____

_____

_____

_____

Does Child 2 have children? (If yes, list names) _____
and birth dates, if minors

_____

_____

_____

_____

Child 3 Full legal name _____
First Middle Last

Also known as/nickname _____

Date of birth ___/___/____ Date of death ___/___/____ Social Security number _____ - _____ - _____

Home address _____

City _____ County _____ State _____ Zip _____

Email _____ Phone number _____

Beneficiary? ☐ Yes ☐ No

Other information (disability, addiction, other) _____

_____

_____

_____

_____

Does Child 3 have children? (If yes, list names) _____
and birth dates, if minors

_____

_____

_____

Child 4 Full legal name _____ _____
First Middle Last

Also known as/nickname _____ _____

Date of birth ___/___/____ Date of death ___/___/____ Social Security number _____ - _____ - _____

Home address _____

City _____ County _____ State _____ Zip _____

Email _____ Phone number _____ _____

Beneficiary? ☐ Yes ☐ No

Other information (disability, addiction, other) _____

_____

_____

_____

_____

Does Child 4 have children? (If yes, list names) _____
and birth dates, if minors

_____

_____

_____

_____

Child 5 Full legal name _____ _____
First Middle Last

Also known as/nickname _____ _____

Date of birth ___/___/____ Date of death ___/___/____ Social Security number _____ - _____ - _____

Home address _____

City _____ County _____ State _____ Zip _____

Email _____ Phone number _____ _____

Beneficiary? ☐ Yes ☐ No

Other information (disability, addiction, other) _____

_____

_____

_____

Does Child 5 have children? (If yes, list names) _____
and birth dates, if minors

_____

_____

_____

**Attach additional sheets if necessary.*

DECEDENT'S ESTATE PLAN INFORMATION

Date and location of decedent's Last Will and Testament _____

Name, date, and location of decedent's Revocable Living Trust Agreement _____

_____

Executor Information

Full legal name _____

First Middle Last

Relationship to decedent _____

Home address _____

City _____ County _____ State _____ Zip _____

Mailing address (if different from home address) _____

City _____ County _____ State _____ Zip _____

Email _____

Home number _____ Mobile number _____ Work number _____

Employer _____ Occupation _____

Trustee information

Full legal name _____

First Middle Last

Relationship to decedent _____

Home address _____

City _____ County _____ State _____ Zip _____

Mailing address (if different from home address) _____

City _____ County _____ State _____ Zip _____

Email _____

Home number _____ Mobile number _____ Work number _____

Employer _____ Occupation _____

DECEDENT'S ADVISOR INFORMATION

Attorney's name _____ Phone number _____

Life insurance agent's name _____ Phone number _____

Accountant's name _____ Phone number _____

Financial advisor's name _____ Phone number _____

Banker's name _____ Phone number _____

IMPORTANT INFORMATION

Please select Yes, No, or Unknown for each question	Yes	No	Unknown
Was decedent subject to any guardianship or conservatorship before death?	☐	☐	☐
Did decedent ever live in any of the following states while married: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin?	☐	☐	☐
Is decedent a named beneficiary in anyone's trust? If yes, please explain in the **Additional Information** section below.	☐	☐	☐
Did decedent and spouse sign a prenuptial or postnuptial agreement? If yes, please attach a copy.	☐	☐	☐
Was decedent making payments pursuant to a divorce or property settlement agreement at death? If yes, please attach a copy.	☐	☐	☐
Was decedent (or spouse) receiving social security, disability, or other governmental benefits?	☐	☐	☐
Is decedent widowed? If yes, and a federal estate tax return or state death tax return was filed, please attach a copy.	☐	☐	☐
Do any of decedent's children have special educational, medical, or physical needs?	☐	☐	☐
Does decedent's spouse, or do any of decedent's children, receive governmental support or benefits?	☐	☐	☐
Did decedent provide primary or other financial support to adult children or other dependents at death? If yes, please specify in the **Additional Information** section below.	☐	☐	☐
Was decedent party to any litigation at the time of death?	☐	☐	☐
Was decedent in control of decedent's financial affairs before death? If no, who was in control?	☐	☐	☐
Would anyone assert that decedent was subject to undue influence relating to decedent's financial or personal matters?	☐	☐	☐

Additional Information _____

_____

_____

PROPERTY INFORMATION

The following pages of this questionnaire guide you to list all property decedent owned, indicate how the property is titled, and provide the property value. You may list any additional property on a separate sheet of paper. Each category of property covers the following information:

Type
Describes the specific types of property in each section

Evidence of title
Indicates the type of document needed to provide evidence of title to the property

Owner
Specifies how decedent owned the property. It is extremely important that this be accurate. For each property, please indicate how the property is titled by using the abbreviations below. (Note: if you do not know how title is held, please use "?".)

Owner of Property	Abbreviation
Decedent only; no other person	**D**
Decedent jointly with right of survivorship with spouse	**JT-S**
Decedent jointly with right of survivorship with nonspouse	**JT-NS**
Decedent community property*	**CP**
Decedent as tenant in common with someone else	**TIC**
Revocable Trust	**RLT**
Irrevocable Trust	**IRT**
Unsure how property is owned	**?**

**Community property only applies if property was earned or acquired after marriage and before separation while living in one of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.*

REAL PROPERTY

Type
Primary residence, vacation property, rental property, commercial property, agricultural/farm/ranch property, vacant land, timeshare, etc. If property is owned by a partnership with someone other than spouse, please list it in the **Business Interests** section.

Evidence of title
Deed or land contract

Type and full address	Owner	Date of death value	Loan balance
	TOTAL	**$**	**$**

PERSONAL PROPERTY

Type
Motor vehicles, boats, furniture, jewelry, collections, antiques, furs, tools, equipment, or other valuable personal property

Evidence of title
Title or registration, bill of sale, receipt, or cancelled check reflecting purchase, if any

General description	Owner	Date of death value
	TOTAL	**$**

BANK ACCOUNTS

Type
Checking accounts (CA), savings accounts (SA), and Certificates of Deposit (CD). Note that IRAs and 401(k) accounts are listed in the **Retirement Accounts** section, and money market accounts are listed in the **Brokerage and Mutual Funds** section.

Evidence of title
Signature card or document signed to create account

Institution name	Account number and type	Owner	Date of death balance
		TOTAL	**$**

RETIREMENT ACCOUNTS

Type
401(k), 457, 403(b), IRA, SEP, H.R. 10 (Keogh Plan), pension, profit sharing (PS), etc.

Evidence of title
Document signed to create account, or account statement, and beneficiary designation form

Company name, type, account number	Beneficiary	Share	Date of death value
		TOTAL	**$**

STOCKS

Evidence of title
Stock certificate

Company name	Owner	Number of shares	Date of death value

TOTAL $ _____

BONDS

Type
Municipal, Series E/EE, Series H/HH, Series I, T-Bill, T-Note, education, private

Evidence of title
Bond certificate

Company name and type of bond	Owner	Number of shares	Date of death value

TOTAL $ _____

INVESTMENT ACCOUNTS (BROKERAGE ACCOUNTS AND MUTUAL FUNDS)

Type
Money market (MM), brokerage (B), mutual fund (MF), cash management (CM), other

Evidence of title
Account statement or document signed to create account

Institution name	Account number and type	Owner	Date of death balance
		TOTAL	**$**

LIFE INSURANCE POLICIES AND ANNUITIES

Type
Term, whole life, variable, universal, group life, accidental death and dismemberment, long-term care with death benefit, and annuity policies

Evidence of title
Account statement or document signed to create policy

Company name and policy number	Type	Owner	Beneficiary	Date of death value (death proceeds)
			TOTAL	**$**

BUSINESS INTERESTS

Type
General partnership, limited partnership, limited liability company, S-corporation, closely held business, professional corporation, professional practice, and sole proprietorship

Evidence of title
For partnership or LLC—partnership or operating agreement, ownership certificate, or purchase document; for corporations—stock certificate(s) or ledger; for sole proprietorship—registration or title, bill of sale, or balance sheet

Company name and type of business	Owner	Ownership share	Date of death value

TOTAL $ _____

OIL, GAS, AND MINERAL INTERESTS

Type
Lease, overriding royalty, fee mineral estate, working interest, etc.

Evidence of title
Lease agreement, deed, royalty agreement, other

Description and type	Owner	Date of death value

TOTAL $ _____

MONEY OWED TO DECEDENT

Type
Mortgage and promissory notes payable to decedent, and other monies owed to decedent

Evidence of title
Mortgage or rental agreement, promissory note, written contract, or signed document creating payable obligation

Debtor name	Maturity date	Owed to	Installment amount	Balance due
			TOTAL	**$**

CRYPTO ASSETS

Type
Cryptocurrencies (e.g., Bitcoin, Ethereum), utility tokens, platform tokens, security tokens, cryptocollectibles (e.g., CryptoKitties), natural asset tokens, privacy coins, crypto-fiat currencies, etc.

Evidence of title
Varies

Description and type	Date of death value
TOTAL	**$**

OTHER ASSETS

Type
Other property not covered by the above categories including assets over which decedent had a power of appointment

Evidence of title
Varies

Description and type	Date of death value
TOTAL	**$**

LIABILITIES

Type
Bill, credit card, lease, mortgage, loan, medical, taxes, and other monies owed by decedent (including bonds)

Evidence of title
Invoice, statement, rental agreement, mortgage, promissory note, written contract, or signed document creating payable obligation

Creditor name	Type	Account number	Original amount	Amount outstanding
		TOTAL	**$**	**$**

VALUE SUMMARY

Please total all values from the above categories. For jointly owned assets, enter half in the decedent's column and half in the spouse's column.

Category	**Decedent**	**Spouse**	**Total date of death value**
Real Property	$_____	$_____	$_____
Personal Property	$_____	$_____	$_____
Bank Accounts	$_____	$_____	$_____
Retirement Accounts	$_____	$_____	$_____
Stocks	$_____	$_____	$_____
Bonds	$_____	$_____	$_____
Investment Accounts	$_____	$_____	$_____
Life Insurance Policies and Annuities	$_____	$_____	$_____
Business Interests	$_____	$_____	$_____
Oil, Gas, and Mineral Rights	$_____	$_____	$_____
Money Owed to Decedent	$_____	$_____	$_____
Crypto Assets	$_____	$_____	$_____
Other Assets	$_____	$_____	$_____
Liabilities	($_____)	($_____)	($_____)
		VALUE SUMMARY TOTAL	**$_____**

Additional Information (attach additional sheets if necessary)

_____

_____

_____

_____

_____

_____

_____

_____

SIGNATURE OF PERSON COMPLETING QUESTIONNAIRE

I affirm that the information contained in this questionnaire is true to the best of my knowledge.

Date: _____ Signed: _____

Printed name: _____