

ESTATE QUESTIONNAIRE

The information you provide must be as accurate as possible as it will be used to draft your estate planning documents. If you are uncertain about exact information, please give us your best assessment. If we need a more detailed explanation, we will ask you. Your information will be kept confidential unless you authorize or request its release to others.

Decedent Full Legal Name: _____

Social Security No. _____ DOB _____ DOD _____

Home Address: _____

Place of Death: _____ County _____

Did Decedent have a Last Will and Testament? Yes No

FAMILY INFORMATION

Was Decedent married at time of death? Yes No

Spouse Name	Date of Marriage	Date of Divorce
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child: _____ DOB: _____ Gender: M F

Address: _____

Social Security: _____ Date of Death (if applicable): _____

If deceased, please provide names and DOB of living children:

Child: _____ DOB: _____ Gender: M F

Address: _____

Social Security: _____ Date of Death (if applicable): _____

If deceased, please provide names and DOB of living children:

Child: _____ DOB: _____ Gender: M F

Address: _____

Social Security: _____ Date of Death (if applicable): _____

If deceased, please provide names and DOB of living children:

Child: _____ DOB: _____ Gender: M F

Address: _____

Social Security: _____ Date of Death (if applicable): _____

If deceased, please provide names and DOB of living children:

PERSONAL REPRESENTATIVE

Full Legal Name: _____

Social Security No. _____ DOB _____ Relationship: _____

Home Address: _____

Telephone: _____ Work Phone: _____ Email: _____

BENEFICIARIES

Name: _____ DOB: _____ Gender: M F

Address: _____

Social Security: _____ Relationship: _____ % to Receive: _____

Name: _____ DOB: _____ Gender: M F

Address: _____

Social Security: _____ Relationship: _____ % to Receive: _____

Name: _____ DOB: _____ Gender: M F

Address: _____

Social Security: _____ Relationship: _____ % to Receive: _____

Name: _____ DOB: _____ Gender: M F

Address: _____

Social Security: _____ Relationship: _____ % to Receive: _____

Name: _____ DOB: _____ Gender: M F

Address: _____

Social Security: _____ Relationship: _____ % to Receive: _____

Name: _____ DOB: _____ Gender: M F

Address: _____

Social Security: _____ Relationship: _____ % to Receive: _____

FINANCIAL ACCOUNTS

Name of Institution _____ Phone Number _____

Address: _____

Owner(s) _____

Account No. _____ Type _____ Value _____

Any Known Beneficiaries _____

Name of Institution _____ Phone Number _____

Address: _____

Owner(s) _____

Account No. _____ Type _____ Value _____

Any Known Beneficiaries _____

Name of Institution _____ Phone Number _____

Address: _____

Owner(s) _____

Account No. _____ Type _____ Value _____

Any Known Beneficiaries _____

Name of Institution _____ Phone Number _____

Address: _____

Owner(s) _____

Account No. _____ Type _____ Value _____

Any Known Beneficiaries _____

Name of Institution _____ Phone Number _____

Address: _____

Owner(s) _____

Account No. _____ Type _____ Value _____

Any Known Beneficiaries _____

PENSION PLANS

Name of Institution _____ Phone Number _____

Account No. _____ Value _____

Terminate at the Death of Beneficiary? Y N

Name of Institution _____ Phone Number _____

Account No. _____ Value _____

Terminate at the Death of Beneficiary? Y N

Name of Institution _____ Phone Number _____

Account No. _____ Value _____

Terminate at the Death of Beneficiary? Y N

STOCKS

Company _____ Number of Shares _____ Date Issued _____

Certificate No. _____ Account No. _____ Value _____

Type of Ownership _____

Company _____ Number of Shares _____ Date Issued _____

Certificate No. _____ Account No. _____ Value _____

Type of Ownership _____

Company _____ Number of Shares _____ Date Issued _____

Certificate No. _____ Account No. _____ Value _____

Type of Ownership _____

Company _____ Number of Shares _____ Date Issued _____

Certificate No. _____ Account No. _____ Value _____

Type of Ownership _____

Company _____ Number of Shares _____ Date Issued _____

Certificate No. _____ Account No. _____ Value _____

Type of Ownership _____

BONDS

Date Issued _____ Type of Bond _____ Maturity Date _____

How Is It Held? (Jointly/Payable on Death, etc.) _____

Redemption Value _____

Date Issued _____ Type of Bond _____ Maturity Date _____

How Is It Held? (Jointly/Payable on Death, etc.) _____

Redemption Value _____

Date Issued _____ Type of Bond _____ Maturity Date _____

How Is It Held? (Jointly/Payable on Death, etc.) _____

Redemption Value _____

Date Issued _____ Type of Bond _____ Maturity Date _____

How Is It Held? (Jointly/Payable on Death, etc.) _____

Redemption Value _____

REAL ESTATE

Address: _____

Type (Residential, Rental, etc.) _____

Owners: _____

Current Value: _____ Outstanding Mortgage: _____

Address: _____

Type (Residential, Rental, etc.) _____

Owners: _____

Current Value: _____ Outstanding Mortgage: _____

Address: _____

Type (Residential, Rental, etc.) _____

Owners: _____

Current Value: _____ Outstanding Mortgage: _____

Address: _____

Type (Residential, Rental, etc.) _____

Owners: _____

Current Value: _____ Outstanding Mortgage: _____

TANGIBLE PERSONAL PROPERTY

Item: _____

Approximate Value: _____ Current Location: _____

Ownership/Beneficiary: _____

Has it Been Appraised? Y N Appraisal Value: _____

Address: _____

Type (Residential, Rental, etc.) _____

Owners: _____

Current Value: _____ Outstanding Mortgage: _____

Address: _____

Type (Residential, Rental, etc.) _____

Owners: _____

Current Value: _____ Outstanding Mortgage: _____

LIFE POLICIES

Company: _____

Account No. _____ Owner of Policy _____

Insured: _____ Beneficiaries: _____

Death Benefit: _____ Cash Value: _____

Company: _____

Account No. _____ Owner of Policy _____

Insured: _____ Beneficiaries: _____

Death Benefit: _____ Cash Value: _____

Company: _____

Account No. _____ Owner of Policy _____

Insured: _____ Beneficiaries: _____

Death Benefit: _____ Cash Value: _____

Company: _____

Account No. _____ Owner of Policy _____

Insured: _____ Beneficiaries: _____

Death Benefit: _____ Cash Value: _____

CREDITORS

Has the Funeral Bill Been Paid? Y N Amount: _____

Any Creditors that You Are Aware of:

Name: _____ Amount: _____

Name: _____ Amount: _____

Name: _____ Amount: _____

Name: _____ Amount: _____

Name: _____ Amount: _____

Name: _____ Amount: _____

Please state any issues (if you anticipate any) with the estate:

FOR OFFICE USE ONLY:

Quoted Fee: _____ Filing Fees: _____

Retainer Collected: _____ Date Retainer Agreement Signed: _____