

*This form is extremely important. Your accuracy and completeness in responding will help us best represent you. Please return this form to us no later than the day before your appointment.*

*For purposes of this form, when we ask about "the Client", we are asking about you. When we ask about "your Decedent," we are asking about your deceased relative whose estate we are going to probate.*

## ESTATE ADMINISTRATION QUESTIONNAIRE

Client's Telephone:

Residence: \_\_\_\_\_ Cell: \_\_\_\_\_

Client Business: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Who referred you to our firm: \_\_\_\_\_

### Client Data

#### **CLIENT:**

Full Name \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age: \_\_\_\_\_ US Citizen? \_\_\_\_\_

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

Occupation \_\_\_\_\_ Retired? \_\_\_\_\_

### Decedent Data

#### **DECEDENT:**

Full Name \_\_\_\_\_

Known by other names? \_\_\_\_\_

Last Address \_\_\_\_\_ City/Town \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ US Citizen? \_\_\_\_\_

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

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Was your decedent a patient in a nursing home? \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Was there a pre-(or post-)nuptial agreement? \_\_\_\_\_

Previous Marriages (details) \_\_\_\_\_

Any support or other obligations arising from previous marriage? \_\_\_\_\_

Armed Forces Service

Serial No. \_\_\_\_\_

Branch of Service \_\_\_\_\_

**DECEDENT'S SPOUSE:**

Full Name \_\_\_\_\_ Known by any Other Names \_\_\_\_\_  
Address \_\_\_\_\_ City/Town \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ US Citizen? \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Is Decedent's Spouse living? \_\_\_\_\_  
If no, Date of Death: \_\_\_\_\_  
Was his/her estate probated? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Where? \_\_\_\_\_

**DECEDENT'S CHILDREN (If applicable)**

(Please list all children including any children adopted, from previous marriage, or predeceased. If you need more space, use back of the form.)

1. Child's Name \_\_\_\_\_ Present Age \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Child's Spouse's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Child's Children \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
Comments \_\_\_\_\_
  
2. Child's Name \_\_\_\_\_ Present Age \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Child's Spouse's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Child's Children \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
Comments \_\_\_\_\_
  
3. Child's Name \_\_\_\_\_ Present Age \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Child's Spouse's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Child's Children \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
Comments \_\_\_\_\_
  
4. Child's Name \_\_\_\_\_ Present Age \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Child's Spouse's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Child's Children \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
Comments \_\_\_\_\_

Are any children handicapped or in poor health? \_\_\_\_\_

Are any children receiving SSI or any other form of government entitlement? \_\_\_\_\_

**DECEDENT'S OTHER SURVIVING RELATIVES:**

**Parents:**

Are your decedent's parents living? Father \_\_\_\_ Mother \_\_\_\_

If yes, address: \_\_\_\_\_

**Siblings:**

Does your decedent have any living siblings? \_\_\_\_\_

If yes, please list them and give their addresses:

**DECEDENT'S OVERALL FAMILY:**

Are there any family problems or dynamics of which we should be aware? Is there any reason to anticipate that any one in the family may object to your being appointed as fiduciary of the estate, or object to any gifts your decedent may have made by will or by law?

**DECEDENT'S ESTATE PLAN**

**Last Will and Testament:**

Did your decedent leave a Last Will and Testament? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Don't Know: \_\_\_\_\_

If yes: where is the original? \_\_\_\_\_

**Trusts:**

Did your decedent create any trusts (of any kind) during his or her lifetime?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Don't Know: \_\_\_\_\_

If yes, please give details, including the location of trust documents:

Did your decedent fund the trust(s) during his or her lifetime?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Don't Know: \_\_\_\_\_

**DECEDENT'S PENDING BUSINESS**

Are there any financial or business transactions involving your decedent that are still pending (for example, a real estate closing, a business venture, etc)? If yes, we need details to determine if appointment of a Temporary Fiduciary is required to carry on and complete the pending transactions.

**SUMMARY OF DECEDENT'S ASSETS AND LIABILITIES**

**PAPERS AND FINANCIAL ADVISORS:**

Location of Lock Box: \_\_\_\_\_ In whose name \_\_\_\_\_  
Any Property of others in box: \_\_\_\_\_  
Where are other valuable papers kept? \_\_\_\_\_  
Name and Phone Number of broker \_\_\_\_\_  
Name and Phone Number of Accountant \_\_\_\_\_  
Name and Phone Number of Life Insurance Agent \_\_\_\_\_

**INCOME**

Type	Amount	How often?
Social Security/ Railroad Retirement		
Veteran's benefits		
Pensions:		
Employment		
Other:		

Was your decedent receiving any type of state or federal benefits other than retirement benefits?

If yes, details: \_\_\_\_\_

Did your decedent file US income tax returns in the past three years? \_\_\_\_\_

**ASSETS**

Was your decedent **expecting any inheritances**? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your decedent have any **powers of appointment**? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your decedent the **beneficiary under any Trust**? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your decedent **holding any property for the benefit of his/her children or others** (i.e. as a custodian or trustee?) \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your decedent have any **bank accounts**? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your decedent own any **stocks, bonds, and/or mutual funds**? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your decedent own or participate in any **pension or profit sharing plans (IRAs, 401(k)s, Keoghs, etc.)**?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Did your decedent own any **annuities**? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your decedent own any **stock options**? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your decedent have an **interest in any partnership, joint venture, closely held corporation, proprietorship or other similar entity**? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your decedent own his/her **home**? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your decedent own any **other real estate**? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your decedent have any **life and accidental death insurance**? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your decedent own any **motor vehicles**? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your decedent own **any other assets** (such as boats, trailers, mortgages, land contracts, other receivables, law suit judgments, cemetery plots, pre-need funeral contracts, collections (coin, art, stamps, etc.), family heirlooms)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what type of asset(s)? \_\_\_\_\_

### **LIABILITIES**

Did your decedent **owe any person or entity money** (including accounts payable, mortgages, promissory notes, judgments, charitable pledges)? \_\_\_\_\_ Yes \_\_\_\_\_ No



**PENSION OR PROFIT SHARING PLANS (IRAs, 401(k)s, Keoghs, etc.)**

Type of Plan	Owner?	Name of Company	Account Number	Fair Market Value	Beneficiary(ies)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**ANNUITIES:**

Name of Owner	Name of Annuitant	Purchase Price	When Purchased	Income Received	Beneficiary(ies)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**STOCK OPTIONS:**

Details:

**REAL ESTATE:**

Residence Address: \_\_\_\_\_  
Fair Market Value: \_\_\_\_\_ Assessed Value: \_\_\_\_\_  
When purchased? \_\_\_\_\_ Purchase Price: \_\_\_\_\_  
Cost & Date of any improvements: \_\_\_\_\_

Mortgage Amount: \_\_\_\_\_ Mortgagee: \_\_\_\_\_  
Legal Title in Whose Name(s)? \_\_\_\_\_

Second Residence Address: \_\_\_\_\_  
Fair Market Value: \_\_\_\_\_ Assessed Value: \_\_\_\_\_  
When purchased? \_\_\_\_\_ Purchase Price: \_\_\_\_\_  
Cost & Date of any improvements: \_\_\_\_\_

Mortgage Amount: \_\_\_\_\_ Mortgagee: \_\_\_\_\_  
Legal Title in Whose Name(s)? \_\_\_\_\_

Other Real Estate Address: \_\_\_\_\_  
Fair Market Value: \_\_\_\_\_ Assessed Value: \_\_\_\_\_  
When purchased? \_\_\_\_\_ Purchase Price: \_\_\_\_\_  
Cost & Date of any improvements: \_\_\_\_\_

Mortgage Amount: \_\_\_\_\_ Mortgagee: \_\_\_\_\_  
Legal Title in Whose Name(s)? \_\_\_\_\_



**LIFE AND ACCIDENTAL DEATH INSURANCE**

Face Amount	Type	Policy No.	Name of Company	Beneficiaries	Amount of Loan on Policy
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**BUSINESS INTERESTS**

If your decedent had an interest in a partnership, joint venture, closely held corporation, proprietorship or other similar entity, we need complete information about its assets and liabilities, buy-sell agreements and all other related information including basis. Use the back side of this sheet, if necessary.

**OTHER ASSETS:**

Automobiles (model, make, fair market value, in whose name, outstanding loan?):

\_\_\_\_\_

Boats, Trailers, etc. \_\_\_\_\_

Mortgages Owned, Land Contracts, or Other Receivables: \_\_\_\_\_

Law suit judgments: \_\_\_\_\_

Collections (coin, art, stamps, etc.) \_\_\_\_\_

Family Heirlooms: \_\_\_\_\_

Frequent flyer miles: \_\_\_\_\_

Any assets not in the U.S.? \_\_\_\_\_

\_\_\_\_\_

Other assets: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIABILITIES**

(including accounts payable, mortgages not listed above, promissory notes, judgments, charitable pledges)

Amount Owed	to Whom Owed	Due Date	Secured by What Asset
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**GIFTS**

Did your decedent make any gifts in excess of \$10,000 in the past? If yes:

Name Of Recipient	Nature of Gift	Value of Gift	Date of Gift	Gift Tax Return Filed?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**MEDICAL ASSISTANCE**

At any time since age 55 did your decedent receive MassHealth (Medicaid) benefits?

In the community? \_\_\_\_\_  
In a nursing home? \_\_\_\_\_