

Estate Probate and Trust Administration Questionnaire

This form will help you to gather information so our office may assist you with the administration of the decedent's estate. Please complete with as much information as you have currently available.

It is helpful if you can return the completed form prior to your appointment. Otherwise, bring the completed questionnaire to our first meeting. Please call if you have any questions.

IMPORTANT NOTES: There are two means of completing this form. You may print this blank form and write in the information and then mail, fax, or scan and e-mail to us.

Alternatively, this form is designed to be completed on your computer. If using onscreen computer entry, you must open this file using the free Adobe PDF reader, available at <http://www.adobe.com>. It is important that an Adobe product be used as other PDF readers or PDF readers in some internet browsers may not provide readable files when e-mailed to us. We recommend you always print a copy of the completed form for your records in addition to e-mailing the completed file to us.

If you experience any technical issues in completing this form onscreen, then use the first method of printing out the blank form and writing in the information.

All information provided is strictly confidential

The information I have provided in this document is true and correct, to the best of my knowledge. I understand that Studenberg Law is relying on this information for the advice it gives me, and if there is any material change in the data during the course of representation, I will notify Studenberg Law.

If prepared electronically, the check next to my printed name indicates acknowledgement of the above declaration.

Signature

 Printed Name

Date: _____



Name of Decedent							
Permanent residence at time of death (prior to Nursing Home or Hospital)							
Street Address							
City		County		State		Zip	
Date of Birth		Date of Death					
Social Security #			U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Decedent's marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed							
Was decedent ever on Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No Was decedent ever on Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Location of Will (if any)			Date of Will				
Location of Codicil (if any)			Date of Codicil				
Has any probate or trust administration been initiated or completed in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If so, please provide copies and list county/state of filing.							

Name of Personal Representative (named in Will or proposed)							
Street Address							
City		State		Zip			
Social Security #		Date of Birth					
Telephone		Cell Phone	Business Telephone				
E-mail			Relationship to Decedent				

Name of Alternate Personal Representative (named or proposed)							
Street Address							
City		State		Zip			
Social Security #		Date of Birth					
Telephone		Cell Phone	Business Telephone				
E-mail			Relationship to Decedent				

Contact and Other Information							
Please list in order of preference the means for contacting you (mail, e-mail, or telephone).							
Please list in order of preference the method of receiving correspondence (mail, e-mail, or both).							
How were you referred to our office?							

If the decedent has a Trust, please provide information.

Name of Trust		Date of Trust	
Is the successor trustee the same as the Personal Representative?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please provide information on successor and alternate successor trustees.			
Name of Successor Trustee			
Street Address			
City	State	Zip	
Social Security #	Date of Birth		
Telephone	Cell Phone	Business Telephone	
E-mail	Relationship to Decedent		
Name of Alternate Successor Trustee			
Street Address			
City	State	Zip	
Social Security #	Date of Birth		
Telephone	Cell Phone	Business Telephone	
E-mail	Relationship to Decedent		

Beneficiaries or Heirs at Law

Name of Decedent's Spouse	
Address	
City	State Zip
Birth Date	Social Security #
If deceased, date of death	
Telephone	E-mail

Name of Decedent's Child # 1	
Address	
City	State Zip
Birth Date	Social Security #
Telephone	E-mail

Name of Decedent's Child # 2				
Address				
City		State		Zip
Birth Date		Social Security #		
Telephone		E-mail		

Name of Decedent's Child # 3				
Address				
City		State		Zip
Birth Date		Social Security #		
Telephone		E-mail		

Name of Decedent's Child # 4				
Address				
City		State		Zip
Birth Date		Social Security #		
Telephone		E-mail		

Name of Decedent's Child # 5				
Address				
City		State		Zip
Birth Date		Social Security #		
Telephone		E-mail		

Other Beneficiaries (including living siblings and parents)

(If more than 4 beneficiaries, please provide additional beneficiary information on page 9)

Name of Beneficiary #1				
Address				
City		State		Zip
Birth Date		Social Security #		
Telephone		E-mail		
Relationship to the Decedent				

Name of Beneficiary #2				
Address				
City			State	Zip
Birth Date			Social Security #	
Telephone			E-mail	
Relationship to the Decedent				

Name of Beneficiary #3				
Address				
City			State	Zip
Birth Date			Social Security #	
Telephone			E-mail	
Relationship to the Decedent				

Name of Beneficiary #4				
Address				
City			State	Zip
Birth Date			Social Security #	
Telephone			E-mail	
Relationship to the Decedent				

Assets and Liabilities

Real Estate				
Address				
City			State	Zip
Value at date of death	\$	How titled	Homestead? Yes <input type="checkbox"/>	
Is there any mortgage on the property? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, list value \$				
Address				
City			State	Zip
Value at date of death	\$	How titled	Homestead? Yes <input type="checkbox"/>	
Is there any mortgage on the property? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, list value \$				
Address				

City		State		Zip	
Value at date of death	\$	How titled		Homestead? Yes <input type="checkbox"/>	
Is there any mortgage on the property? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, list value \$			
Address					
City		State		Zip	
Value at date of death	\$	How titled		Homestead? Yes <input type="checkbox"/>	
Is there any mortgage on the property? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, list value \$			

Safety Deposit Box(es)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide location.
Location	
Location	

Stocks and Bonds and Brokerage Accounts					
Name of Company					
Type of Security		How Titled			
Location of certificate		Value at date of death	\$		
Name of Company					
Type of Security		How Titled			
Location of certificate		Value at date of death	\$		
Name of Company					
Type of Security		How Titled			
Location of certificate		Value at date of death	\$		

Bank Accounts (Checking, Savings, and/or Money Market)					
Bank Name		Account #			
How Titled		Value at date of death	\$		
Bank Name		Account #			
How Titled		Value at date of death	\$		
Bank Name		Account #			
How Titled		Value at date of death	\$		
Bank Name		Account #			
How Titled		Value at date of death	\$		

Government Bonds

How Titled		Type	
Location of Bonds		Value at date of death	\$
How Titled		Type	
Location of Bonds		Value at date of death	\$
How Titled		Type	
Location of Bonds		Value at date of death	\$

Mortgages and Notes Receivable

Mortgagor name			
Address			
City		State	Zip
Balance at date of death	\$	Terms of obligation	
Mortgagor name			
Address			
City		State	Zip
Balance at date of death	\$	Terms of obligation	

Insurance or Annuities

Policy #		Company name		Value	\$
Beneficiaries named			Name of Owner		
Policy #		Company name		Value	\$
Beneficiaries named			Name of Owner		
Policy #		Company name		Value	\$
Beneficiaries named			Name of Owner		
Policy #		Company name		Value	\$
Beneficiaries named			Name of Owner		

Vehicles

Make and Model		Value	\$	Year	
How titled		Location of Vehicle			
Outstanding loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide loan balance	\$		
Make and Model		Value	\$	Year	

How titled		Location of Vehicle	
Outstanding loan? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide loan balance			\$
Make and Model		Value	\$ Year
How titled		Location of Vehicle	
Outstanding loan? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide loan balance			\$

Miscellaneous Personal Property (Single item worth more than \$5,000)		
	Value	\$
	Value	\$
	Value	\$

Liabilities (Credit Cards, medical bills, loans, etc.)			
Creditor's name		Type of Debt	
Creditor's address		Amount owed	\$
Creditor's name		Type of Debt	
Creditor's address		Amount owed	\$
Creditor's name		Type of Debt	
Creditor's address		Amount owed	\$

Questions for Personal Representative	Yes	No
Have you ever been charged with, arrested for or convicted of a felony? <i>If yes, please describe.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been charged with, arrested for or convicted of any other crimes? <i>If yes, please describe.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any physical disabilities? <i>If yes, please describe.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Will any physical disability listed above affect ability to serve as personal representative?	<input type="checkbox"/>	<input type="checkbox"/>
Has applicant ever been treated for:		
Mental condition	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>
Drug abuse	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If needed, please provide any additional information for questions on pages 2-8.

Additional Information

Information on Documents Needed for Administration of the Estate

During the administration of the estate, we will need the following documents. Please bring all the documents that you currently have to our first meeting.

1. *Original* of last Will and Testament (If one exists)
 2. Trust agreement and any amendments (If any)
 3. Death Certificate (Two certified copies, without cause of death)
 4. Copy of paid funeral bill
 5. Copies of any real estate deeds
 6. Copies of any vehicle titles
 7. Copies of any bills
 8. Copies of most recent bank statements
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