

ESTATE QUESTIONNAIRE

Today's Date: _____

Type of Case: _____

CLIENT(S) CONTACT INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

HOW DID YOU HEAR ABOUT US?

_____ Existing Client

_____ Personal Referral

Please share who we have to thank for your referral _____

_____ Professional Referral (i.e. attorney, accountant, financial advisor, etc.)

Please share who we have to thank for your referral _____

_____ Other

Please specify (i.e. Google, newspaper article, attorney presentation) _____

DECEDENT'S INFORMATION

Decedent's Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____
(Other names used to title property and accounts)

Birth date _____ SSN# _____

Date of Death: _____ Place of Death _____

Citizen of USA Other: _____

Home Address _____

City _____ State _____ Zip _____ County of Residence _____

Retired? Yes or No If employed at death:

Employer _____ Position _____

Address _____ City _____ State _____ Zip _____

Married: Date of Marriage _____ Widowed Never Married

Divorced: Date of Divorce: _____

Any Prior Marriages? If so, provide details _____

Spouse's Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____
(Other names used to title property and accounts)

Birth date _____ SSN# _____

Citizen of USA Other: _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone _____ Cell _____

E-mail Address _____ It is okay to communicate via my e-mail address

Citizen of USA Other: _____

Last Will and Testament? Yes [] No [] Codicils? Yes [] No []

Location of the Original Will _____

Have you located a Trust? Yes [] No [] Amendments? Yes [] No []

Location of the Original Trust _____

Did the deceased receive MassHealth/Medicaid benefits? Yes [] No []

Did the deceased have long-term care insurance? Yes [] No []

DECEDENT'S CHILDREN AND/OR BENEFICIARIES

Name _____ **Birth date** _____ **Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell)

Email Address: _____ **SSN:** _____

Is child:

Married: Date of Marriage _____ **Never Married**

Is Child Living? [] Yes [] No **If no, Date of Death (if applicable):** _____

Please provide information for spouse of child and descendants below (if applicable).

Spouse name: _____

Children: [] Yes [] No

Child(ren)'s Name(s): _____ **DOB:** _____ **SSN:** _____

_____ **DOB:** _____ **SSN:** _____

_____ **DOB:** _____ **SSN:** _____

_____ **DOB:** _____ **SSN:** _____

Name _____ **Birth date** _____ **Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell)

Email Address: _____ **SSN:** _____

Is child:

Married: Date of Marriage _____ **Never Married**

Is Child Living? [] Yes [] No **If no, Date of Death (if applicable):** _____

Please provide information for spouse of child and descendants below (if applicable).

Spouse name: _____

Children: [] Yes [] No

Child(ren)'s Name(s): _____ **DOB:** _____ **SSN:** _____

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_____ **DOB:** _____ **SSN:** _____

_____ **DOB:** _____ **SSN:** _____

Name _____ **Birth date** _____ **Relationship** _____
Address: _____

Telephone: _____ (work) _____ (home) _____ (cell)

Email Address: _____ **SSN:** _____

Is child:

Married: Date of Marriage _____ **Never Married**

Is Child Living? [] Yes [] No **If no, Date of Death (if applicable):** _____

Please provide information for spouse of child and descendants below (if applicable).

Spouse name: _____

Children: [] Yes [] No

Child(ren)'s Name(s): _____ **DOB:** _____ **SSN:** _____

_____ **DOB:** _____ **SSN:** _____

_____ **DOB:** _____ **SSN:** _____

_____ **DOB:** _____ **SSN:** _____

Name _____ **Birth date** _____ **Relationship** _____
Address: _____

Telephone: _____ (work) _____ (home) _____ (cell)

Email Address: _____ **SSN:** _____

Is child:

Married: Date of Marriage _____ **Never Married**

Is Child Living? [] Yes [] No **If no, Date of Death (if applicable):** _____

Please provide information for spouse of child and descendants below (if applicable).

Spouse name: _____

Children: [] Yes [] No

Child(ren)'s Name(s): _____ **DOB:** _____ **SSN:** _____

_____ **DOB:** _____ **SSN:** _____

_____ **DOB:** _____ **SSN:** _____

_____ **DOB:** _____ **SSN:** _____

DECEDENT’S ADVISORS

<u>Type</u>	<u>Name</u>	<u>Address</u>	<u>Telephone Nos.</u>	<u>Email Address</u>
Personal Attorney				
Accountant				
Financial Advisor				
Life Insurance Agent				

PROPERTY INFORMATION

**INSTRUCTIONS FOR COMPLETING
THE DECEDENT’S PROPERTY INFORMATION CHECKLIST**

General Headings

This *Property Information* checklist is designed to help you list all the property decedent owned and what it is worth. If decedent did not own property under a particular heading, just leave that section blank. Under certain headings decedent may have owned more property than can be listed on this checklist. If so, use **extra sheets** of paper to list decedent’s additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

“Owner” of Property

How decedent owned this property is **extremely important** for purposes of properly settling the decedent’s estate. **Please provide the most recent statements or other documentation which shows the owner/name on the account.** If it is an account, please provide the statement which includes the date of death of the decedent.

When specifying an owner of the property, use the following abbreviations:

Owner of Property	Abbreviation
If in Decedent’s name alone, with no other person	D
If in Spouse’s Wife’s name alone, with no other person	S
Joint with spouse	JS
Joint with someone other than spouse	JO
Decedent’s Trust	TR
If you are not sure how the property is owned	?

DECEDENT'S REAL PROPERTY

TYPE: Any interest in real estate including decedent's family residence, vacation home, time-share, vacant land, etc.

General Description and/or Address (Including State)	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

FURNITURE AND PERSONAL EFFECTS

TYPE: Are you aware that the decedent owned any unique or valuable collections? List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total) _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>		_____

AUTOMOBILES, BOATS AND RVS

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

Description (Make/Model/Year)	Mileage	Owner	Market Value	Loan Balance	Condition
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<i>Total</i>			_____	_____	_____

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account “CA”, Savings Account “SA”, Certificates of Deposit “CD”, Money Market “MM” (*indicate type below*). Do not include IRAs or 401(k)s here. **Please provide the most recent statements showing owner/name on the accounts.**

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

Note: If Account is in decedent’s name (or decedent’s spouse’s name) for the benefit of another, please specify and give other’s name.

DECEDENT’S STOCKS & BONDS

TYPE: List any and all stocks and bonds decedent’s own. If held in a brokerage account, lump them together under each account. (*Indicate type below*) **Please provide the most recent statements showing owner/name on the accounts.**

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

DECEDENT’S LIFE INSURANCE POLICIES & ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

<i>Total</i>	_____

DECEDENT'S RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Total _____

Are any IRA's inherited IRAs? Yes [] No []
If so, what is the date of the initial account owner's date of death? _____

DECEDENT'S BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, decedent's ownership in the interests, and the estimated value of the interests.

Total _____

MONEY OWED TO DECEDENT

TYPE: Mortgages or promissory notes payable to decedent, or other moneys owed to decedent.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MONEY OWED BY DECEDENT

TYPE: Mortgages or promissory notes payable by decedent, or other moneys owed by decedent.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

