

T.J. HEINEMANN, P.A.

ESTATE ADMINISTRATION QUESTIONNAIRE

Note: This information must be as complete and accurate as possible so that we can properly advise you on the administration of the estate. All information disclosed herein will be maintained in strict confidence. If you cannot answer a certain question, circle it to indicate that it is applicable and we can obtain the details later, if necessary.

YOUR PERSONAL INFORMATION

DATE:

1. Your Name (First, Middle, Last)	Your Relationship to Decedent		
2. Home Address (Number, Street)	City	State	Zip
3. Mailing Address If Different From Above (Number, Street)	City	State	Zip
4. Home Phone ()	Cell Phone ()		
5. Email Address			

DECEDENT'S PERSONAL INFORMATION

1. Decedent's Name (First, Middle, Last)	Social Security Number		
2. Home Address (Number, Street)	City	State	Zip
3. Date of Death	Date of Birth		
4. Spouse's Name (First, Middle, Last)	Date of Marriage	Place of Marriage	
5. Spouse's Address, if different from above (Number, Street)	City	State	Zip

DECEDENT'S CHILDREN

Name	Telephone	Age (Date of Birth)	Married? Y or N	How Many Children Does Child Have?

DECEDENT'S ESTATE PLANNING DOCUMENTS

LAST WILL & TESTAMENT

1. Last Will & Testament and Codicil(s), if any Circle One: Yes or No			
2. Location of Original Last Will		Date of Last Will	
3. Location of Original Codicil(s)		Date(s) of Codicil(s)	
4. Personal Representative Named in Last Will (First, Middle, Last)			
5. Home Address (Number, Street)		City	State Zip
6. Mailing Address, If different from above (Number, Street)		City	State Zip
7. Home Phone ()		Cell Phone ()	
8. Email Address			

Personal Representative Information

1. Personal Representative Named in Last Will (First, Middle, Last)			
2. Home Address (Number, Street)		City	State Zip
3. Mailing Address, If different from above (Number, Street)		City	State Zip
4. Home Phone ()		Cell Phone ()	
5. Email Address			
6. Relationship to Decedent			

Successor Personal Representative Information

1. Successor Personal Representative Named in Last Will (First, Middle, Last)			
2. Home Address (Number, Street)		City	State Zip
3. Mailing Address, If different from above (Number, Street)		City	State Zip
4. Home Phone ()		Cell Phone ()	
5. Email Address			
6. Relationship to Decedent			

TRUST

1. Trust and Amendment(s), if any Circle One: Yes or No	Name of Trust
2. Location of Original Trust	Date of Trust
3. Location of Original Amendment(s)	Date(s) of Amendment(s)

Trustee Information

1. Trustee Named in Trust (First, Middle, Last)			
2. Home Address (Number, Street)	City	State	Zip
3. Mailing Address, If different from above (Number, Street)	City	State	Zip
4. Home Phone ()	Cell Phone ()		
5. Email Address			
6. Relationship to Decedent			

Successor Trustee Information

1. Successor Trustee Named in Trust (First, Middle, Last)			
2. Home Address (Number, Street)	City	State	Zip
3. Mailing Address, If different from above (Number, Street)	City	State	Zip
4. Home Phone ()	Cell Phone ()		
5. Email Address			
6. Relationship to Decedent			

Alternate Successor Trustee Information

1. Alternate Successor Trustee Named in Trust (First, Middle, Last)			
2. Home Address (Number, Street)	City	State	Zip
3. Mailing Address, If different from above (Number, Street)	City	State	Zip
4. Home Phone ()	Cell Phone ()		
5. Email Address			
6. Relationship to Decedent			

BENEFICIARY INFORMATION (Other than Spouse and Children named above)

1. Beneficiary (First, Middle, Last)	Date of Birth (if a Minor)		
2. Home Address (Number, Street)	City	State	Zip
3. Mailing Address, If different from above (Number, Street)	City	State	Zip
4. Home Phone ()	Cell Phone ()		
5. Email Address			
6. Relationship to Decedent			

1. Beneficiary (First, Middle, Last)	Date of Birth (if a Minor)		
2. Home Address (Number, Street)	City	State	Zip
3. Mailing Address, If different from above (Number, Street)	City	State	Zip
4. Home Phone ()	Cell Phone ()		
5. Email Address			
6. Relationship to Decedent			

1. Beneficiary (First, Middle, Last)	Date of Birth (if a Minor)		
2. Home Address (Number, Street)	City	State	Zip
3. Mailing Address, If different from above (Number, Street)	City	State	Zip
4. Home Phone ()	Cell Phone ()		
5. Email Address			
6. Relationship to Decedent			

1. Beneficiary (First, Middle, Last)	Date of Birth (if a Minor)		
2. Home Address (Number, Street)	City	State	Zip
3. Mailing Address, If different from above (Number, Street)	City	State	Zip
4. Home Phone ()	Cell Phone ()		
5. Email Address			
6. Relationship to Decedent			

DECEDENT'S FINANCIAL INFORMATION (attach additional sheets or use the back if necessary – approximate values are fine for now)

1. REAL ESTATE. Does Decedent own a primary residence or any other real estate?

Description and Location	Titled in whose name?	Purchase Price	Date of Death Value	Mortgage Amount	Name of Lender

2. AUTOMOBILES, ETC. Does Decedent own any other titled property such as a car, boat, airplane etc.?

Description	Titled in whose name?	Purchase Price	Date of Death Value	Financed Amount	Name of Lender

3. BANK ACCOUNTS. Does Decedent have any checking accounts?

Name of Bank	Titled in whose name? (Indicate if Beneficiary Designated and to Whom)	Date of Death Value

4. INTEREST BEARING ACCOUNTS. Does Decedent have any other interest-bearing accounts (savings, money market) and/or CD's?

Name of Bank	Titled in whose name? (Indicate if Beneficiary Designated and to Whom)	Date of Death Value

5. STOCKS, BONDS, MUTUAL FUNDS. Does Decedent own any stocks, bonds or mutual funds (including interests in closely-held companies i.e. S-Corps, LLCs or partnerships)?

Number Shares	Name of Security or Institution	Titled in whose name? (Indicate if Beneficiary Designated)	Purchase Price	Date of Death Value

6. **RETIREMENT.** Does Decedent have any IRAs, pension plans or profit sharing plans?

Description/Location	Designated Beneficiaries and Alternates	Date of Death Value

7. **LIFE INSURANCE, ANNUITIES.** Does Decedent have any life insurance policies on their life and/or annuities?

Name of Company	Policy/Contract #	1 st Designated Beneficiary	2 nd Designated Beneficiary	Date of Death Value

8. **MONEY OWED TO DECEDENT.** Does anyone owe the Decedent money?

Description	Approx. Value

9. **SAFE DEPOSIT BOX.** Does Decedent have a safe deposit box?

Location	Titled in whose name?

CREDITORS

1. Does Decedent owe any debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

Description	Approx. Amount

