

Estate Administration Questionnaire

Section 1 – Personal Representative Information

| | |
|-------------------------------------|--|
| Full Name | |
| Any aliases or AKAs or “legal name” | |
| Relationship to the Deceased | |
| Street Address | |
| City, State, Zip | |
| County/D.C. | |
| Phone Number (home) | |
| Phone Number (cell) | |
| Email Address | |
| Social Security Number | |
| Date of Birth | |

Section 2 – Personal Representative Qualification Information

A. Are you a US citizen? YES NO

If not, list your country of origin and your current US citizenship status:

B. Do you currently have any open credit issues such as bankruptcy, foreclosure, or lawsuit settlements/judgments? YES NO

If yes, please list a description of the relevant issues:

C. Have you ever been convicted of a felony? YES NO

If yes, please list a description of the relevant conviction:

Section 3 – Deceased Information

| | |
|-------------------------------------|--|
| Full Name | |
| Any aliases or AKAs or “legal name” | |
| Residence: Street Address | |
| City, State, Zip | |
| County/D.C. | |
| Social Security Number | |
| Date of Birth | |
| Country of Origin/Citizenship | |
| Date of Death | |
| Location of Death: Street Address | |
| City, State, Zip | |
| County/DC | |

Section 4 – Living Heirs

List spouse, children and parents; if none, siblings. If a child of the deceased predeceased them, please list their children as well.

| Name | Relationship | Address |
|-------------|---------------------|----------------|
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Section 5 – Wills and Trusts

D. Did the Decedent have a Will? YES NO

If yes, location of original will and/or attach a copy:

E. Did the Decedent have a Trust? YES NO

If yes, location of trust documents and/or attach a copy:

Section 6 – Assets

A. Tangible Personal Property

List below the Decedent’s tangible personal property (such as furniture, vehicles, jewelry or artwork or anything of significant or insurable value). If he/she had a safe deposit box please list the contents here. Attach additional sheets as necessary.

| DESCRIPTION | ESTIMATED VALUE | LOCATION |
|-------------|-----------------|----------|
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B. Bank Accounts

In addition to listing below, attach any and all bank statements. If he/she had a safe deposit box please list the institution where it is held and the names of anyone who can access it.

| FINANCIAL INSTITUTION | ACCOUNT NUMBER | NAME(S) ON ACCOUNT/ BENEFICIARY | APPROXIMATE BALANCE |
|------------------------------|-----------------------|--|----------------------------|
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C. Stocks, Bonds, Treasury Notes, Other Investments

In addition to listing below, attach any and all brokerage statements or stock certificates (including stock held with demutualized insurance providers).

| NAME | NO. OF SHARES | BENEFICIARY | APPROXIMATE VALUE |
|-------------|----------------------|--------------------|--------------------------|
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D. Real Estate

List all properties owned by the Decedent. Show how titled, give street address and provide a copy of the legal description (found on the deed or deed of trust).

| ADDRESS OF PROPERTY | NAME(S) ON TITLE | HOW TITLED | APPROX. VALUE |
|----------------------------|-------------------------|-------------------|----------------------|
| | | | |
| | | | |
| | | | |

E. Life Insurance, IRAs, Pension, 401K

In addition to listing below, attach any statements or policies.

| TYPE | FINANCIAL INSTITUTION | ACCOUNT/POLICY NUMBER | BENEFICIARY | APPROX. VALUE |
|-------------|------------------------------|------------------------------|--------------------|----------------------|
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F. Businesses

Attach a copy of any and all partnership agreements and/or articles of incorporation.

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|-------------------------|--|
| Name of Business 1 | |
| Tax ID Number | |
| Type of Business Entity | |
| Name of Business 2 | |
| Tax ID Number | |

| | |
|-------------------------|--|
| Type of Business Entity | |
| Name of Business 3 | |
| Tax ID Number | |
| Type of Business Entity | |

Please attach a separate pages if there is not enough room to list all of the Decedent's assets.

Section 7 – Creditors

A. Secured Creditors (e.g., car loans, mortgages)

Attach a copy of statements or billing statements.

| NAME | ACCOUNT NUMBER | SECURITY | APPROXIMATE BALANCE |
|------|----------------|----------|---------------------|
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B. Unsecured Creditors (e.g., credit cards, medical bills)

Attach a copy of statements or billing statements.

| NAME | ACCOUNT NUMBER | APPROXIMATE BALANCE |
|------|----------------|---------------------|
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C. Taxes

Attach a copy of all of the Decedent's tax returns for the last three years (including gift tax returns), tax liens, and tax notices.

| TAXING AUTHORITY | ACCOUNT NUMBER | TAX OWED | REFUND AMOUNT |
|-------------------------|-----------------------|-----------------|----------------------|
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***In addition to the aforementioned information, please provide a certified copy of the death certificate and a copy of the funeral bill(s).**

ADDITIONAL COMMENTS/QUESTIONS:

Lined area for text entry, consisting of multiple horizontal lines.