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ESTATE ADMINISTRATION QUESTIONNAIRE

CLIENT INFORMATION:

Full Legal Name: _____

Address: _____

Phone Number: _____ SSN: _____

Email: _____

How did you hear about our firm? _____

DECEASED INFORMATION:

Full Legal Name: _____

City of Residence at Time of death: _____

Date of Death: ____ / ____ / ____ Date of Birth: ____ / ____ / ____ SSN: _____

What was their Marital Status at the Time of Death? _____

If Married, Widowed or Divorced, Name of Spouse: _____

Did they have a Last Will and Testament? _____

NEXT-OF-KIN INFORMATION:

Please list all the names, relation to deceased and age if under 19 of next-of-kin:

This should include spouse, children (living and deceased), if any child is deceased, then we will need their children's information. We will need contact information for all next-of-kin once we proceed with the probate process.

Name, Relation, Age if Minor

Address

ASSETS AND DEBTS:

Did the Deceased Own Real Property at the Time of Death? _____

If yes please list:

_____	_____	_____	_____
Address	City	State	Zip

_____	_____
Estimated Value	Mortgage Balance

_____	_____	_____	_____
Address	City	State	Zip

_____	_____
Estimated Value	Mortgage Balance

Did the Deceased have any checking or savings accounts? _____

If yes, please list:

_____	_____
Name of Financial Institute	Balance of account

_____	_____
Name of Financial Institute	Balance of account

_____	_____
Name of Financial Institute	Balance of account

_____	_____
Name of Financial Institute	Balance of account

Did the Deceased Have any Known Debts: _____

If yes please list:

_____	_____
Name of Creditor	Balance Owed

_____	_____
Name of Creditor	Balance Owed

_____	_____
Name of Creditor	Balance Owed

_____	_____
Name of Creditor	Balance Owed

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