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## MCKENZIE LEGAL & FINANCIAL

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FINANCIAL CONSULTING | ESTATE PLANNING | ELDER LAW

THOMAS L. MCKENZIE, JD, RFC  
2631 Copa De Oro Drive, Los Alamitos, CA 90720  
TEL: (562) 594-4200 ♦ Fax: (562) 394-9512  
Website: [www.ThomasMcKenzieLaw.com](http://www.ThomasMcKenzieLaw.com)

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*WEALTH PRESERVATION, ESTATE PLANNING, FINANCIAL CONSULTING AND ELDER LAW STRATEGIES*

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Greetings, and our most sincere condolences on the passing of your loved one:

You have expressed an interest in retaining Thomas L. McKenzie, Attorney at Law, in representing you as Executor or Administrator of an Estate. As such, enclosed you will find a confidential questionnaire. The more information you can provide, the better I can answer your questions, however, accuracy to the exact dollar is not necessary at this time. If you become a client of the firm, in addition to this completed questionnaire, we will need the following:

1. The ORIGINAL LAST WILL AND TESTAMENT, plus any codicils (if any)
2. Copies of any other existing estate planning documents (e.g. trusts, etc.)
3. A copy of the deed(s) to any real property that the decedent owned, if any, along with a copy of the latest property tax statement(s) on such property(ies)
4. Copies of any financial statements, annuity contracts, life insurance policies, etc. which may be a part of the probate proceeding
5. At least three (3) original Death Certificates

If you wish to establish an attorney-client relationship with our firm, the next step would be to make an appointment to sign and date an Agreement for legal services, so that Mr. McKenzie may represent you. If you are not located in Southern California, we will mail you our Agreement for Legal Services, so that the probate process may begin.

Thank you for your cooperation,

THOMAS L. MCKENZIE

Disclosure: Please understand that the transmission by our firm of this questionnaire to you does not establish an attorney-client relationship. An attorney-client relationship may only be established upon the execution of a written Agreement for legal services by you and Mr. McKenzie.

For more information, please visit us at our website: [www.ThomasMcKenzieLaw.com](http://www.ThomasMcKenzieLaw.com)

**MCKENZIE LEGAL & FINANCIAL – DRIVING INSTRUCTIONS**  
**2631 COPA DE ORO DRIVE, LOS ALAMITOS, CA**  
**(562) 594-4200**

Please note that as a result of Mr. McKenzie's desire to spend more time with his wife and four school-age children, his offices have been relocated from his prior high-rise offices in Torrance and Fountain Valley, to his current office in Los Alamitos. This custom-built office complex is in a residential tract, in an area of North Orange County known as "Rossmoor." Rossmoor is at the intersection of the 405 Freeway, the 605 Freeway and the 22 Freeway, and is bordered by Long Beach on the West, Seal Beach on the South, and Los Alamitos on the East. Following, are directions to our office:

**From the 5 Freeway or the 605 Freeway traveling South:** If you are on the 5 Freeway, take the 5 Freeway to the 605 Freeway South. When on the 605 Freeway, travel South to exit 1D to merge onto Katella Ave./E. Willow St. towards Los Alamitos. Continue to follow Katella Ave. approximately 1 mile to Los Alamitos Blvd. and turn right. In approximately 0.3 miles, turn right onto Bradbury Rd. Travel to Montecito Rd. and turn left. Take the 6th right onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

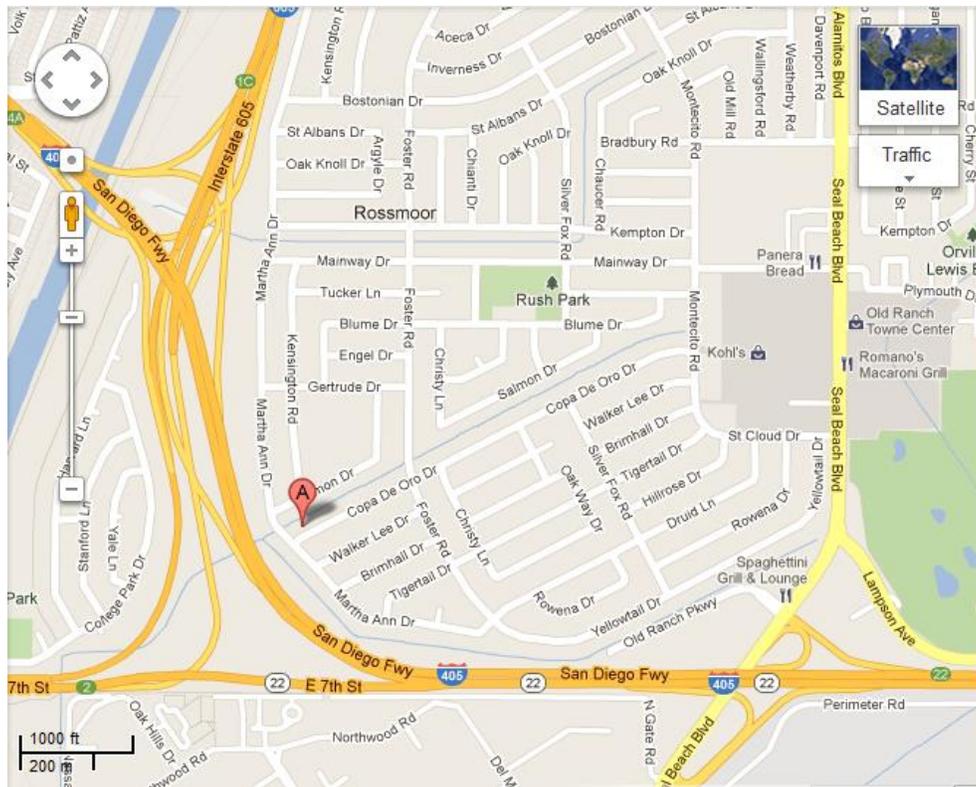
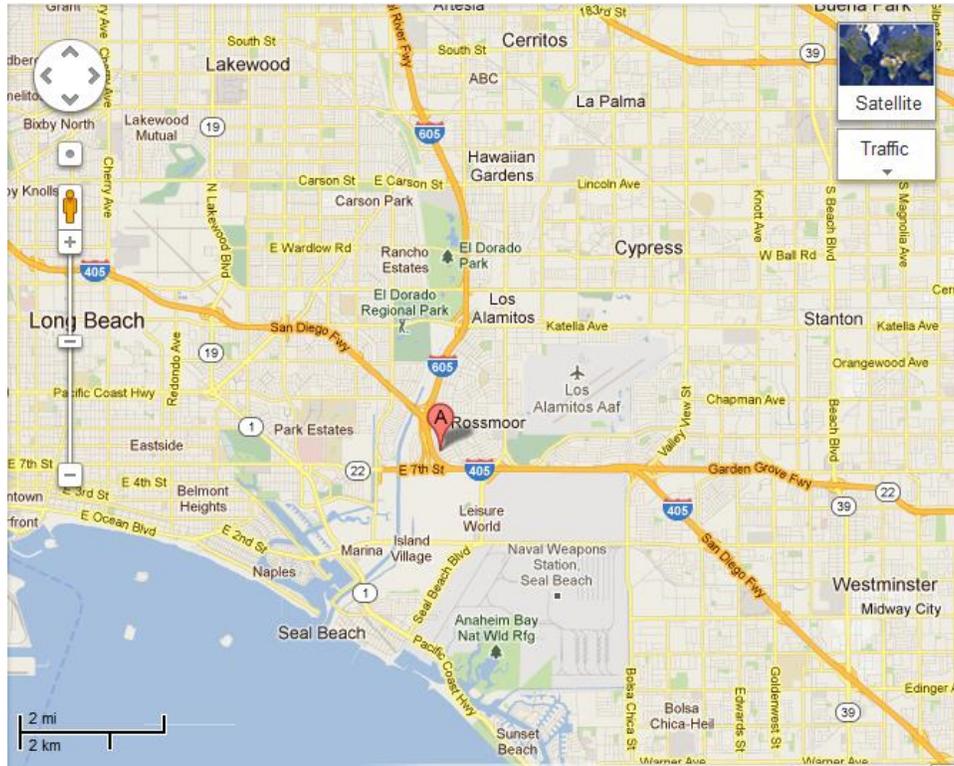
**From the 405 Freeway traveling South:** Take the 405 Freeway to South to the Seal Beach Blvd. exit, Exit 22, toward Los Alamitos Blvd. Keep right to take the ramp towards Los Alamitos/Seal Beach/Rossmoor. Then, merge right onto Seal Beach Blvd. Travel approximately 0.2 miles and turn left onto St. Cloud Dr., (which will become Montecito Rd.). Travel approximately 0.1 miles and turn left onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

**From the 405 Freeway traveling North:** Take the 405 Freeway to exit 22 for Seal Beach Blvd. toward Los Alamitos Ave. Turn right onto Seal Beach Blvd. Travel approximately 0.3 miles and turn left onto St. Cloud Dr., which will become Montecito Rd. Travel approximately 0.1 miles and turn left onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

**From the 22 Freeway traveling West:** Take the 22 Freeway toward Long Beach. Merge onto the 405 Freeway, North. Take exit 22 for Seal Beach Blvd. toward Los Alamitos Ave. Turn right onto Seal Beach Blvd. Travel approximately 0.3 miles and turn left onto St. Cloud Dr., which will become Montecito Rd. Travel approximately 0.1 miles and turn left onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

**From the 91 Freeway traveling West towards the 605 Freeway.** Take the 91 Freeway West to the 605 Freeway, South. Take exit 1D to merge onto Katella Ave./E Willow St. toward Los Alamitos. Continue to follow Katella Ave., then turn right onto Los Alamitos Blvd. In approximately 0.3 miles, turn right onto Bradbury Rd. Travel to Montecito Rd. and turn left. Take the 6th right onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

# 2631 Copa De Oro Drive, Los Alamitos, CA 90720





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### Thomas L. McKenzie JD, RFC Legal and Financial Consulting

Thomas L. McKenzie received his *Juris Doctor* degree from Western State University College of Law, in Fullerton, California. While working full-time at night and attending full-time daily classes, Tom graduated law school with honors in 1993. While at law school, Tom was on the Dean's List, and was selected as Associate Editor of Western State's Law Review. He also received several American Jurisprudence Awards for excellence in academics. During his second year of law school, Mr. McKenzie was the recipient of the Scott McCune Scholarship. Passing the bar on his first try, Tom established *McKenzie Legal & Financial*, and went on to practice in the areas of estate planning, financial planning, elder law and long-term care planning.



Tom is a member of the California State Bar, as well as the Trust & Estates Section of the Bar. He is an active member of the National Academy of Elder Law Attorneys, and was a member of their National Multidisciplinary Task Force. Mr. McKenzie is a member of the Orange County Bar Association, and is a past Chairman of the Board of Directors of the Elder Law Section of the Orange County Bar Association. Finally, Mr. McKenzie is an accredited attorney by the US Veterans Administration.

Mr. McKenzie has written numerous articles for various publications and legal periodicals, including the Los Angeles and San Francisco Daily Journals, the National Academy of Elder Law Attorneys' NAELANEWS, the Gilfix Elderlaw Newsletter, the Leisure World News, the Los Cerritos Community News, and the Orange County Bar Association's Elder Law Section Newsletter. He frequently lectures on estate planning, financial planning, elder law, and Medi-Cal long-term care planning issues. Tom has been an expert panelist on programs sponsored by Continuing Education of the Bar (University of California), Orange County Bar Association, and California Advocates for Nursing Home Reform.

Mr. McKenzie is also a Registered Financial Consultant, a Series 7 licensed securities broker and Registered Representative, a licensed independent insurance broker, and a Series 65 Investment Advisor Representative. In January of 2011, Tom was selected as a "Five Star Wealth Manager Award Winner" by *Los Angeles Magazine*, which is an award given to less than 2% of all wealth managers in Southern California. In February of 2011, Mr. McKenzie was profiled in **Newsweek Magazine's** "Wealth Managers of Los Angeles" section, as one of the Southland's top advisers. In 2012, Tom was also profiled in *Orange Coast Magazine* as one of Orange County's top wealth managers. With an understanding of both legal and financial issues, Mr. McKenzie is uniquely situated to advise his clients in the development of a truly comprehensive estate and financial plan.

Mr. McKenzie resides in Orange County with his wife, Natalie, and their four children, Macy, age; 14 Ryan, age 13; Cody, age 8; and Noah, age 6. The firm offers estate planning, long-term care planning, financial consulting and educational services to consumers throughout California.



OF ORANGE COUNTY





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### OVERVIEW OF THE PROBATE PROCESS

The following is provided to give you an overview of the probate process that you will be entering as the representative of the above estate. The language of this overview assumes that you are, or will become a client of our firm, however, please understand that **no attorney-client relationship shall be established unless you enter into a written Agreement for legal services with the firm.** In the event that you become a client, most of your questions will be answered during the course of the administration of the estate, but please feel free to ask for more specific detail relative to any aspects you do not fully understand.

All documents are submitted to the probate court and reviewed by court representatives. If all materials are in order as required under local court rules, the court order will be prepared and submitted to the judge for signature without the need for a personal appearance by you as the representative. If any document is missing or requires additional information to support the petition, the court clerk will notify my office before the hearing to enable me to submit in advance the necessary information. In most circumstances, this will eliminate the need for a personal appearance.

#### I. PURPOSE OF PROBATE ADMINISTRATION

At the outset, I should point out that it would be my responsibility as your attorney to see that all the steps in the administration of the estate are taken, including the preparation of all necessary documents. From time to time I (or one of my paralegals) will communicate with you about various aspects of administration of the estate, but you should feel free to call any time you have a question.

In general, all steps in the administration of the estate will be directed toward three goals: collection and management of assets, payment of debts and taxes, and distribution of the balance of the assets as provided in the will, or if there is no will, then in accordance with California state law. As executor, your role is to represent the estate and to carry out the terms of that will; you do not represent the heirs or beneficiaries of the estate. Court hearings will be scheduled throughout the process, but generally, you will **not** have to appear at these hearings. We will handle all such hearings for you. In the unlikely case where your presence is required, we will let you know in advance, however, such cases are exceedingly rare.

As executor (or personal representative), you must not do any of the following without consulting me first (Note: Depending upon the complexity of the estate, one or more of the following may not apply to you):

1. Carry on decedent's business.
2. Perform the decedent's contracts.
3. Make any contracts binding on the estate.
4. Borrow money, sign notes, execute a mortgage, deed or other lien agreement on estate property.
5. Give away, sell or lease any estate property or buy any property for the estate.
6. Distribute estate property to a legatee or devisee.
7. Deposit estate funds in your personal account.
8. Act without authority of your co-executor or co-administrator, if any.
9. Pay or compromise any debts or claims against the estate. Claims arising before the date of death and funeral expenses require presentation of a verified claim to you; expenses of estate administration arising after the date of death do not. Neither claims nor expenses of estate administration should be paid, however, if there is any question of the ability of the estate to pay them all.
10. Sell estate stocks or bonds, exercise subscription rights, or buy stocks or bonds for the estate. State of California bonds can be bought only after securing a court order. United States obligations maturing in one year or less from the date of purchase can be purchased without a court order.

## II. COLLECTION AND MANAGEMENT OF ASSETS

After you have been appointed executor of the estate, you are to take possession of all the decedent's property. We will help you do this and will advise you on the management of estate assets.

### A. Valuables

Securities, jewelry, and other items of substantial value should be kept in a safe deposit box in the name of the estate. You should not put any estate assets in your own safe deposit box. Please let me know if there are any such items that you think should remain, or be placed, in the possession of another person.

## **B. Bank and Savings and Loans Accounts**

The bank and savings and loan accounts in which the decedent had an interest should receive our early attention.

1. The date-of-death balance of joint tenancy accounts should be transferred to the surviving tenant. The executor has no authority to terminate a joint tenancy account unless he or she is the surviving joint tenant. Only the surviving joint tenant, with proof of death, may transfer the account. A joint tenancy asset is not a probate asset unless it is later determined to be a community property asset and subject to administration of the decedent's community interest.
2. The balance of each account that stood in the decedent's name alone should be transferred to an estate account.
3. All the decedent's outstanding checks should be listed on an estate checklist.
4. You will want to open a market rate checking account for the estate to maintain cash on an interest-earning basis.
5. Because estate funds may be used only for certain limited purposes, I recommend that you draw no checks on the estate account without consulting me. In addition, you must keep an accurate record of all deposits and withdrawals on the estate account. The record should show the amount and source of each deposit and the amount and purpose of each check. From this record I will prepare any necessary accounting to be submitted to the court when the estate property is distributed.

## **C. Record of Decedent's Property; Insurance Considerations**

So that I can prepare the inventory and appraisal of the estate's assets, you should prepare a complete list of all the decedent's property. For that purpose you should keep an accurate record of all amounts the estate receives as payment on medical insurance, debts due the decedent, and refunds, rebates, or similar items. As soon as I have collected the necessary information, I will prepare the inventory for your signature. After you have signed it, I will send it to the probate referee whom the court has appointed to appraise the estate's assets. For gift and estate tax purposes, I will need lists of all property that was held in joint tenancy and each gift valued at more than \$10,000.00 that the decedent made during his or her lifetime.

1. **INSURANCE POLICIES.** You should prepare a list of all the decedent's life insurance policies. We should also know about any beneficial interest he or she had in anyone else's life insurance policies. After I have examined those policies, I will be available to help you or any beneficiary complete and file the forms.
2. **INSURANCE RIDERS.** Riders should be issued on policies of insurance on the decedent's property, adding your name, as executor, as an insured. After the estate

assets have been appraised, I will review the policies to be sure that the coverage is adequate. Full insurance protection is extremely important to you, because your personal funds may be at stake.

**D. Management and Sale of Estate Property**

1. It may become necessary to sell some of the estate's property, either because an item should be disposed of to avoid needless expense or loss through depreciation in value, or to raise cash to pay expenses, taxes, or legacies. Certain assets can be sold only with court authorization. Because probate sales are subject to many technical rules, you should not make any arrangements for the sale of assets without consulting me.
2. After consultation with me, you may retain auditors, accountants, attorneys, or other tax experts for any action that they may lawfully perform in computation, reporting, or preparing tax returns, in payment of taxes, or in any negotiation or litigation that may be necessary.
3. As executor, you are required to invest all cash not needed to administer the estate in interest-producing investments. However, there are limitations on the kinds of investments you may make. An executor may deposit estate funds in accounts at banks or insured savings and loan associations in this state or invest in United States obligations maturing in one year or less or certain common trust funds or mutual funds without court approval. With court approval, other investments may be made.
4. The law provides considerable leeway for the executor's independent action unless the will expressly precludes administration of the estate under the Independent Administration of Estate Act. Actions under this law require minimal court supervision in the sale of estate assets, the payments of debts, and the conversion of investment assets to another form.

**III. HANDLING DEBTS AND TAXES**

**E. Creditor's Claims**

1. When the petition to admit the will is submitted to the court, a concurrent notice to creditors is published in the manner required by law. The notice must be published even if there are no known creditors.
2. Creditors must present their claims within four months after issuance of letters testamentary appointing you to serve as executor. (This issuance of letters occurs after the notice is published, so there is a date certain for this four-month period.) Any claims not presented are forever barred from collection. This includes claims you yourself may have, e.g. any sums you may have advanced to pay last-illness or funeral expenses. Claims should be made on special forms and must be approved by both you and the court before you can make payment. Accordingly, all claims should pass through my hands. For your own protection, you should not pay any claims without consulting me. I will be

happy to provide blank forms to you or any creditors who need them.

**F. Death Taxes and Income Taxes**

1. California has no inheritance tax, except for the "pick-up" tax associated with the statutory allowable credit for state death taxes under Internal Revenue Code Section 2011.
2. FEDERAL ESTATE TAX RETURN. Depending on the gross value of the estate, it may be necessary to file a federal estate tax return. The federal estate tax return and the tax are due nine months after death. The estate has the option to value assets as of the date of death, or under certain circumstances, as of six months after death. Before the date on which the tax is due I will make a rough calculation of the federal estate tax to enable me to provide you with an outline of the estate's cash needs for death taxes. Estate tax may not be an issue if the total value of the estate PLUS the value of any lifetime gifts does not exceed the estate tax exemption amount, which in the year 2016 is \$5.45 million. However, this is an issue which must be properly determined.
3. INCOME TAX RETURNS. It will be necessary to prepare and file federal and state income tax returns for the decedent for the period ending with the date of death. You may also be required to file income tax returns for the estate for each year until the final distribution.
4. The estate is a separate entity for federal and California income tax purposes. It may elect the calendar year or any fiscal year ending at the end of any calendar month within 12 months after death.
5. You must also file final federal and California income tax returns for the period from January 1<sup>st</sup> through the date of death. These returns are not due until their normal due date next April 15<sup>th</sup>.

IV. DISTRIBUTING THE ESTATE

**G. Preliminary Distributions**

At any time two months or more after the first issuance of letters testamentary, it is possible to petition the court for a partial distribution of estate assets. If the interests of the beneficiaries and the creditors are adequately protected, the court will ordinarily grant such a petition. A preliminary distribution can cause adverse estate tax results if a distribution occurs within the first six months after death and we desire to value the assets on the alternate valuation date (discussed above). Distribution of any portion of the residuary estate (but not specific gifts) will have income tax consequences, because such a distribution shifts taxable income from the estate to the distributees.

## H. **Final Distribution**

Final distribution of an estate can probably be made soon after the federal estate tax return is filed, if any (usually nine months after the date of death). When all debts and taxes have been paid and the estate is ready for final distribution, I will prepare for your signature a final account and report based on your record of receipts and disbursements. The account and report will also ask the court to order distribution of the remaining estate assets to the beneficiaries. Usually, about two weeks after the account and report are filed, the court will hear the account and report. At that time the court will probably enter a judgment settling the account and report and ordering distribution of the balance of the estate assets. I will then help you distribute the assets and obtain the necessary receipts. Ordinarily, assets should be distributed only on court order. If you feel an exception should be made, please consult me.

## V. COMMISSIONS AND FEES

### A. **Executor's Commissions**

1. **COMPENSATION FOR ORDINARY SERVICES.** Under California Probate Code Section 901, you may receive commissions on the amount of the estate accounted for by you. You may either accept or waive the commissions for your services as executor. If you accept your commissions, the estate will be entitled to deduct them in computing the taxable estate for death taxes, or alternatively, in determining the taxable income of the estate. You will also be required to report these commissions as income. On the other hand, if you waive your entitlement to commissions, they will neither be paid and taxed to your nor deductible by the estate. (Please see the table below for the statutory compensation paid to the executor or representative of the estate.)
2. **COMPENSATION FOR EXTRAORDINARY SERVICES.** You are entitled to further allowances as the court may consider just and reasonable for extraordinary services, such as sales or mortgages of real or personal property; contested or litigated claims against the estate; preparation of the estate, income, sales, or other tax returns, or adjustment, litigation or payment of any of those taxes; litigation relating to property of the estate; carrying on the decedent's business under court order; and other litigation or special services as necessary.

### B. **Attorney's Fees**

1. Some of our services are covered by the fee for ordinary services and some by an additional fee for extraordinary services. For my ordinary services, I, as your attorney am entitled to compensation at the same rate as your ordinary compensation. For any extraordinary services, the Probate Code provides that the court may set whatever fee it considers proper.
2. Services that the court considers extraordinary for the executor are considered extraordinary for the attorney as well. In addition to those items, I frequently find that a decedent owned property in another state, which usually requires extensive

correspondence on my part. If there is an ancillary (second) administration in that state, I must render services not contemplated by the fee schedule to assist and coordinate probate proceedings. Examples of extraordinary service include: negotiating valuation of assets for death tax purposes to establish fair market value, handling unusual sales transactions, and the like.

The following table sets forth the California statutory fee schedule for ordinary services by the Executor of the estate and the attorney for the estate.

Probate Fees (for Administrator and Attorney, each)	Size of Estate (Gross Value)
4 % of first	\$100,000
3 % of next	\$100,000
2 % of next	\$800,000
1 % of next	\$15 million

## VI. CONCLUSION

I hope that this general outline of your duties and the major events that will take place during administration of the estate will be useful. Although matters may arise that I have not mentioned, I want to assure you that in the event that you become a client, I will try to minimize any inconvenience to you. Conversely, many of the matters mentioned above may not arise in this administration.

If you have any questions concerning the estate or if you wish further details about any of the matters I have mentioned, please do not hesitate to call.

Sincerely,

THOMAS L. McKENZIE  
Attorney at Law



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## CONFIDENTIAL QUESTIONNAIRE -- PROBATE

Please answer all questions as best you can. If you do not know the answer to a question, or if the question does not apply, please leave the question blank.

### INFORMATION CONCERNING CLIENT (i.e. Executor or Personal Representative):

Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Immediate needs, if any:

Financial: \_\_\_\_\_

Custody of minor children: \_\_\_\_\_

Operation of Business: \_\_\_\_\_

Other: \_\_\_\_\_

### Additional executor or representative, please fill out below:

Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

**PERSONAL INFORMATION ABOUT DECEDENT:**  
**(IMPORTANT: Please attach three certified copies of the death certificate)**

Full name of decedent: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Aliases: \_\_\_\_\_

Full Address: \_\_\_\_\_

County of residence: \_\_\_\_\_ Year domicile was established: \_\_\_\_\_

SS#: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Date of death: \_\_\_\_\_

Place of death (county & state): \_\_\_\_\_

If decedent ever served in armed forces, branch, date entered, date discharged, type of discharge and service number: \_\_\_\_\_

**Decedent's Employer:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

If decedent operated a business as a sole proprietor:

Number of employees: \_\_\_\_\_ Taxpayer ID No.: \_\_\_\_\_

Name, phone and address of manager or responsible person: \_\_\_\_\_

If decedent was a member of a business partnership, names and addresses of general partners: \_\_\_\_\_

**Decedent's Attorney, if any:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Decedent's Accountant, if any:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Decedent's Insurance Agent(s), if any:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Decedent's Financial Planner, if any:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Any other persons who may have knowledge of decedent's assets:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Surviving Spouse, if any:**

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Full Address: \_\_\_\_\_

**Predeceased Spouse, if any:**

Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Social Security No: \_\_\_\_\_

\* Please provide a copy of the death certificate.

**Former Spouse(s), if any:**

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Full Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Date(s) of former Marriage: \_\_\_\_\_

**Medi-Cal Benefits:**

Did the decedent, or a predeceased spouse, receive any Medi-Cal benefits? \_\_\_\_\_

\_\_\_\_\_

**Tax Information:**

Location of decedent's most recent tax returns: \_\_\_\_\_

\_\_\_\_\_

**DECEDENT'S BENEFICIARIES AND HEIRS:**

**Please list the names, ages, addresses, telephone numbers and social security numbers of all beneficiaries named under the LAST WILL, if any. (Attach additional sheets, if necessary.)**

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Please list the names, ages, addresses, telephone numbers and social security numbers of all beneficiaries named under a TRUST, if any. (Attach additional sheets, if necessary).**

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Decedent's Children, if any:**

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Natural or adopted?: \_\_\_\_\_ If adopted, at what age? \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Natural or adopted?: \_\_\_\_\_ If adopted, at what age? \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Natural or adopted?: \_\_\_\_\_ If adopted, at what age? \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Natural or adopted?: \_\_\_\_\_ If adopted, at what age? \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Natural or adopted?: \_\_\_\_\_ If adopted, at what age? \_\_\_\_\_

**Was any child listed above adopted by a third-party (for example, a stepparent)? If yes, please name that child and the name of the adoptive parent.**

**Name:** \_\_\_\_\_ Date of Birth & Age: \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name of adoptive parent: \_\_\_\_\_

**Decedent's Grandchildren:**

**Name:** \_\_\_\_\_ **Date of Birth & Age:** \_\_\_\_\_

**Address (or if deceased, date of death):** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Natural or adopted?:** \_\_\_\_\_ **Is this grandchild the issue of a deceased child?** \_\_\_ Yes \_\_\_ No

**Name:** \_\_\_\_\_ **Date of Birth & Age:** \_\_\_\_\_

**Address (or if deceased, date of death):** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Natural or adopted?:** \_\_\_\_\_ **Is this grandchild the issue of a deceased child?** \_\_\_ Yes \_\_\_ No

**Name:** \_\_\_\_\_ **Date of Birth & Age:** \_\_\_\_\_

**Address (or if deceased, date of death):** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Natural or adopted?:** \_\_\_\_\_ **Is this grandchild the issue of a deceased child?** \_\_\_ Yes \_\_\_ No

**Name:** \_\_\_\_\_ **Date of Birth & Age:** \_\_\_\_\_

**Address (or if deceased, date of death):** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Natural or adopted?:** \_\_\_\_\_ **Is this grandchild the issue of a deceased child?** \_\_\_ Yes \_\_\_ No

**Name:** \_\_\_\_\_ **Date of Birth & Age:** \_\_\_\_\_

**Address (or if deceased, date of death):** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Natural or adopted?:** \_\_\_\_\_ **Is this grandchild the issue of a deceased child?** \_\_\_ Yes \_\_\_ No

**Decedent's Great Grandchildren:**

**Name:** \_\_\_\_\_ **Date of Birth & Age:** \_\_\_\_\_

**Address (or if deceased, date of death):** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Natural or adopted?:** \_\_\_\_\_ **Is this grandchild the issue of a deceased child?** \_\_\_ Yes \_\_\_ No

**Name:** \_\_\_\_\_ **Date of Birth & Age:** \_\_\_\_\_

**Address (or if deceased, date of death):** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Natural or adopted?:** \_\_\_\_\_ **Is this grandchild the issue of a deceased child?** \_\_\_ Yes \_\_\_ No

**Name:** \_\_\_\_\_ **Date of Birth & Age:** \_\_\_\_\_

**Address (or if deceased, date of death):** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Natural or adopted?:** \_\_\_\_\_ **Is this grandchild the issue of a deceased child?** \_\_\_ Yes \_\_\_ No

**Name:** \_\_\_\_\_ **Date of Birth & Age:** \_\_\_\_\_

**Address (or if deceased, date of death):** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Natural or adopted?:** \_\_\_\_\_ **Is this grandchild the issue of a deceased child?** \_\_\_ Yes \_\_\_ No

**Name:** \_\_\_\_\_ **Date of Birth & Age:** \_\_\_\_\_

**Address (or if deceased, date of death):** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Natural or adopted?:** \_\_\_\_\_ **Is this grandchild the issue of a deceased child?** \_\_\_ Yes \_\_\_ No

**Decedent's Parents:**

**Father's Name:** \_\_\_\_\_ **Date of Birth & Age:** \_\_\_\_\_

**Address (or if deceased, date of death):** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Natural or adopted?:** \_\_\_\_\_ **Is this grandchild the issue of a deceased child?** \_\_\_ Yes \_\_\_ No

**Mother's Name:** \_\_\_\_\_ **Date of Birth & Age:** \_\_\_\_\_

**Address (or if deceased, date of death):** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Natural or adopted?:** \_\_\_\_\_ **Is this grandchild the issue of a deceased child?** \_\_\_ Yes \_\_\_ No

**Decedent's Grandparents:**

**Name:** \_\_\_\_\_ **Date of Birth & Age:** \_\_\_\_\_

**Address (or if deceased, date of death):** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Natural or adopted?:** \_\_\_\_\_ **Is this grandchild the issue of a deceased child?** \_\_\_ Yes \_\_\_ No

**Name:** \_\_\_\_\_ **Date of Birth & Age:** \_\_\_\_\_

**Address (or if deceased, date of death):** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Natural or adopted?:** \_\_\_\_\_ **Is this grandchild the issue of a deceased child?** \_\_\_ Yes \_\_\_ No

**Decedent's Siblings (Brothers and Sisters)**

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Decedent's Aunts and Uncles**

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Decedent's Nieces and Nephews**

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address (or if deceased, date of death): \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Decedent's Other heirs, if any:**

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_ Age: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**WILLS AND TRUSTS:**

Did decedent die leaving a will?    \_\_\_ Yes \_\_\_ No    Location of Will?: \_\_\_\_\_

Type of Will (handwritten, formal, etc.): \_\_\_\_\_

Date of Will: \_\_\_\_\_

Type of Codicils, if any (handwritten, formal, etc.): \_\_\_\_\_

Date of Codicils, if any: \_\_\_\_\_

Who was named as executor(s)?:

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Age: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Age: \_\_\_\_\_

Will the named executor or executors consent to act? \_\_\_\_\_

\_\_\_\_\_

**\*     Please attach a copy of the will and all codicils, if any. (Note: The original(s) of the will and all codicils should also be forwarded to this office, as they must be filed with the Superior Court).**

Did the decedent have any trusts, including a Living Trust?    \_\_\_ Yes \_\_\_ No

Name and date of trust: \_\_\_\_\_

Name of Trustee One: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Name of Trustee Two (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**\*     If so, please attach copies of all such trusts.**

**DECEDENT'S ASSETS -- Please list all assets as follows:**

**FIRST, please estimate the TOTAL value of the estate:** \$ \_\_\_\_\_

**Real estate (principal residence):**

**Address of property:** \_\_\_\_\_

How is title held (list name(s) on title)?: \_\_\_\_\_

Approximate value: \$ \_\_\_\_\_ Encumbrances on the property: \$ \_\_\_\_\_

Homeowner's exemption? \_\_\_ Yes \_\_\_ No Disabled Veterans' Exemption? \_\_\_ Yes \_\_\_ No

**Other real estate:**

**Address of property:** \_\_\_\_\_

How is title held (list name(s) on title)?: \_\_\_\_\_

Approximate value: \$ \_\_\_\_\_ Encumbrances on the property: \$ \_\_\_\_\_

Homeowner's exemption? \_\_\_ Yes \_\_\_ No Disabled Veterans' Exemption? \_\_\_ Yes \_\_\_ No

Is this property a rental? \_\_\_ Yes \_\_\_ No Gross Annual Income: \$ \_\_\_\_\_

**Address of property:** \_\_\_\_\_

How is title held (list name(s) on title)?: \_\_\_\_\_

Approximate value: \$ \_\_\_\_\_ Encumbrances on the property: \$ \_\_\_\_\_

Homeowner's exemption? \_\_\_ Yes \_\_\_ No Disabled Veterans' Exemption? \_\_\_ Yes \_\_\_ No

Is this property a rental? \_\_\_ Yes \_\_\_ No Gross Annual Income: \$ \_\_\_\_\_

\* **Please attach a copy of the property deed and the latest property tax statement for each parcel of real estate.**

**Other titled properties (for example, automobiles, motor homes, etc.):**

**Description of property:** \_\_\_\_\_

How is title held (list name(s) on title)?: \_\_\_\_\_

Approximate value: \_\_\_\_\_

**Description of property:** \_\_\_\_\_

How is title held (list name(s) on title)?: \_\_\_\_\_

Approximate value: \_\_\_\_\_

**Description of property:** \_\_\_\_\_

How is title held (list name(s) on title)?: \_\_\_\_\_

Approximate value: \_\_\_\_\_

\* **Please attach copies of all documents evidencing ownership of the above items.**

**Value of Personal Property:**

What is the overall value of decedent's personal property?: \$ \_\_\_\_\_

Personal property of significant value, if any:

Jewelry: \_\_\_\_\_

Artwork: \_\_\_\_\_

Coin, stamp, gun or other collections: \_\_\_\_\_

Bonds: \_\_\_\_\_

Copyrights/royalties: \_\_\_\_\_

Other: \_\_\_\_\_

**Safe Deposit Boxes:**

For each safe deposit box:

**Name and address of institution:** \_\_\_\_\_

Box No.: \_\_\_\_\_

Person possessing any token of ownership (e.g. key): \_\_\_\_\_

**Name and address of institution:** \_\_\_\_\_

Box No.: \_\_\_\_\_

Person possessing any token of ownership (e.g. key): \_\_\_\_\_

**Bank Accounts (checking and savings):**

**Name and address of institution:** \_\_\_\_\_

Account no.: \_\_\_\_\_ Approximate value: \_\_\_\_\_

How is title held?: \_\_\_\_\_

**Name and address of institution:** \_\_\_\_\_

Account no.: \_\_\_\_\_ Approximate value: \_\_\_\_\_

How is title held?: \_\_\_\_\_

**Name and address of institution:** \_\_\_\_\_

Account no.: \_\_\_\_\_ Approximate value: \_\_\_\_\_

How is title held?: \_\_\_\_\_

**Name and address of institution:** \_\_\_\_\_

Account no.: \_\_\_\_\_ Approximate value: \_\_\_\_\_

How is title held?: \_\_\_\_\_

\* **Please attach copies of statements as of decedent's death.**

**CD's:**

**Name and address of institution:** \_\_\_\_\_

Account no.: \_\_\_\_\_ Approximate value: \_\_\_\_\_

How is title held?: \_\_\_\_\_

**Name and address of institution:** \_\_\_\_\_

Account no.: \_\_\_\_\_ Approximate value: \_\_\_\_\_

How is title held?: \_\_\_\_\_

**Name and address of institution:** \_\_\_\_\_

Account no.: \_\_\_\_\_ Approximate value: \_\_\_\_\_

How is title held?: \_\_\_\_\_

\* **Please attach copies of statements as of decedent's death.**

**Stocks and bonds (including T-Bills):**

**Description of asset:** \_\_\_\_\_

Account no.: \_\_\_\_\_ Approximate value: \_\_\_\_\_

How is title held?: \_\_\_\_\_

**Description of asset:** \_\_\_\_\_

Account no.: \_\_\_\_\_ Approximate value: \_\_\_\_\_

How is title held?: \_\_\_\_\_

**Description of asset:** \_\_\_\_\_

Account no.: \_\_\_\_\_ Approximate value: \_\_\_\_\_

How is title held?: \_\_\_\_\_

**Description of asset:** \_\_\_\_\_

Account no.: \_\_\_\_\_ Approximate value: \_\_\_\_\_

How is title held?: \_\_\_\_\_

\* **Please attach copies of certificates or other evidence of ownership.**

**Mutual funds:**

**Description of fund:** \_\_\_\_\_

Account no.: \_\_\_\_\_ Approximate value: \_\_\_\_\_

How is title held?: \_\_\_\_\_

**Description of fund:** \_\_\_\_\_

Account no.: \_\_\_\_\_ Approximate value: \_\_\_\_\_

How is title held?: \_\_\_\_\_

**Description of fund:** \_\_\_\_\_

Account no.: \_\_\_\_\_ Approximate value: \_\_\_\_\_

How is title held?: \_\_\_\_\_

**Description of fund:** \_\_\_\_\_

Account no.: \_\_\_\_\_ Approximate value: \_\_\_\_\_

How is title held?: \_\_\_\_\_

\* **Please attach copies of statements as of decedent's death.**

**Brokerage Accounts:**

**Description of account:** \_\_\_\_\_

Account no.: \_\_\_\_\_ Approximate value: \_\_\_\_\_

How is title held?: \_\_\_\_\_

Name and address of broker: \_\_\_\_\_

**Description of account:** \_\_\_\_\_

Account no.: \_\_\_\_\_ Approximate value: \_\_\_\_\_

How is title held?: \_\_\_\_\_

Name and address of broker: \_\_\_\_\_

**Description of account:** \_\_\_\_\_

Account no.: \_\_\_\_\_ Approximate value: \_\_\_\_\_

How is title held?: \_\_\_\_\_

Name and address of broker: \_\_\_\_\_

**Description of account:** \_\_\_\_\_

Account no.: \_\_\_\_\_ Approximate value: \_\_\_\_\_

How is title held?: \_\_\_\_\_

Name and address of broker: \_\_\_\_\_

\* **Please attach copies of statements as of decedent's death.**

**Life insurance:**

**Name of company:** \_\_\_\_\_

Policy no.: \_\_\_\_\_ Death benefit: \_\_\_\_\_

Names of beneficiaries: \_\_\_\_\_

**Name of company:** \_\_\_\_\_

Policy no.: \_\_\_\_\_ Death benefit: \_\_\_\_\_

Names of beneficiaries: \_\_\_\_\_

**Name of company:** \_\_\_\_\_

Policy no.: \_\_\_\_\_ Death benefit: \_\_\_\_\_

Names of beneficiaries: \_\_\_\_\_

**Name of company:** \_\_\_\_\_

Policy no.: \_\_\_\_\_ Death benefit: \_\_\_\_\_

Names of beneficiaries: \_\_\_\_\_

\* **Please attach copies of the policy and the statement as of decedent's death.**

**Annuities:**

**Name of company:** \_\_\_\_\_

Policy no.: \_\_\_\_\_ Value: \_\_\_\_\_

Names of beneficiaries: \_\_\_\_\_

**Name of company:** \_\_\_\_\_

Policy no.: \_\_\_\_\_ Value: \_\_\_\_\_

Names of beneficiaries: \_\_\_\_\_

**Name of company:** \_\_\_\_\_

Policy no.: \_\_\_\_\_ Value: \_\_\_\_\_

Names of beneficiaries: \_\_\_\_\_

\* **Please attach copies of policies and the statement as of decedent's death.**

**Notes and deeds of trust:**

**Description of item:** \_\_\_\_\_

Value: \_\_\_\_\_

**Description of item:** \_\_\_\_\_

Value: \_\_\_\_\_

\* **Please attach copies of notes, deeds of trusts, etc.**

**Business Interests:**

For each business decedent owned or had ownership interest in:

**Name and address:** \_\_\_\_\_

President/manager: \_\_\_\_\_

Nature of decedent's interest: \_\_\_\_\_

Estimated value of decedent's interest: \$ \_\_\_\_\_

**Name and address:** \_\_\_\_\_

President/manager: \_\_\_\_\_

Nature of decedent's interest: \_\_\_\_\_

Estimated value of decedent's interest: \$ \_\_\_\_\_

**Other assets:**

**Description of asset:** \_\_\_\_\_

How is title held?: \_\_\_\_\_ Value: \_\_\_\_\_

**Description of asset:** \_\_\_\_\_

How is title held?: \_\_\_\_\_ Value: \_\_\_\_\_

**Description of asset:** \_\_\_\_\_

How is title held?: \_\_\_\_\_ Value: \_\_\_\_\_

**Description of asset:** \_\_\_\_\_

How is title held?: \_\_\_\_\_ Value: \_\_\_\_\_

**Description of asset:** \_\_\_\_\_

How is title held?: \_\_\_\_\_ Value: \_\_\_\_\_

\* **Please attach copies of statements, evidence of ownership, etc.**

**AMOUNTS OWED DECEDENT, if any:**

Unpaid salary: \_\_\_\_\_  
Unpaid commissions: \_\_\_\_\_  
Accounts receivable: \_\_\_\_\_  
Interest or dividends: \_\_\_\_\_  
Partnership income: \_\_\_\_\_  
Alimony or child support: \_\_\_\_\_  
Balance due on property sold prior to death: \_\_\_\_\_  
Distributions from other estates or trusts: \_\_\_\_\_  
Amounts due from contracts to which decedent was a party: \_\_\_\_\_  
Bonds or notes: \_\_\_\_\_  
Any other sources of payment not listed above: \_\_\_\_\_

**DECEDENT'S DEBTS, if any:**

**Please list all of decedent's debts.**

Expenses of final illness: \_\_\_\_\_  
Funeral Expenses: \_\_\_\_\_  
Charge Accounts: \_\_\_\_\_  
Accounts payable: \_\_\_\_\_  
Payroll: \_\_\_\_\_  
Rent: \_\_\_\_\_  
Loan payments: \_\_\_\_\_  
Alimony or child support: \_\_\_\_\_  
Amounts due on contracts to which decedent was a party: \_\_\_\_\_  
Other: \_\_\_\_\_

**SPECIFIC KNOWN CREDITORS (Please list contact information for all known creditors, and if applicable, attach a copy of the evidence of debt, e.g. a statement, contract, note, etc.):**

**Name of creditor:** \_\_\_\_\_

Address of creditor: \_\_\_\_\_

Amount owed: \_\_\_\_\_ Account no. (if any): \_\_\_\_\_

**Name of creditor:** \_\_\_\_\_

Address of creditor: \_\_\_\_\_

Amount owed: \_\_\_\_\_ Account no. (if any): \_\_\_\_\_

**Name of creditor:** \_\_\_\_\_

Address of creditor: \_\_\_\_\_

Amount owed: \_\_\_\_\_ Account no. (if any): \_\_\_\_\_

**Name of creditor:** \_\_\_\_\_

Address of creditor: \_\_\_\_\_

Amount owed: \_\_\_\_\_ Account no. (if any): \_\_\_\_\_

**Name of creditor:** \_\_\_\_\_

Address of creditor: \_\_\_\_\_

Amount owed: \_\_\_\_\_ Account no. (if any): \_\_\_\_\_

**ADDITIONAL NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We certify that to my/our knowledge, the foregoing information is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

**When finished with this questionnaire, please send it, along with all attachments, to our office at the above address.**

**\*\* THIS PAGE IS INTENTIONALLY BLANK \*\***