

Estate Administration Questionnaire
Estate of _____

1. Date and place of birth: _____
2. Date of Death: _____
3. Social Security No. _____
4. Place of domicile: _____
5. Occupation: _____
6. Marital Status: _____
7. Spouse Name: _____
8. Spouse Social Security No. _____

Family Members Information:

9. Name: _____ Relationship: _____
Address: _____
Social Security No: _____
Telephone Number: _____
10. Name: _____ Relationship: _____
Address: _____
Social Security No: _____
Telephone Number: _____
11. Name: _____ Relationship: _____
Address: _____
Social Security No: _____
Telephone Number: _____
12. Name: _____ Relationship: _____
Address: _____
Social Security No: _____
Telephone Number: _____
13. Name: _____ Relationship: _____
Address: _____
Social Security No: _____
Telephone Number: _____
14. Name: _____ Relationship: _____
Address: _____
Social Security No: _____
Telephone Number: _____

Does the Decedent have a Safety Deposit Box? Yes or No

If Yes, please list all property is Safety Deposit Box: _____

Life Insurance Policies:

Name of Insurance: _____
Address: _____
Beneficiary: _____
Beneficiaries Address: _____
Amount: _____

Name of Insurance: _____
Address: _____
Beneficiary: _____
Beneficiaries Address: _____
Amount: _____

Name of Insurance: _____
Address: _____
Beneficiary: _____
Beneficiaries Address: _____
Amount: _____

Please list all property with a Value of more then \$2,000.

Please list automobiles in decedent's name alone: (VIN #, Make, Model, and Year)

List all Jiontly held Assets: (Example: Bank Accounts) _____

List all Accounts in Decedent's name alone: _____

List all Stocks/Bonds/Annuities in decedent's name: _____

List all Property owned by the decedent: _____

Is an Accountant going to file the Federal Estate Tax Return? Yes or No

Has an estate bank account been open? Yes or No

Which Bank: _____

Has a federal identification number been applied for? Yes or No

If yes, what is the number: _____