

Initial Estate Administration Questionnaire

1. Decedent

Name: _____ Social Security No.: _____

Other Names Used: _____ Date of Birth: _____

Place of Death: _____ Date of Death: _____

Address at Date of Death: _____

Domicile at Death (County and State): _____

Year Domicile Established: _____

Original Death Certificate: Yes: _____ No: _____

2. If Testate

A. Information Regarding Will:

Date: _____ Location: _____

Personal Representative(s) Named: _____

Address of Personal Representative: _____

Telephone Number(s) of Personal Representative(s): Home: _____

Mobile: _____

Work: _____

Relationship and interest in estate, if any: _____

Age: _____ SSN: _____

Name: _____ Name: _____

Address: _____ Address: _____

B. Information Regarding Codicil, if any:

Date: _____ Location: _____

If Codicil changes Personal Representative, give name, address, telephone number,
relationship, and interest in estate, if any:

Witnesses to Codicil:

Name: _____

Name: _____

Address: _____

Address: _____

Who will prove the Codicil, if not self-proving? _____

If more than one Codicil, attach separate sheet with above information.

Original Codicil filed with court? YES: _____ NO: _____

3. Safe Deposit Box:

Number: _____ Name and Location of Bank: _____

In the name(s) of: _____

4. Surviving Spouse, if any:

Name: _____ Social Security No.: _____

Address: _____

Date of Birth: _____ Date of Marriage to Decedent: _____

Has spouse been married continuously to decedent since the date of marriage indicated above?

YES: _____ NO: _____

Elective Share – Give Memo re: rights YES: _____ NO: _____

5. Beneficiaries:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Age</u>	<u>SSN</u>

* birth date if minor

If the decedent died leaving a Will, is any of the decedent’s children, or children of a deceased child, not named as a beneficiary in the Will? YES: _____ NO: _____

If yes, list those parties not named, giving the name, address, relationship, age and social security number: _____

6. Additional Information

- A. Is there sufficient insurance coverage of all assets in which decedent had an interest at the time of death? (This includes real property and contents, tangible personal property, automobiles, and excess liability coverage.) YES: _____ NO: _____

- B. Have the homestead and other exemptions applications and applications for “greenbelt” been filed with the property appraiser in the appropriate county where the decedent owned an interest in real property? YES: _____ NO: _____

- C. Are any of the following due for decedent: YES: _____ NO: _____
 - 1. Income or gift tax return? YES: _____ NO: _____
 - 2. Estimated tax payment? YES: _____ NO: _____
 - 3. Reports or withholding payments re employees or decedent? YES: _____ NO: _____
 - 4. Intangible Tax Return? YES: _____ NO: _____
 - 5. Tangible Personal Property Return? YES: _____ NO: _____

- D. Are any benefits due from the Social Security Administration, the Veteran’s Administration or any branch of the armed forces of the United States? YES: _____ NO: _____

If yes, give details:

- E. If decedent was medically discharged or retired from any branch of the armed forces, was the decedent’s death the result of a service-connected disability? YES: _____ NO: _____

List Branch of Service and Benefits: _____

- F. Have appropriate claims been filed on all policies, including Medicare, for medical care and hospitalization benefits for decedent?

7. Property Decedent Owned in Sole name at Date of Death:

A. Real Estate (obtain copies of deeds)	Estimated Value
Home: _____	\$ _____
Other Real Estate: _____	\$ _____
_____	\$ _____

(Indicate principal balances of mortgages parenthetically.)

B. Stocks and Bonds (obtain stocks or bonds)	Estimated Value
Publicly Traded: _____	\$ _____
_____	\$ _____
_____	\$ _____

Not Publicly Traded: _____ \$ _____
 _____ \$ _____
 _____ \$ _____

C. 1. Mortgages and Notes Owed to Decedent and Spouse Estimated Value
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

2. Cash - (Indicate name and bank and account number): Estimated Value
 Obtain copies of statements

Savings Accts: _____ \$ _____
 _____ \$ _____
 Checking Accts: _____ \$ _____
 _____ \$ _____
 Certificates of Deposit: _____ \$ _____
 _____ \$ _____
 Mutual Funds: _____ \$ _____
 _____ \$ _____
 Cash on hand: _____ \$ _____
 _____ \$ _____

D. Insurance on Decedent's Life: (Obtain policies):

Company	Face Amount	Beneficiary	Owner
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. List Any Annuities Owned at Time of Death:

Company	Beneficiary	Value
_____	_____	\$ _____
_____	_____	\$ _____

F. Debts Other Than Mortgage Indicated Above:

Payee	Type Indebtedness	Estimated Debt
_____	_____	\$ _____
_____	_____	\$ _____

8. Property Decedent Owned Jointly Spouse at Time of Death

A. Real Estate (obtain copies of deeds) Estimated Value
Home: _____ \$ _____
Other Real Estate: _____ \$ _____
_____ \$ _____
(Indicate mortgages parenthetically.)

B. Stocks and Bonds Estimated Value
Publicly Traded: _____ \$ _____
_____ \$ _____
_____ \$ _____
Not Publicly Traded: _____ \$ _____
_____ \$ _____
_____ \$ _____

C. Mortgages and Notes Owed to Decedent and Spouse Estimated Value
_____ \$ _____
_____ \$ _____

D. Cash - (Indicate name and bank and account number):
Obtain copies of statements

Savings Accts: _____ \$ _____
_____ \$ _____
Checking Accts: _____ \$ _____
_____ \$ _____
Certificates of Deposit: _____ \$ _____
_____ \$ _____
Mutual Funds: _____ \$ _____
_____ \$ _____

E. Schedule 706
Miscellaneous (Motor vehicles, jewelry, art works, business, or partnership interests, etc.)
_____ \$ _____
_____ \$ _____

9. Property Decedent Owned Jointly With Anyone Other Than Spouse

(Indicate names and addresses of each surviving co-tenant)

A. Real Estate	Estimated Value	Decedent's Percent of Contribution
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

(Indicate principal balances of mortgages parenthetically.)

B. Stocks and Bonds	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

C. Mortgages and Notes Owed to Decedent and Surviving Co-Tenant	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

D. Cash - (Indicate name and bank and account number):

Savings Accts:	_____	\$ _____
	_____	\$ _____
Checking Accts:	_____	\$ _____
	_____	\$ _____
Certificates of Deposit:	_____	\$ _____
	_____	\$ _____
Mutual Funds:	_____	\$ _____
	_____	\$ _____
E. Miscellaneous	_____	\$ _____
	_____	\$ _____

10. Gifts

A. Persons to whom decedent made gifts of over \$11,000 (\$3,000 prior to 1982, and \$10,000 from 1982 – 2002)

Name of Donee	Amount	Year
_____	\$ _____	_____
_____	\$ _____	_____

Were gift tax returns filed? YES: _____ NO: _____

Obtain copies of all returns: YES: _____ NO: _____

B. Did decedent make any "strings attached" transfer described in Section 2035 through 2038 of the Code?

If yes, describe _____

C. Did decedent possess any general power "appointment"?

YES: _____ NO: _____

If yes, describe _____

11. Other Pertinent Information:

A. List Any Employee Benefits Due Upon Death of Decedent:

Company Name and Address	Description of Benefit
_____	_____
_____	_____

B. Did decedent inherit property from anyone who dies within the last ten years?

YES: _____ NO: _____

If yes, describe _____

C. Was decedent a party to any contract or litigation at the time of death?

YES: _____ NO: _____

D. Was decedent beneficiary under the will of another at the time of decedent's death?

YES: _____ NO: _____

If yes, complete the following:

Testator: _____

Style of Probate Case: _____

Description of Beneficiary's Interest: _____

E. Was decedent beneficiary of a trust at the time of decedent's death?

YES: _____ NO: _____

If yes, complete the following:

Description of Trust: _____

Trustee: _____

Interest: _____

F. Obtain copies of last three income tax returns filed by decedent.

G. Hospitalization Policies (Including Medicare):

Company	Policy Number	Location of Policy
_____	_____	_____
_____	_____	_____

H. Did decedent own any Treasury Bonds redeemable at par in payment of federal estate taxes?
("Flower" Bonds) YES: _____ NO: _____

I. Taxable Estate:

If no, then Affidavit of No Florida Estate Tax Due

J. List of creditors and addresses

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

