

RICE & QUATTRONE, PC

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Date: _____

Estate of: _____

County: _____

ESTATE ADMINISTRATION QUESTIONNAIRE

1. **DECEDENT**

A. Name of Decedent _____

B. Birth and Death Information:

Date of Decedent's Death _____ Date of Decedent's Birth _____

C. Decedent's Domicile (residence): _____

Street Address _____

City _____ State _____ Zip _____

Year Domicile Established _____ County _____

Social Security Number _____

Did the Decedent have a Last Will and Testament? _____ If Yes: Date of Will: _____

If No: Date Letters of Administration were issued: _____ Date of Probate: _____

2. **EXECUTOR/ADMINISTRATOR**

A. Full Name of Executor or Administrator _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Social Security No. _____ DOB _____

B. Full Name of Co-Executor (if applicable)

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Social Security No. _____ DOB _____

3. **DECEDENT'S SPOUSE**

Full Name of Spouse _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Social Security Number _____ Date of Death (if deceased) _____

4. **PRIOR MARRIAGES**

Provide the names of all other persons to whom decedent was married, date, and manner in which such marriage was terminated (i.e., divorce, death, annulment):

Name of Former Spouse _____

Dates of Marriage _____ Manner in which Marriage was Terminated: _____

5. **DECEDENT'S CHILDREN** (if applicable – PLEASE LIST WHETHER ALIVE OR DECEASED)

- A. Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Social Security No. _____ DOB _____
Phone # _____ Email _____
Child born of marriage to surviving spouse? _____ Yes _____ No
Date of Death (if applicable) _____
- B. Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Social Security No. _____ DOB _____
Phone # _____ Email _____
Child born of marriage to surviving spouse? _____ Yes _____ No
Date of Death (if applicable) _____
- C. Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Social Security No. _____ DOB _____
Phone # _____ Email _____
Child born of marriage to surviving spouse? _____ Yes _____ No
Date of Death (if applicable) _____

D. Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Social Security No. _____ DOB _____
Phone # _____ Email _____
Child born of marriage to surviving spouse? _____ Yes _____ No
Date of Death (if applicable) _____

E. Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Social Security No. _____ DOB _____
Phone # _____ Email _____
Child born of marriage to surviving spouse? _____ Yes _____ No
Date of Death (if applicable) _____

F. Check if additional children listed on separate page ☐

6. **DECEDENT'S FAMILY AND OTHERS INCLUDED IN WILL** (if applicable)

A. List the names of any beneficiaries in the Will, other than Decedent's spouse or children:

(1) Beneficiary _____ Relationship to Decedent _____
Street Address _____
City _____ State _____ Zip _____
Social Security No. _____ DOB _____

(2) Beneficiary _____ Relationship to Decedent _____
Street Address _____
City _____ State _____ Zip _____
Social Security No. _____ DOB _____

(3) Beneficiary _____ Relationship to Decedent _____
Street Address _____
City _____ State _____ Zip _____
Social Security No. _____ DOB _____

(4) Beneficiary _____ Relationship to Decedent _____
Street Address _____
City _____ State _____ Zip _____
Social Security No. _____ DOB _____

(5) Beneficiary _____ Relationship to Decedent _____
Street Address _____
City _____ State _____ Zip _____
Social Security No. _____ DOB _____

B. List the names of any family members **OMITTED** from the Decedent's Will:

(1) Family Member _____ Relationship to Decedent _____
Street Address _____
City _____ State _____ Zip _____
Social Security No. _____ DOB _____

- (2) Family Member _____ Relationship to Decedent _____
Street Address _____
City _____ State _____ Zip _____
Social Security No. _____ DOB _____
- (3) Family Member _____ Relationship to Decedent _____
Street Address _____
City _____ State _____ Zip _____
Social Security No. _____ DOB _____
- (4) Family Member _____ Relationship to Decedent _____
Street Address _____
City _____ State _____ Zip _____
Social Security No. _____ DOB _____

7. **DECEDENT'S PROFESSIONAL ADVISORS**

- A. Lawyer _____ Phone _____
- B. Financial Advisor _____ Phone _____
- C. Accountant _____ Phone _____
- D. Insurance Agent _____ Phone _____
- E. Other Advisor _____ Phone _____
- F. Other Advisor _____ Phone _____

8. **REAL ESTATE** (Addresses of all real estate owned by decedent in this state or another state)

A. Street Address _____
City _____ State _____ Zip _____
Tax Block # _____ Lot # _____ (obtained from tax bill)
Title/Ownership _____
Approximate Value \$ _____ Mortgage Balance \$ _____

B. Street Address _____
City _____ State _____ Zip _____
Tax Block # _____ Lot # _____ (obtained from tax bill)
Title/Ownership _____
Approximate Value \$ _____ Mortgage Balance \$ _____

9. **GIFTS MADE BY THE DECEDENT TO ANYONE OTHER THAN SPOUSE, CHILDREN OR GRANDCHILDREN WITHIN THE LAST 3 YEARS**

A. Recipient of Gift _____
Relationship to Decedent _____ DOB _____
Type of Gift _____ Date of Gift _____
Value of Gift \$ _____

B. Recipient of Gift _____
Relationship to Decedent _____ DOB _____
Type of Gift _____ Date of Gift _____
Value of Gift \$ _____

10. OTHER ASSETS (List all Checking Accounts, Savings Accounts, Safe Deposit Boxes, Brokerage Accounts, Stocks, Bonds, CD's Annuities, IRA's, 401(k) Plans, Pensions, Life Insurance, Pending Inheritances, Receivables, Trusts, Jewelry, Art, and Other Valuable Personal Property)

A. Institution _____ Type of Asset _____
Title/Ownership _____ Beneficiary _____
Approximate Value \$ _____

B. Institution _____ Type of Asset _____
Title/Ownership _____ Beneficiary _____
Approximate Value \$ _____

C. Institution _____ Type of Asset _____
Title/Ownership _____ Beneficiary _____
Approximate Value \$ _____

D. Institution _____ Type of Asset _____
Title/Ownership _____ Beneficiary _____
Approximate Value \$ _____

E. Institution _____ Type of Asset _____
Title/Ownership _____ Beneficiary _____
Approximate Value \$ _____

F. Institution _____ Type of Asset _____
Title/Ownership _____ Beneficiary _____
Approximate Value \$ _____

G. Institution _____ Type of Asset _____
Title/Ownership _____ Beneficiary _____

Approximate Value \$ _____

H. Institution _____ Type of Asset _____

Title/Ownership _____ Beneficiary _____

Approximate Value \$ _____

11. **DECEDENT'S OUTSTANDING DEBTS** (Debts outstanding as of the decedent's date of death – i.e., Mortgages, Loans, Credit Card Debt, Medical Expenses, Phone Bill, Cable Bill, Utility Bills, etc.)

A. Name of Creditor _____

Street Address _____

City _____ State _____ Zip _____

Business Phone _____ Amount of Debt \$ _____

B. Name of Creditor _____

Street Address _____

City _____ State _____ Zip _____

Business Phone _____ Amount of Debt \$ _____

C. Name of Creditor _____

Street Address _____

City _____ State _____ Zip _____

Business Phone _____ Amount of Debt \$ _____

D. Name of Creditor _____

Street Address _____

City _____ State _____ Zip _____

Business Phone _____ Amount of Debt \$ _____

12. **ADMINISTRATION EXPENSES** (Expenses paid by the Executor/Administrator in the course of the administration of the estate – i.e., Probate Fees, Administrator's Bond, Postage, Travel Expenses, Attorneys Fees, Funeral Expenses)

A. Expense _____

Street Address _____

City _____ State _____ Zip _____

Business Phone _____ Amount of Expense \$ _____

B. Expense _____

Street Address _____

City _____ State _____ Zip _____

Business Phone _____ Amount of Expense \$ _____

C. Expense _____

Street Address _____

City _____ State _____ Zip _____

Business Phone _____ Amount of Expense \$ _____

D. Expense _____

Street Address _____

City _____ State _____ Zip _____

Business Phone _____ Amount of Expense \$ _____

13. **WAS DECEDENT RECEIVING MEDICAID BENEFITS?** Yes _____ No _____