

## Estate Administration Questionnaire

### Decedent Information

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

Date of Death: \_\_\_\_\_ Marital Status at Time of Death: \_\_\_\_\_

Address of Permanent Residence at Time of Death (prior to nursing home):  
\_\_\_\_\_

County of Residence: \_\_\_\_\_

Have you received the decedent's death certificate? \_\_\_\_\_

***\*Please note, you will likely need multiple certified copies of the short form death certificate (without the cause of death) and the long form death certificate (with the cause of death)***

1. Did the decedent have a will?  Yes  No *(if yes, skip question 3.)*
2. Were there any codicils to the will?  Yes  No
3. If the decedent had **no** valid Last Will & Testament please provide the following:
  - a. Was decedent married?  Yes  No Spouse's Name: \_\_\_\_\_
  - b. Did decedent have children?  Yes  No If so, how many? \_\_\_\_\_
  - c. Any children from a previous marriage(s)?  Yes  No
  - d. Any deceased children?  Yes  No

If yes, did the child predecease the decedent?  Yes  No

- e. Are any of the Decedent's children disabled?  Yes  No

If yes, please identify and provide information regarding the nature of disability:  
\_\_\_\_\_  
\_\_\_\_\_

### Proposed Personal Representative/Trustee Information

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

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

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

Relationship to Decedent: \_\_\_\_\_

Do you wish to be compensated for your services as P.R./Trustee, if possible?  Yes  No

***\* You will be asked for your Social Security Number/EIN (will be required to obtain EIN)***

*\*Please note: If any of the beneficiaries are difficult or may have an objection to your claiming Reasonable Compensation, please request a copy of the P.R. Time Sheet as you may wish to document time spent carrying out P.R. duties. You should retain receipts for estate expenses.\**

**Additional Proposed Personal Representative/Trustee Information**

1. Has the proposed Personal Representative/Trustee ever been charged with, arrested for, or convicted of a felony or any other crimes?  Yes  No

If yes, please provide the date and a brief explanation: \_\_\_\_\_

\_\_\_\_\_

2. Does the proposed Personal Representative/Trustee have any physical disabilities?

Yes  No

If yes, please explain and advise whether this disability will affect the ability to serve as Personal Representative/Trustee: \_\_\_\_\_

\_\_\_\_\_

3. Has the proposed Personal Representative/Trustee ever been treated for a mental condition, alcohol abuse, drug abuse, or other similar condition?  Yes  No

If yes, please provide the date and a brief explanation (location of treatment, name of physician or professional involved): \_\_\_\_\_

\_\_\_\_\_

**Proposed Alternate Personal Representative/Trustee Information (if any)**

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

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

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

Relationship to Decedent: \_\_\_\_\_

*\* You will be asked for your Social Security Number/EIN (will be required to obtain EIN)*

**Additional Proposed Alternate Personal Representative/Trustee Information**

1. Has the proposed alternate Personal Representative/Trustee ever been charged with, arrested for, or convicted of a felony or any other crimes?  Yes  No

If yes, please provide the date and a brief explanation: \_\_\_\_\_

\_\_\_\_\_

2. Does the proposed alternate Personal Representative/Trustee have any physical disabilities?

Yes  No

If yes, please explain and advise whether this disability will affect the ability to serve as Personal Representative/Trustee: \_\_\_\_\_

\_\_\_\_\_

3. Has the proposed alternate Personal Representative/Trustee ever been treated for a mental condition, alcohol abuse, drug abuse, or other similar condition?  Yes  No

If yes, please provide the date and a brief explanation (location of treatment, name of physician or professional involved): \_\_\_\_\_

\_\_\_\_\_

**Beneficiaries or Heirs at Law Information**

Surviving Spouse's Name (if any): \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security Number/EIN (required for distribution of assets): \_\_\_\_\_

Decedent's Child #1 Name (if any): \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

If Child #1 is a minor, please provide his/her date of birth: \_\_\_\_\_

Decedent's Child #2 Name (if any): \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

If Child #2 is a minor, please provide his/her date of birth: \_\_\_\_\_

Decedent's Child #3 Name (if any): \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

If Child #3 is a minor, please provide his/her date of birth: \_\_\_\_\_

Other Name #1: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

If Other #1 is a minor, please provide his/her date of birth: \_\_\_\_\_

Other Name #2: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

If Other #2 is a minor, please provide his/her date of birth: \_\_\_\_\_

***\*\*If more beneficiaries, please attach an additional sheet with the above information\*\****

### **Decedent's Assets**

***\*\*Please note, ONLY assets in the name of the decedent, that are not jointly owned or that do not have a beneficiary designated should be included.***

#### **Florida Real Property**

1. Did the decedent own homestead property in Florida at the time of death?  Yes  No

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

County: \_\_\_\_\_ Estimated value: \_\_\_\_\_

How Titled: \_\_\_\_\_

2. Did the decedent own any other Florida real estate at the time of death?  Yes  No

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

County: \_\_\_\_\_ Estimated value: \_\_\_\_\_

How Titled: \_\_\_\_\_

***\*\*Please provide copies of the deeds\*\****

#### **Out of State Real Property**

1. Did the decedent own any other out of state real property at the time of death?  Yes  No

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

State: \_\_\_\_\_ County: \_\_\_\_\_

Estimated value: \_\_\_\_\_

How Titled: \_\_\_\_\_

Do you have a copy of the Deed?  Yes  No

**Safety Deposit Box**

Did the decedent have a safety deposit box at the time of death?  Yes  No

Location: \_\_\_\_\_

How Titled: \_\_\_\_\_

Do you have the keys: \_\_\_\_\_ Box Number: \_\_\_\_\_

**Vehicles**

1. Did the decedent own any vehicles at the time of death?  Yes  No

Vehicle #1 Year, Make, Model: \_\_\_\_\_

VIN: \_\_\_\_\_ Condition: \_\_\_\_\_ Mileage: \_\_\_\_\_

Estimated value: \_\_\_\_\_ How Titled: \_\_\_\_\_

2. Vehicle #2 Year, Make, Model: \_\_\_\_\_

VIN: \_\_\_\_\_ Condition: \_\_\_\_\_ Mileage: \_\_\_\_\_

Estimated value: \_\_\_\_\_ How Titled: \_\_\_\_\_

***\*\* You will be asked to provide the original vehicle titles\*\****

**Bank Accounts (checking, savings, money market, CDs)**

1. Did the decedent have any bank accounts at the time of death?  Yes  No

Bank/Institution Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date of Death Value: \_\_\_\_\_

How Titled: \_\_\_\_\_

2. Bank/Institution Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date of Death Value: \_\_\_\_\_

How Titled: \_\_\_\_\_

3. Bank/Institution Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date of Death Value: \_\_\_\_\_

How Titled: \_\_\_\_\_

4. Bank/Institution Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date of Death Value: \_\_\_\_\_

How Titled: \_\_\_\_\_

5. Did the decedent own any money market accounts or certificates of deposit at the time of death?  Yes  No

Bank/Institution Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date of Death Value: \_\_\_\_\_

How Titled: \_\_\_\_\_

***\*\* You will be asked to provide statements showing the date of death value\*\****

**Investment Accounts (IRA, 401k, brokerage or investment accounts)**

1. Did the decedent have any other financial or retirement accounts at the time of death?

Yes  No

Bank/Institution Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date of Death Value: \_\_\_\_\_

How Titled: \_\_\_\_\_

2. Bank/Institution Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date of Death Value: \_\_\_\_\_

How Titled: \_\_\_\_\_

3. Bank/Institution Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date of Death Value: \_\_\_\_\_

How Titled: \_\_\_\_\_

***\*\* You will be asked to provide statements showing the date of death value\*\****

**Stocks or Bonds (including U.S. Savings Bonds)**

1. Did the decedent own any stocks or bonds at the time of death?  Yes  No  
Name of Company: \_\_\_\_\_  
Type of Security: \_\_\_\_\_ Date of Death Value: \_\_\_\_\_  
How Titled: \_\_\_\_\_

2. Did the decedent own any stocks or bonds at the time of death?  Yes  No  
Name of Company: \_\_\_\_\_  
Type of Security: \_\_\_\_\_ Date of Death Value: \_\_\_\_\_  
How Titled: \_\_\_\_\_

***\*\*You will be asked to provide statements showing the date of death value\*\****

3. Did the decedent own any US Government Savings Bonds (E, EE, H) at the time of death?  Yes  No  
To Be Cashed:  Yes  No  
If Yes, Name of Transferee: \_\_\_\_\_  
Date of Death Value: \_\_\_\_\_  
How Titled: \_\_\_\_\_

***\*\*You will be asked to provide the original bond(s)\*\****

**Mortgage Notes Held by Decedent**

Did the decedent hold paper on any notes or mortgages (receivable) at the time of death?  
 Yes  No  
Mortgagor/Borrower: \_\_\_\_\_  
Address: \_\_\_\_\_  
Have you made contact with the borrower? \_\_\_\_\_  
Terms of Obligation: \_\_\_\_\_  
Date of Death Value: \_\_\_\_\_

**Insurance Policies or Annuities**

1. Did the decedent have any insurance on his/her life at the time of death?  Yes  No  
Company Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Beneficiaries Named: \_\_\_\_\_  
Date of Death Value: \_\_\_\_\_

2. Did the decedent own any annuities at the time of death?  Yes  No

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

Policy Number: \_\_\_\_\_

Beneficiaries Named: \_\_\_\_\_

Date of Death Value: \_\_\_\_\_

***\*\*You will be asked to provide a statement showing the date of death value\*\****

**Miscellaneous Personal Property**

Did the decedent own any other miscellaneous personal property at the time of death?  Yes  No

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

**Liabilities**

Did the decedent owe any business or individual money as of the date of death (credit cards, medical bills, utility bills, etc.)?  Yes  No

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

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

Account Number (if known): \_\_\_\_\_

Amount Owed: \_\_\_\_\_

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

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

Account Number (if known): \_\_\_\_\_

Amount Owed: \_\_\_\_\_

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

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

Account Number (if known): \_\_\_\_\_

Amount Owed: \_\_\_\_\_

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

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

Account Number (if known): \_\_\_\_\_

Amount Owed: \_\_\_\_\_



***\*\*If more creditors, please attach an additional sheet with the above information\*\****  
***\*\*You will be asked to provide the most recent invoice/bill/statement for all creditors\*\****

**Acknowledgement**

**UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY INFORMATION AND BELIEF.**

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2022.

\_\_\_\_\_  
Signature

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

**\*\* You must email this form back to our office at least *two days* prior to your appointment, along with copies of:**

\_\_\_\_\_ Decedent's Death Certificate

\_\_\_\_\_ Decedent's Last Will & Testament

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**Prior to the opening of a file, the following information will be REQUIRED:**

\_\_\_\_\_ DEATH CERTIFICATE (certified copy, short form – without the cause of death)

\_\_\_\_\_ ORIGINAL LAST WILL AND TESTAMENT (and Codicil, if applicable)

\_\_\_\_\_ PAID FUNERAL BILL(s)

\_\_\_\_\_ REAL ESTATE DEED(s)

\_\_\_\_\_ VEHICLE TITLE(s)

\_\_\_\_\_ COPIES OF ANY BILLS/CREDITORS' ADDRESSES

\_\_\_\_\_ STATEMENTS FOR FINANCIAL ACCOUNTS (Checking, Savings, retirement, annuities, etc.) FROM DATE OF DEATH TO PRESENT

\_\_\_\_\_ SSN of the decedent: \_\_\_\_\_

\_\_\_\_\_ SSN of the proposed Personal Representative: \_\_\_\_\_

\_\_\_\_\_ SSN for ALL beneficiaries (required for distribution of assets): \_\_\_\_\_

