ESTATE QUESTIONNAIRE

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Full legal name of person comp	oleting questionnaire				
		First	Middle	Э	Last
Relationship to decedent					
Home address					
City	County		State	Zip	
Mailing address (if different fro	m home address)				
City	County		State	Zip	
Email					
Home number	Mobile number		_ Work numb	oer	
DECEDENT'S PERSONA	AL INFORMATION				
Decedent's full legal name	First	Middle		Last	
Also known as/nickname					
City, state, and county of death	1				
Date of birth/ D	Date of death//_	Social Sec	urity number		
U.S. Citizen? ☐ Yes ☐ No: citize	nship	_			
Permanent address at death					
City	County		State	Zip	
Email					
Home number				oer	
Employer		Occup	oation		
Business address					
City	County		State	Zip	
☐ Married (marriage date)	//_ Divorced	(divorce date) _	_//		
☐ Widowed ☐ Single ☐ Life	e partner				
Was decedent in the military? [□ Yes □ No				
Branch and dates of service					
Veteran's Administration ID nur	mher	Military	ID number		

DECEDENT'S SPOUSE INFORMATION

Spouse's full legal name			
	First	Middle	Last
Also known as/nickname			
Date of birth/	Date of death//	Social Security number	·
U.S. Citizen? ☐ Yes ☐ No: cit	tizenship		
Home address			
City	County	State	Zip
Email			
Home number	Mobile number	Work num	ber
Employer		Occupation	
DECEDENT'S CHILDE	REN INFORMATION		
Child 1 Full legal name	First	Middle	 Last
Also known as nickname	1 11 31		Lust
	Date of death//		
	Date of death		
	County		7in
	County		
Beneficiary? ☐ Yes ☐ No			
•	,, addiction, other)		
Does Child 1 have children?	(If yes, list names)		

Child 2 Full legal name	 First	 Middle	 Last
Also known as/nickname			
		Social Security number	
		State	
		Phone number	
Beneficiary? ☐ Yes ☐ No			
	y, addiction, other)		
Child 3 Full legal name	First	Middle	Last
Also known as/nickname			
	Date of death//		
	County	State	
		Phone number	
Beneficiary? ☐ Yes ☐ No			
-	v addiction other)		
Other information (disability	y, addiction, other)		
Does Child 3 have children?	(If yes, list names)		

Child 4 Full legal name			
	First	Middle	Last
Also known as/nickname			
Date of birth/	Date of death//	Social Security number _	
Home address			
City	County	State	Zip
Email		Phone number	
Beneficiary? ☐ Yes ☐ No			
Other information (disability	y, addiction, other)		
Does Child 4 have children?	(If ves list names)		
	(ii yes, iise names)		
Child 5 Full legal name	First		l aat
	First	Middle	Last
Also known as/nickname Date of birth//		Social Security number _	
		State	Zip
		Phone number	
Beneficiary? ☐ Yes ☐ No			
Other information (disability	v. addiction. other)		
Does Child 5 have children?	(If yes, list names)		

^{*}Attach additional sheets if necessary.

DECEDENT'S ESTATE PLAN INFORMATION

Date and location of dece	edent's Last Will and Testament			
Name, date, and location	of decedent's Revocable Living	Trust Agreement		
Personal Representative	information			
Full legal name				
	First	Middle	Last	
Relationship to decedent				
Home address				
City	County	State _	Zip	
Mailing address (if differe	nt from home address)			
City	County	State _	Zip	
Email				
Home number	Mobile number	Wor	k number	
Employer		Occupation		
Trustee information				
Full legal name				
	First	Middle	Last	
Relationship to decedent				
Home address				
	County			
Mailing address (if differe	nt from home address)			
City	County	State _	Zip	
Email				
Home number	Mobile number	Wor	k number	
Employer		Occupation		

DECEDENT'S ADVISOR INFORMATION

Attorney's name	Phone number
	Phone number
Accountant's name	Phone number
Financial advisor's name	Phone number
Banker's name	Phone number

IMPORTANT INFORMATION

Please select Yes, No, or Unknown for each question	Yes	No	Unknown
Was decedent subject to any guardianship or conservatorship before death?			
Did decedent ever live in any of the following states while married: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin?			
Is decedent a named beneficiary in anyone's trust? If yes, please explain in the Additional Information section below.			
Did decedent and spouse sign a prenuptial or postnuptial agreement? If yes, please attach a copy.			
Was decedent making payments pursuant to a divorce or property settlement agreement at death? If yes, please attach a copy.			
Was decedent (or spouse) receiving social security, disability, or other governmental benefits?			
Is decedent widowed? If yes, and a federal estate tax return or state death tax return was filed, please attach a copy.			
Do any of decedent's children have special educational, medical, or physical needs?			
Does decedent's spouse, or do any of decedent's children, receive governmental support or benefits?			
Did decedent provide primary or other financial support to adult children or other dependents at death? If yes, please specify in the Additional Information section below.			
Was decedent party to any litigation at the time of death?			
Was decedent in control of decedent's financial affairs before death? If no, who was in control?			
Would anyone assert that decedent was subject to undue influence relating to decedent's financial or personal matters?			

r	elating to decedent's financial or personal matters?		
A	dditional Information		
_			

PROPERTY INFORMATION

The following pages of this questionnaire guide you to list all property decedent owned, indicate how the property is titled, and provide the property value. You may list any additional property on a separate sheet of paper. Each category of property covers the following information:

Type

Describes the specific types of property in each section

Evidence of title

Indicates the type of document needed to provide evidence of title to the property

Owner

Specifies how decedent owned the property. It is extremely important that this be accurate. For each property, please indicate how the property is titled by using the abbreviations below. (Note: if you do not know how title is held, please use "?".)

Owner of Property	Abbreviation
Decedent only; no other person	D
Decedent jointly with right of survivorship with spouse	JT-S
Decedent jointly with right of survivorship with nonspouse	JT-NS
Decedent community property*	СР
Decedent as tenant in common with someone else	TIC
Revocable Trust	RLT
Irrevocable Trust	IRT
Unsure how property is owned	?

^{*}Community property only applies if property was earned or acquired after marriage and before separation while living in one of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.

REAL PROPERTY

Type

Primary residence, vacation property, rental property, commercial property, agricultural/farm/ranch property, vacant land, timeshare, etc. If property is owned by a partnership with someone other than spouse, please list it in the **Business Interests** section.

it in the business interests section.			
Evidence of title			
Deed or land contract			
Type and full address	Owner	Date of death value	Loan balance
	TOTAL	\$	\$
PERSONAL PROPERTY			
Туре			
Motor vehicles, boats, furniture, jewelry, collection property	s, antiques, furs,	tools, equipment, or o	ther valuable persona
Evidence of title Title or registration, bill of sale, receipt, or cancell	ed check reflecti	ng purchase, if any	
General description	Owne	r	Date of death value

TOTAL \$ _____ \$___

BANK ACCOUNTS

-	`\/	n	0
	v	u	C

Checking accounts (CA), savings accounts (SA), and Certificates of Deposit (CD). Note that IRAs and 401(k) accounts are listed in the **Retirement Accounts** section, and money market accounts are listed in the **Brokerage and Mutual Funds** section.

Signature card or document sign				
Institution name	Account nur	nber and type	Owner	Date of death balance
			TOTAL	\$
				-
RETIREMENT ACCOUNTS	5			
Type 401(k), 457, 403(b), IRA, SEP, H.R	. 10 (Keogh F	Plan), pension, pro	fit sharing (PS), etc.	
Evidence of title Document signed to create accou	ınt, or accoui	nt statement, and	beneficiary designation	on form
Company name, type, account n	umber	Beneficiary	Share	Date of death value

TOTAL \$ _____

STOCKS

Evidence of title Stock certificate			
Company name	Owner	Number of shares	Date of death value
	_		
		TOTAL	→
BONDS			
Type Municipal, Series E/EE, Series H/HH, Series	s I, T-Bill, T-Note,	education, private	
Evidence of title Bond certificate			
Company name and type of bond	Owner	Number of shares	Date of death value
	_		

TOTAL \$ _____

INVESTMENT ACCOUNTS (BROKERAGE ACCOUNTS AND MUTUAL FUNDS)

Evidence of title				
Account statement or docum	ient signed to creat	te account		
Institution name	Account numb	per and type	Owner	Date of death balance
			TOTAL	\$
LIFE INSURANCE POL	ICIES AND AN	INUITIES		
Туре				
	ivorsal group life	accidental death	and dismombormo	nt long-torm care with
Term, whole life, variable, un		accidental death	and dismemberme	nt, long-term care with
Term, whole life, variable, un death benefit, and annuity po		accidental death	and dismemberme	nt, long-term care with
Term, whole life, variable, un death benefit, and annuity positions. Evidence of title Account statement or docum	olicies		n and dismemberme	nt, long-term care with
Term, whole life, variable, un death benefit, and annuity positions. Evidence of title Account statement or docum	olicies nent signed to creat	te policy		
Term, whole life, variable, un death benefit, and annuity po	olicies nent signed to creat		and dismemberme Beneficiary	
Term, whole life, variable, un death benefit, and annuity positions. Evidence of title Account statement or docum	olicies nent signed to creat	te policy		Date of death value
Term, whole life, variable, un death benefit, and annuity positions. Evidence of title Account statement or docum	olicies nent signed to creat	te policy		Date of death value
Term, whole life, variable, un death benefit, and annuity positions. Evidence of title Account statement or docum	olicies nent signed to creat	te policy		Date of death value
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Term, whole life, variable, un death benefit, and annuity positions. Evidence of title Account statement or docum	olicies nent signed to creat	te policy		Date of death value

BUSINESS INTERESTS

T		p	е
	•	_	

General partnership, limited partnership, limited liability company, S-corporation, closely held business, professional corporation, professional practice, and sole proprietorship

Evidence of title

For partnership or LLC—partnership or operating agreement, ownership certificate, or purchase document; for corporations—stock certificate(s) or ledger; for sole proprietorship—registration or title, bill of sale, or balance sheet

Company name and type of business	Owner	Ownership share	Date of death value
		TOTAL	L \$
OIL, GAS, AND MINERAL INTERE	ESTS		
Type Lease, overriding royalty, fee mineral estate	e, working interes	st, etc.	
Evidence of title Lease agreement, deed, royalty agreement	, other		
Description and type		Owner	Date of death value
			_

TOTAL \$ _____

MONEY OWED TO DECEDENT

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П	\ /	n	
	y	ν	C

Mortgage and promissory notes payable to decedent, and other monies owed to decedent

Evi	de	n	9	of	titl	ما
-vi	uc		-	\mathbf{v}		~

Mortgage or rental agreement, promissory note, written contract, or signed document creating payable obligation

Debtor name	Maturity date	Owed to	Installment amount	Balance due
			TOTAL	\$

CRYPTO ASSETS

Type

Cryptocurrencies (e.g., Bitcoin, Ethereum), utility tokens, platform tokens, security tokens, cryptocollectibles (e.g., CryptoKitties), natural asset tokens, privacy coins, crypto-fiat currencies, etc.

Evidence of title

Varies

Description and type	Date of death value
TOTAL	\$

OTHER ASSETS

_			
П	\ /	n	
	y	ν	C

Other property not covered by the above categories including assets over which decedent had a power of appointment

Evidence of title Varies				
Description and type				Date of death value
			TOTAL	. \$
LIABILITIES				
Type Bill, credit card, lease, mort	gage, loan, I	medical, taxes, and other	monies owed by dece	dent (including bonds)
Evidence of title Invoice, statement, rental creating payable obligation		mortgage, promissory	note, written contract	c, or signed document
Creditor name	Туре	Account number	Original amount	Amount outstanding
		_		
		_		
		TOTA	\L \$	\$

VALUE SUMMARY

Please total all values from the above categories. For jointly owned assets, enter half in the decedent's column and half in the spouse's column.

Category	Decedent	Spouse	Total date of death value
Real Property	\$	\$	\$
Personal Property	\$	\$	\$
Bank Accounts	\$	\$	\$
Retirement Accounts	\$	\$	\$
Stocks	\$	\$	\$
Bonds	\$	\$	\$
Investment Accounts	\$	\$	\$
Life Insurance Policies and Annuities	\$	\$	\$
Business Interests	\$	<u> \$ </u>	\$
Oil, Gas, and Mineral Rights	\$	\$	\$
Money Owed to Decedent	\$	<u> </u>	\$
Crypto Assets	\$	<u> \$ </u>	\$
Other Assets	\$	<u> </u>	\$
Liabilities	(\$) (\$)	(\$)
		VALUE SUMMARY TOTAL	\$
SIGNATURE OF PERSON COI			
I affirm that the information contained	in this question	onnaire is true to the best of	my knowledge.
Date:	Signed:		
	Printed nam	ne:	