

**LAW OFFICE OF MICHELLE PERETZ PLLC**

**5512 MERRICK ROAD  
MASSAPEQUA, NEW YORK 11758  
(516) 268-0072**

**MICHELLE@MICHELLELAWOFFICE.COM**

**QUESTIONNAIRE FOR ESTATE PROBATE AND ADMINISTRATION**

Please complete the following questionnaire to the best of your abilities. This information is helpful to us so that we may properly plan for you and it will be held in the strictest confidence.

I. A. Decedent's Name: \_\_\_\_\_

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

Decedent's Occupation: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Place of Death: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Divorces: \_\_\_\_\_ Citizenship: \_\_\_\_\_

B. Predeceased Spouse's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

(Attach a copy of death certificate)

II. Proposed Administrator: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Has Proposed Administrator been convicted of a felony? YES / NO Filed for Bankruptcy? YES / NO

Social Security Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**OFFICE USE ONLY**

Matter No.: \_\_\_\_\_ Date: \_\_\_\_\_

III. General Information

Decedent

Yes/No

A. 1. Was the decedent receiving social security ..... \_\_\_\_\_

If so, where was the check deposited? ..... \_\_\_\_\_

Was the check directly deposited by social security? ..... \_\_\_\_\_

2. Have you performed a diligent search for a Will? ..... \_\_\_\_\_

Where did you search? \_\_\_\_\_

If you have an original Will, what is the reason for not admitting this Will to probate?

\_\_\_\_\_  
(If you have the original, please provide the original to us)

3. Did the Decedent have the following documents? (If so, please provide us with a copy.)

Durable Power of Attorney? ..... \_\_\_\_\_

Living Trust? ..... \_\_\_\_\_

Irrevocable Trust? ..... \_\_\_\_\_

B. Name of Surviving Spouse: \_\_\_\_\_

Social Security Number : \_\_\_\_\_

C. Other Questions:

Who were the decedent's advisors?

Tax Preparation ... Name: \_\_\_\_\_

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

Tel. No.: \_\_\_\_\_

Investment Advisor ... Name: \_\_\_\_\_

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

Tel. No.: \_\_\_\_\_

Insurance Agent ...

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

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

\_\_\_\_\_

Tel. No.: \_\_\_\_\_

(Please provide copies of any insurance riders.)

Any other advisors ...

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

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

\_\_\_\_\_

Tel. No.: \_\_\_\_\_

Was the decedent appointed to a fiduciary status executor, trustee, attorney-in-fact, etc.) under any legal documents?

\_\_\_\_\_

If so, please describe said documents .....

\_\_\_\_\_

D. Beneficiaries Named Under Will/Distributees of Estate.

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>	<u>Soc. Sec. No.</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Are any of the Beneficiaries/Distributees minors, incapacitated or incompetent?

If so please state: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tax Returns	YES/NO
1. Was there any insurance on the decedent's life that is not included on the return as part of the gross estate?	_____
2. Did the decedent own any insurance on the life of another that is not included in the gross estate?	_____
3. Did the decedent at the time of death own any property as a joint tenant with right of survivorship in which (a) one or more of the other joint tenants was someone other than the decedent's spouse, and (b) less than the full value of the property is included on the return as part of the gross estate?	_____
4. Did the decedent, at the time of death, own any interest in a partnership or unincorporated business or any stock in an inactive or closely held corporation?	_____
5. Were there in existence at the time of the decedent's death:	
a. Any trusts created by the decedent during his or her lifetime?	_____
b. Any trusts not created by the decedent under which the decedent possessed any power, beneficial interest, or acting as trustee?	_____
6. Did the decedent ever possess, exercise, or release any general power of appointment?	_____
7. Was the decedent, immediately before death, receiving an annuity?	_____
8. Did the decedent have a qualified employer plan and/or individual retirement plan?	_____
9. Did the decedent file any gift tax returns or make any taxable gifts during his/her lifetime? If "Yes", provide copies of returns filed.	_____

## FAMILY TREE CHART

\_\_\_\_\_  
Grandfather

\_\_\_\_\_  
Grandmother

\_\_\_\_\_  
Grandfather

\_\_\_\_\_  
Grandmother

\_\_\_\_\_  
Father

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Decedent

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
children

\_\_\_\_\_  
children

\_\_\_\_\_  
children

\_\_\_\_\_  
children

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grandchildren

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- Note:
1. Please add (D) after the name, if deceased.
  2. If not applicable, please indicate "N/A".
  3. If none living, then please list closest living relatives.

F. Closest Living Relatives Related by Blood and Adoption

<u>Family Members:</u>	<u>Relationship:</u>	<u>Telephone Number:</u>	<u>Address:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

V. ASSETS AND LIABILITIES

I. ASSETS

1. Real Estate

	<u>Owner</u>	<u>Location</u>	<u>Estimated Value</u>	<u>Mortgage Balance</u>
A.	_____	_____	\$ _____	\$ _____
B.	_____	_____	\$ _____	\$ _____

Please provide deeds or stock and lease documents where applicable.

Did decedent receive a veteran's exemption on the residence? \_\_\_\_\_

<u>Owner</u>	<u>Leases</u>	<u>Annual Rent</u>
_____	_____	_____

2. Cash, Bank Accounts, Certificates of Deposit and Savings Bonds

<u>Owner</u>	<u>Name of Bank and Account No.</u>	<u>Date of Death</u>	<u>Balance</u>
(a) Cash	_____	_____	\$ _____
(b) Checking Accounts	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____

Owner	Name of Bank and Account No.	Date of Death balance
<b>(c) Savings Accounts</b>		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

<b>(d) Certificates of Deposit</b>			
Owner	Bank and Account No.	Maturity Date	Date of Death Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>(e) Savings Bonds</b>		
Owner	Type of Bond	Date of Death Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(\*Please provide copies of all savings bonds.)

**3. Stock and Bonds**

<b>(a) Individually Held Accounts</b>			
Owner	No. of Shares	Company	Date of Death Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(\*Please provide original stock certificates and stock information.)

(b) Brokerage Accounts

Owner	Name of Brokerage And Account No.	Date of Death Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(c) Mutual Funds

Owner	Name and Account No.	Date of Death Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Life Insurance

Company & Policy No.	Face Amount	Cash Value	Loan Amount	Insured	Beneficiary
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. Retirement Benefits

Owner	Company and Account No.	Beneficiary	Date of Death Value
(a) Pension			
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____



Owner (b) Profit Sharing	Company and Account No.	Beneficiary	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
(c) IRA Accounts			Roth/Conventional
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
(d) Additional Information			
_____			
Are there any pension benefits continuing For the spouse or someone else?			Yes or No _____
<b>6. <u>Mortgages, Notes and Annuities</u></b>			
Description of Asset			Value
_____			\$ _____
_____			\$ _____
<b>7. Tangible Personal Property</b>			
(a) Tangible Personal Property			
Location			
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
(b) Automobiles			
_____			\$ _____
_____			\$ _____
(c) Safe Deposit Boxes		Yes _____	No _____

Location	Contents	Estimated Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
8. <u>Miscellaneous</u>		
_____		
_____		
_____		
_____		
II. <u>LIABILITIES:</u>		
1. <u>Funeral Expenses</u>		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
2. <u>Debts</u>		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
3. <u>Mortgages and Liens</u>		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
III. <u>Comments:</u>		
_____		
_____		
_____		
_____		
_____		

IV. Assets and Liabilities (Fill in values as of date of death)

<u>ASSETS:</u>	Decedent's Name	Joint Name with spouse	Joint Name (other than spouse)
1. Real Estate	_____	_____	_____
2. Cash (Average Balance)	_____	_____	_____
A. Checking accounts	_____	_____	_____
B. Savings accounts	_____	_____	_____
C. CD(s)	_____	_____	_____
D. Savings Bonds	_____	_____	_____
3. Stocks & Bonds	_____	_____	_____
A. Individually	_____	_____	_____
B. Brokerage	_____	_____	_____
C. Mutual Fund	_____	_____	_____
4. Life Insurance	_____	_____	_____
5. Retirement Benefits	_____	_____	_____
A. Pension	_____	_____	_____
B. Profit Sharing	_____	_____	_____
C. IRA Accounts	_____	_____	_____
6. Mortgages, Notes & Annuities	_____	_____	_____
7. Personal Property	_____	_____	_____
8. Miscellaneous	_____	_____	_____
<u>Total Estate Assets</u>	_____	_____	_____
<u>LIABILITIES:</u>			
1. Debts	_____	_____	_____
2. Mortgages Payable	_____	_____	_____
<u>Total Liabilities:</u>	_____	_____	_____
<u>NET ESTATE</u> .....	_____	_____	_____