



Quality Estate Design
PO Box 892, West Point, CA, 95255
TEL: (209) 598-8427

Greetings, and our most sincere condolences on the passing of your loved one:

Enclosed you will find a confidential questionnaire. The more information you can provide, the better I can answer your questions, however, accuracy to the exact dollar is not necessary at this time. If you become a client of our Company, in addition to this completed questionnaire, we will need the following:

1. The ORIGINAL LAST WILL AND TESTAMENT, plus any codicils (if any)
2. Copies of any other existing estate planning documents (e.g. trusts, etc.)
3. A copy of the deed(s) to any real property that the decedent owned, if any, along with a copy of the latest property tax statement(s) on such property(ies)
4. Copies of any financial statements, annuity contracts, life insurance policies, etc. which may be a part of the probate proceeding
5. At least three (3) original Death Certificates

Thank you for your cooperation,

BRIAN L. WAGNER



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Website: www.AdvancedEstateDesign.com

OVERVIEW OF THE PROBATE PROCESS

The following is provided to give you an overview of the probate process that you will be entering as the representative of the above estate. The language of this overview assumes that you are, or will become a client of our company, however, please understand that **no attorney-client relationship shall be established**. In the event that you become a client, most of your questions will be answered during the course of the administration of the estate, but please feel free to ask for more specific detail relative to any aspects you do not fully understand.

All documents are submitted to the probate court and reviewed by court representatives. If all materials are in order as required under local court rules, the court order will be prepared and submitted to the judge for signature without the need for a personal appearance by you as the representative. If any document is missing or requires additional information to support the petition, the court clerk will notify you before the hearing to enable us to submit in advance the necessary information.

I. PURPOSE OF PROBATE ADMINISTRATION

At the outset, I should point out that it would be my responsibility is to see that all the necessary documents are filled in and filed correctly. From time to time I or my Partner will communicate with you about various aspects of administration of the estate, but you should feel free to call any time you have a question.

In general, all steps in the administration of the estate will be directed toward three goals: collection and management of assets, payment of debts and taxes, and distribution of the balance of the assets as provided in the will, or if there is no will, then in accordance with California state law. As executor, your role is to represent the estate and to carry out the terms of that will; you do not represent the heirs or beneficiaries of the estate. Court hearings will be scheduled throughout the process, but generally, you will have to appear at these hearings. We cannot handle such hearings for you.

As executor (or personal representative), a person should not do any of the following (Note: Depending upon the complexity of the estate, one or more of the following may not apply): (The Following Information is Provided by an Attorney)

1. Let the Decedent's Bills on Property Interests Lapse.
2. Perform the decedent's contracts unless there is an ongoing business interest.
3. Make any contracts binding on the estate.
4. Borrow money, sign notes, execute a mortgage, deed or other lien agreement on estate property.
5. Give away, sell or lease any estate property or buy any property for the estate.
6. Distribute estate property to a legatee or devisee.
7. Deposit estate funds in your personal account.
8. Act without authority of your co-executor or co-administrator, if any.
9. Pay or compromise any debts or claims against the estate. Claims arising before the date of death and funeral expenses require presentation of a verified claim to you; expenses of estate administration arising after the date of death do not. Neither claims nor expenses of estate administration should be paid, however, if there is any question of the ability of the estate to pay them all.
10. Sell estate stocks or bonds, exercise subscription rights, or buy stocks or bonds for the estate. State of California bonds can be bought only after securing a court order. United States obligations maturing in one year or less from the date of purchase can be purchased without a court order.

II. COLLECTION AND MANAGEMENT OF ASSETS

After someone has been appointed executor of the estate, they are to take possession of all the decedent's property. We cannot help them do this and cannot advise you on the management of estate assets.

A. **Valuables**

Securities, jewelry, and other items of substantial value should be kept in a safe deposit box in the name of the estate. One should not put any estate assets in their own safe deposit box.

B. Bank and Savings and Loans Accounts

The bank and savings and loan accounts in which the decedent had an interest should receive early attention.

1. The date-of-death balance of joint tenancy accounts should be transferred to the surviving tenant. The executor has no authority to terminate a joint tenancy account unless he or she is the surviving joint tenant. Only the surviving joint tenant, with proof of death, may transfer the account. A joint tenancy asset is not a probate asset unless it is later determined to be a community property asset and subject to administration of the decedent's community interest.
2. The balance of each account that stood in the decedent's name alone should be transferred to an estate account.
3. All the decedent's outstanding checks should be listed on an estate checklist.
4. Some will open a market rate checking account for the estate to maintain cash on an interest-earning basis.
5. Because estate funds may be used only for certain limited purposes, it is often stated that one draws no checks on the estate account without consulting an attorney. In addition, one must keep an accurate record of all deposits and withdrawals on the estate account. The record should show the amount and source of each deposit and the amount and purpose of each check. From this record you can prepare any necessary accounting to be submitted to the court when the estate property is distributed.

C. Record of Decedent's Property; Insurance Considerations

In order to prepare the inventory and appraisal of the estate's assets, one should prepare a complete list of all the decedent's property. For that purpose one should keep an accurate record of all amounts the estate receives as payment on medical insurance, debts due the decedent, and refunds, rebates, or similar items. As soon as I have collected the necessary information, I will prepare the inventory for your signature. After you have signed it, I will send it to the probate referee whom the court has appointed to appraise the estate's assets. For gift and estate tax purposes, I will need lists of all property that was held in joint tenancy and each gift valued at more than \$10,000.00 that the decedent made during his or her lifetime.

1. **INSURANCE POLICIES.** You should prepare a list of all the decedent's life insurance policies. We should also know about any beneficial interest he or she had in anyone else's life insurance policies. After I have examined those policies, I will be available to help you or any beneficiary complete and file the forms if required, for an additional fee.
2. **INSURANCE RIDERS.** Riders should be issued on policies of insurance on the decedent's property, adding the name of the executor, as the executor, as an insured.

D. Management and Sale of Estate Property

1. It may become necessary to sell some of the estate's property, either because an item should be disposed of to avoid needless expense or loss through depreciation in value, or to raise cash to pay expenses, taxes, or legacies. Certain assets can be sold only with court authorization. Because probate sales are subject to many technical rules, one should not make any arrangements for the sale of assets without consulting the court.
2. After consultation with the court, one may retain auditors, accountants, attorneys, or other tax experts for any action that they may lawfully perform in computation, reporting, or preparing tax returns, in payment of taxes, or in any negotiation or litigation that may be necessary.
3. As executor, it is required to invest all cash not needed to administer the estate in interest-producing investments. However, there are limitations on the kinds of investments you may make. An executor may deposit estate funds in accounts at banks or insured savings and loan associations in this state or invest in United States obligations maturing in one year or less or certain common trust funds or mutual funds without court approval. With court approval, other investments may be made.
4. The law provides considerable leeway for the executor's independent action unless the will expressly precludes administration of the estate under the Independent Administration of Estate Act. Actions under this law require minimal court supervision in the sale of estate assets, the payments of debts, and the conversion of investment assets to another form.

III. HANDLING DEBTS AND TAXES

E. Creditor's Claims

1. When the petition to admit the will is submitted to the court, a concurrent notice to creditors is published in the manner required by law. The notice must be published even if there are no known creditors.
2. Creditors must present their claims within four months after issuance of letters testamentary appointing you to serve as executor. (This issuance of letters occurs after the notice is published, so there is a date certain for this four-month period.) Any claims not presented are forever barred from collection. This includes claims you yourself may have, e.g. any sums you may have advanced to pay last-illness or funeral expenses. Claims should be made on special forms and must be approved by both you and the court before you can make payment. Accordingly, all claims should pass through the court's hands. For one's own protection, one should not pay any claims without consulting the court.

F. Death Taxes and Income Taxes

1. California has no inheritance tax, except for the "pick-up" tax associated with the statutory allowable credit for state death taxes under Internal Revenue Code Section 2011.
2. FEDERAL ESTATE TAX RETURN. Depending on the gross value of the estate, it may be necessary to file a federal estate tax return. The federal estate tax return and the tax are due nine months after death. The estate has the option to value assets as of the date of death, or under certain circumstances, as of six months after death. Before the date on which the tax is due. Consult a tax professional to determine the estate's cash needs for death taxes. Estate tax may not be an issue if the total value of the estate PLUS the value of any lifetime gifts does not exceed the estate tax exemption amount, which in the year 2016 is \$5.45 million. However, this is an issue which must be properly determined.
3. INCOME TAX RETURNS. It will be necessary to prepare and file federal and state income tax returns for the decedent for the period ending with the date of death. You may also be required to file income tax returns for the estate for each year until the final distribution.
4. The estate is a separate entity for federal and California income tax purposes. It may elect the calendar year or any fiscal year ending at the end of any calendar month within 12 months after death.
5. One must also file final federal and California income tax returns for the period from January 1st through the date of death. These returns are not due until their normal due date next April 15th.

IV. DISTRIBUTING THE ESTATE

G. Preliminary Distributions

At any time two months or more after the first issuance of letters testamentary, it is possible to petition the court for a partial distribution of estate assets. If the interests of the beneficiaries and the creditors are adequately protected, the court will ordinarily grant such a petition. A preliminary distribution can cause adverse estate tax results if a distribution occurs within the first six months after death and we desire to value the assets on the alternate valuation date (discussed above). Distribution of any portion of the residuary estate (but not specific gifts) will have income tax consequences, because such a distribution shifts taxable income from the estate to the distributees.

H. **Final Distribution**

Final distribution of an estate can probably be made soon after the federal estate tax return is filed, if any (usually nine months after the date of filing). When all debts and taxes have been paid and the estate is ready for final distribution, We will prepare for your signature a final account and report based on your record of receipts and disbursements. The account and report will also ask the court to order distribution of the remaining estate assets to the beneficiaries. Usually, about two weeks after the account and report are filed, the court will hear the account and report. At that time the court will probably enter a judgment settling the account and report and ordering distribution of the balance of the estate assets. Ordinarily, assets should be distributed only on court order.

V. COMMISSIONS AND FEES

A. **Executor's Commissions**

1. **COMPENSATION FOR ORDINARY SERVICES.** Under California Probate Code Section 901, you may receive commissions on the amount of the estate accounted for by you. You may either accept or waive the commissions for your services as executor. If you accept your commissions, the estate will be entitled to deduct them in computing the taxable estate for death taxes, or alternatively, in determining the taxable income of the estate. You will also be required to report these commissions as income. On the other hand, if you waive your entitlement to commissions, they will neither be paid and taxed to your nor deductible by the estate. (Please see the table below for the statutory compensation paid to the executor or representative of the estate.)
2. **COMPENSATION FOR EXTRAORDINARY SERVICES.** You are entitled to further allowances as the court may consider just and reasonable for extraordinary services, such as sales or mortgages of real or personal property; contested or litigated claims against the estate; preparation of the estate, income, sales, or other tax returns, or adjustment, litigation or payment of any of those taxes; litigation relating to property of the estate; carrying on the decedent's business under court order; and other litigation or special services as necessary.

The following table sets forth the California statutory fee schedule for ordinary services by the Executor of the estate and the attorney for the estate.

Probate Fees (for Administrator and Attorney, each)	Size of Estate (Gross Value)
4 % of first	\$100,000
3 % of next	\$100,000
2 % of next	\$800,000
1 % of next	\$15 million

VI. CONCLUSION

I hope that this general outline of your duties and the major events that will take place during administration of the estate will be useful. Although matters may arise that I have not mentioned, I want to assure you that in the event that you become a client, I will try to minimize any inconvenience to you. Conversely, many of the matters mentioned above may not arise in this administration.

If you have any questions concerning the estate or if you wish further details about any of the matters I have mentioned, please do not hesitate to call.

Sincerely,

BRIAN LYLE WAGNER



Quality Estate Design
PO Box 892, West Point, CA, 95255
TEL: (209) 598-8427

CONFIDENTIAL QUESTIONNAIRE -- PROBATE

Please answer all questions as best you can. If you do not know the answer to a question, or if the question does not apply, please leave the question blank.

INFORMATION CONCERNING CLIENT (i.e. Executor or Personal Representative):

Full Name: _____ Email Address: _____

Full Address: _____

Home Number: _____ Cell Phone Number: _____

Birthdate: _____ Drivers License Number: _____

Social Security No.: _____ Relationship to Decedent: _____

Immediate needs, if any:

Financial: _____

Custody of minor children: _____

Operation of Business: _____

Other: _____

Additional executor or representative, please fill out below:

Full Name: _____ Email Address: _____

Full Address: _____

Home Number: _____ Cell Phone Number: _____

Birthdate: _____ Drivers License Number: _____

Social Security No.: _____ Relationship to Decedent: _____

PERSONAL INFORMATION ABOUT DECEDENT:
(IMPORTANT: Please attach three certified copies of the death certificate)

Full name of decedent: _____ Citizenship: _____

Aliases: _____

Full Address: _____

County of residence: _____ Year domicile was established: _____

SS#: _____ Date of birth: _____ Date of death: _____

Place of death (county & state): _____

If decedent ever served in armed forces, branch, date entered, date discharged, type of discharge and service number: _____

Decedent's Employer:

Name: _____

Address: _____

Telephone No.: _____

If decedent operated a business as a sole proprietor:

Number of employees: _____ Taxpayer ID No.: _____

Name, phone and address of manager or responsible person: _____

If decedent was a member of a business partnership, names and addresses of general partners: _____

Decedent's Attorney, if any:

Name: _____

Address: _____

Phone Number: _____

Decedent's Accountant, if any:

Name: _____

Address: _____

Phone Number: _____

Decedent's Insurance Agent(s), if any:

Name: _____

Address: _____

Phone Number: _____

Decedent's Financial Planner, if any:

Name: _____

Address: _____

Phone Number: _____

Any other persons who may have knowledge of decedent's assets:

Name: _____

Address: _____

Phone Number: _____

Surviving Spouse, if any:

Name: _____ Phone No: _____

Full Address: _____

Predeceased Spouse, if any:

Name: _____ Date of Death: _____

Social Security No: _____

* Please provide a copy of the death certificate.

Former Spouse(s), if any:

Name: _____ Phone No: _____

Full Address: _____

Telephone Number(s): _____

Date(s) of former Marriage: _____

Medi-Cal Benefits:

Did the decedent, or a predeceased spouse, receive any Medi-Cal benefits? _____

Tax Information:

Location of decedent's most recent tax returns: _____

DECEDENT'S BENEFICIARIES AND HEIRS:

Please list the names, ages, addresses, telephone numbers and social security numbers of all beneficiaries named under the LAST WILL, if any. (Attach additional sheets, if necessary.)

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Please list the names, ages, addresses, telephone numbers and social security numbers of all beneficiaries named under a TRUST, if any. (Attach additional sheets, if necessary).

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Decedent's Children, if any:

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Natural or adopted?: _____ If adopted, at what age? _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Natural or adopted?: _____ If adopted, at what age? _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Natural or adopted?: _____ If adopted, at what age? _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Natural or adopted?: _____ If adopted, at what age? _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Natural or adopted?: _____ If adopted, at what age? _____

Was any child listed above adopted by a third-party (for example, a stepparent)? If yes, please name that child and the name of the adoptive parent.

Name: _____ Date of Birth & Age: _____

Address (or if deceased, date of death): _____

Telephone number: _____ Social Security Number: _____

Name of adoptive parent: _____

Decedent's Grandchildren:

Name: _____ **Date of Birth & Age:** _____

Address (or if deceased, date of death): _____

Telephone number: _____ **Social Security Number:** _____

Natural or adopted?: _____ **Is this grandchild the issue of a deceased child?** ___ Yes ___ No

Name: _____ **Date of Birth & Age:** _____

Address (or if deceased, date of death): _____

Telephone number: _____ **Social Security Number:** _____

Natural or adopted?: _____ **Is this grandchild the issue of a deceased child?** ___ Yes ___ No

Name: _____ **Date of Birth & Age:** _____

Address (or if deceased, date of death): _____

Telephone number: _____ **Social Security Number:** _____

Natural or adopted?: _____ **Is this grandchild the issue of a deceased child?** ___ Yes ___ No

Name: _____ **Date of Birth & Age:** _____

Address (or if deceased, date of death): _____

Telephone number: _____ **Social Security Number:** _____

Natural or adopted?: _____ **Is this grandchild the issue of a deceased child?** ___ Yes ___ No

Name: _____ **Date of Birth & Age:** _____

Address (or if deceased, date of death): _____

Telephone number: _____ **Social Security Number:** _____

Natural or adopted?: _____ **Is this grandchild the issue of a deceased child?** ___ Yes ___ No

Decedent's Great Grandchildren:

Name: _____ **Date of Birth & Age:** _____

Address (or if deceased, date of death): _____

Telephone number: _____ **Social Security Number:** _____

Natural or adopted?: _____ **Is this grandchild the issue of a deceased child?** ___ Yes ___ No

Name: _____ **Date of Birth & Age:** _____

Address (or if deceased, date of death): _____

Telephone number: _____ **Social Security Number:** _____

Natural or adopted?: _____ **Is this grandchild the issue of a deceased child?** ___ Yes ___ No

Name: _____ **Date of Birth & Age:** _____

Address (or if deceased, date of death): _____

Telephone number: _____ **Social Security Number:** _____

Natural or adopted?: _____ **Is this grandchild the issue of a deceased child?** ___ Yes ___ No

Name: _____ **Date of Birth & Age:** _____

Address (or if deceased, date of death): _____

Telephone number: _____ **Social Security Number:** _____

Natural or adopted?: _____ **Is this grandchild the issue of a deceased child?** ___ Yes ___ No

Name: _____ **Date of Birth & Age:** _____

Address (or if deceased, date of death): _____

Telephone number: _____ **Social Security Number:** _____

Natural or adopted?: _____ **Is this grandchild the issue of a deceased child?** ___ Yes ___ No

Decedent's Parents:

Father's Name: _____ **Date of Birth & Age:** _____

Address (or if deceased, date of death): _____

Telephone number: _____ **Social Security Number:** _____

Natural or adopted?: _____ **Is this grandchild the issue of a deceased child?** ___ Yes ___ No

Mother's Name: _____ **Date of Birth & Age:** _____

Address (or if deceased, date of death): _____

Telephone number: _____ **Social Security Number:** _____

Natural or adopted?: _____ **Is this grandchild the issue of a deceased child?** ___ Yes ___ No

Decedent's Grandparents:

Name: _____ **Date of Birth & Age:** _____

Address (or if deceased, date of death): _____

Telephone number: _____ **Social Security Number:** _____

Natural or adopted?: _____ **Is this grandchild the issue of a deceased child?** ___ Yes ___ No

Name: _____ **Date of Birth & Age:** _____

Address (or if deceased, date of death): _____

Telephone number: _____ **Social Security Number:** _____

Natural or adopted?: _____ **Is this grandchild the issue of a deceased child?** ___ Yes ___ No

Decedent's Siblings (Brothers and Sisters)

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Decedent's Aunts and Uncles

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Decedent's Nieces and Nephews

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address (or if deceased, date of death): _____

Relationship to decedent: _____ Date of Birth and Age: _____

Telephone number: _____ Social Security Number: _____

Decedent's Other heirs, if any:

Name: _____

Address: _____

Relationship to decedent: _____ Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address: _____

Relationship to decedent: _____ Age: _____

Telephone number: _____ Social Security Number: _____

Name: _____

Address: _____

Relationship to decedent: _____ Age: _____

Telephone number: _____ Social Security Number: _____

WILLS AND TRUSTS:

Did decedent die leaving a will? ☐ Yes ☐ No Location of Will?: _____

Type of Will (handwritten, formal, etc.): _____

Date of Will: _____

Type of Codicils, if any (handwritten, formal, etc.): _____

Date of Codicils, if any: _____

Who was named as executor(s)?:

Name: _____

Address: _____

Phone No.: _____ Age: _____

Name: _____

Address: _____

Phone No.: _____ Age: _____

Will the named executor or executors consent to act? _____

*** Please attach a copy of the will and all codicils, if any. (Note: The original(s) of the will and all codicils should also be forwarded to this office, as they must be filed with the Superior Court).**

Did the decedent have any trusts, including a Living Trust? ☐ Yes ☐ No

Name and date of trust: _____

Name of Trustee One: _____

Address: _____

Date of Birth: _____ Social Security No.: _____

Name of Trustee Two (if any): _____

Address: _____

Date of Birth: _____ Social Security No.: _____

*** If so, please attach copies of all such trusts.**

DECEDENT'S ASSETS -- Please list all assets as follows:

FIRST, please estimate the TOTAL value of the estate: \$ _____

Real estate (principal residence):

Address of property: _____

How is title held (list name(s) on title?): _____

Approximate value: \$ _____ Encumbrances on the property: \$ _____

Homeowner's exemption? ☐ Yes ☐ No Disabled Veterans' Exemption? ☐ Yes ☐ No

Other real estate:

Address of property: _____

How is title held (list name(s) on title?): _____

Approximate value: \$ _____ Encumbrances on the property: \$ _____

Homeowner's exemption? ☐ Yes ☐ No Disabled Veterans' Exemption? ☐ Yes ☐ No

Is this property a rental? ☐ Yes ☐ No Gross Annual Income: \$ _____

Address of property: _____

How is title held (list name(s) on title?): _____

Approximate value: \$ _____ Encumbrances on the property: \$ _____

Homeowner's exemption? ☐ Yes ☐ No Disabled Veterans' Exemption? ☐ Yes ☐ No

Is this property a rental? ☐ Yes ☐ No Gross Annual Income: \$ _____

* **Please attach a copy of the property deed and the latest property tax statement for each parcel of real estate.**

Other titled properties (for example, automobiles, motor homes, etc.):

Description of property: _____

How is title held (list name(s) on title?): _____

Approximate value: _____

Description of property: _____

How is title held (list name(s) on title?): _____

Approximate value: _____

Description of property: _____

How is title held (list name(s) on title?): _____

Approximate value: _____

* **Please attach copies of all documents evidencing ownership of the above items.**

Value of Personal Property:

What is the overall value of decedent's personal property?: \$ _____

Personal property of significant value, if any:

Jewelry: _____

Artwork: _____

Coin, stamp, gun or other collections: _____

Bonds: _____

Copyrights/royalties: _____

Other: _____

Safe Deposit Boxes:

For each safe deposit box:

Name and address of institution: _____

Box No.: _____

Person possessing any token of ownership (e.g. key): _____

Name and address of institution: _____

Box No.: _____

Person possessing any token of ownership (e.g. key): _____

Bank Accounts (checking and savings):

Name and address of institution: _____

Account no.: _____ Approximate value: _____

How is title held?: _____

Name and address of institution: _____

Account no.: _____ Approximate value: _____

How is title held?: _____

Name and address of institution: _____

Account no.: _____ Approximate value: _____

How is title held?: _____

Name and address of institution: _____

Account no.: _____ Approximate value: _____

How is title held?: _____

*** Please attach copies of statements as of decedent's death.**

CD's:

Name and address of institution: _____

Account no.: _____ Approximate value: _____

How is title held?: _____

Name and address of institution: _____

Account no.: _____ Approximate value: _____

How is title held?: _____

Name and address of institution: _____

Account no.: _____ Approximate value: _____

How is title held?: _____

*** Please attach copies of statements as of decedent's death.**

Stocks and bonds (including T-Bills):

Description of asset: _____

Account no.: _____ Approximate value: _____

How is title held?: _____

Description of asset: _____

Account no.: _____ Approximate value: _____

How is title held?: _____

Description of asset: _____

Account no.: _____ Approximate value: _____

How is title held?: _____

Description of asset: _____

Account no.: _____ Approximate value: _____

How is title held?: _____

*** Please attach copies of certificates or other evidence of ownership.**

Mutual funds:

Description of fund: _____

Account no.: _____ Approximate value: _____

How is title held?: _____

Description of fund: _____

Account no.: _____ Approximate value: _____

How is title held?: _____

Description of fund: _____

Account no.: _____ Approximate value: _____

How is title held?: _____

Description of fund: _____

Account no.: _____ Approximate value: _____

How is title held?: _____

* **Please attach copies of statements as of decedent's death.**

Brokerage Accounts:

Description of account: _____

Account no.: _____ Approximate value: _____

How is title held?: _____

Name and address of broker: _____

Description of account: _____

Account no.: _____ Approximate value: _____

How is title held?: _____

Name and address of broker: _____

Description of account: _____

Account no.: _____ Approximate value: _____

How is title held?: _____

Name and address of broker: _____

Description of account: _____

Account no.: _____ Approximate value: _____

How is title held?: _____

Name and address of broker: _____

* **Please attach copies of statements as of decedent's death.**

Life insurance:

Name of company: _____

Policy no.: _____ Death benefit: _____

Names of beneficiaries: _____

Name of company: _____

Policy no.: _____ Death benefit: _____

Names of beneficiaries: _____

Name of company: _____

Policy no.: _____ Death benefit: _____

Names of beneficiaries: _____

Name of company: _____

Policy no.: _____ Death benefit: _____

Names of beneficiaries: _____

* **Please attach copies of the policy and the statement as of decedent's death.**

Annuities:

Name of company: _____

Policy no.: _____ Value: _____

Names of beneficiaries: _____

Name of company: _____

Policy no.: _____ Value: _____

Names of beneficiaries: _____

Name of company: _____

Policy no.: _____ Value: _____

Names of beneficiaries: _____

* **Please attach copies of policies and the statement as of decedent's death.**

Notes and deeds of trust:

Description of item: _____

Value: _____

Description of item: _____

Value: _____

* **Please attach copies of notes, deeds of trusts, etc.**

Business Interests:

For each business decedent owned or had ownership interest in:

Name and address: _____

President/manager: _____

Nature of decedent's interest: _____

Estimated value of decedent's interest: \$ _____

Name and address: _____

President/manager: _____

Nature of decedent's interest: _____

Estimated value of decedent's interest: \$ _____

Other assets:

Description of asset: _____

How is title held?: _____ Value: _____

Description of asset: _____

How is title held?: _____ Value: _____

Description of asset: _____

How is title held?: _____ Value: _____

Description of asset: _____

How is title held?: _____ Value: _____

Description of asset: _____

How is title held?: _____ Value: _____

* **Please attach copies of statements, evidence of ownership, etc.**

AMOUNTS OWED DECEDENT, if any:

Unpaid salary: _____

Unpaid commissions: _____

Accounts receivable: _____

Interest or dividends: _____

Partnership income: _____

Alimony or child support: _____

Balance due on property sold prior to death: _____

Distributions from other estates or trusts: _____

Amounts due from contracts to which decedent was a party: _____

Bonds or notes: _____

Any other sources of payment not listed above: _____

DECEDENT'S DEBTS, if any:

Please list all of decedent's debts.

Expenses of final illness: _____

Funeral Expenses: _____

Charge Accounts: _____

Accounts payable: _____

Payroll: _____

Rent: _____

Loan payments: _____

Alimony or child support: _____

Amounts due on contracts to which decedent was a party: _____

Other: _____

SPECIFIC KNOWN CREDITORS (Please list contact information for all known creditors, and if applicable, attach a copy of the evidence of debt, e.g. a statement, contract, note, etc.):

Name of creditor: _____

Address of creditor: _____

Amount owed: _____ Account no. (if any): _____

Name of creditor: _____

Address of creditor: _____

Amount owed: _____ Account no. (if any): _____

Name of creditor: _____

Address of creditor: _____

Amount owed: _____ Account no. (if any): _____

Name of creditor: _____

Address of creditor: _____

Amount owed: _____ Account no. (if any): _____

Name of creditor: _____

Address of creditor: _____

Amount owed: _____ Account no. (if any): _____

ADDITIONAL NOTES:

I/We certify that to my/our knowledge, the foregoing information is true and correct.

Date: _____

Client Signature

Date: _____

Client Signature

**When finished with this questionnaire, please send it, along with all attachments,
to our office at the above address.**

Date: _____

Representative Signature