



# ESTATE ADMINISTRATION QUESTIONNAIRE

The information requested in this questionnaire is for use by our law firm to guide you through the Estate Administration process. We ask that you complete the questionnaire with as much detail as possible. The information that you disclose is confidential and is not shared with anyone outside this Firm, with the exception of the Clerk's office in the appropriate county, as needed. Additionally we ask that you bring any relevant documents (i.e. wills, deeds, trusts, car titles, recent bank statements, etc.) for assets/liabilities that are in the decedent's name to the appointment if possible.

Appointment Date \_\_\_\_\_

By whom were you referred to this office?

\_\_\_\_\_

May we write a thank you note for the referral? Yes  No

## 1. DECEDENT INFORMATION

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Other \_\_\_\_\_

**Full Name of Deceased Individual** \_\_\_\_\_

Address (street/city/state/zip) \_\_\_\_\_

\_\_\_\_\_

How long at this address? \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of birth \_\_\_\_\_ Age at death \_\_\_\_\_ U.S. Citizen? Yes  No

City, county, state of birth \_\_\_\_\_

Date of death \_\_\_\_\_ County of residence at death \_\_\_\_\_

Was decedent living in a nursing home or other institution at death? Yes  No  If so, which one?

\_\_\_\_\_

Name of funeral home \_\_\_\_\_

Obituary published? Yes  No  Date(s)? \_\_\_\_\_

Which paper(s)? \_\_\_\_\_

Did the deceased have a will? Yes  No

**If so, please bring the original will to the appointment. Please also bring death certificates to the appointment if you have been able to obtain them.**

Reviewed by Intake Asst \_\_\_\_\_

## 2. EXECUTOR / ADMINISTRATOR INFORMATION

### Executor or Administrator (person responsible for handling the estate)

Name \_\_\_\_\_

Address (street/city/state/zip) \_\_\_\_\_

Phone number \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_ Fax number \_\_\_\_\_

Relationship to decedent \_\_\_\_\_ Social Security # \_\_\_\_\_  
(at least last four)

### Co-Executor or Co-Administrator (if applicable)

Name \_\_\_\_\_

Address (street/city/state/zip) \_\_\_\_\_

Phone number \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_ Fax number \_\_\_\_\_

Relationship to decedent \_\_\_\_\_ Social Security # \_\_\_\_\_  
(at least last four)

## 3. FAMILY MEMBERS OF DECEASED

Please list in the following chart:

RELATION TO DECEDENT	NAME	ALIVE? Y OR N	ADDRESS	MINOR? Y OR N Age?	BENEFICIARY OF WILL?
Spouse					
Ex-Spouse					
Son/Daughter					
Son/Daughter					
Son/Daughter					
Son/Daughter					
Grandchild					
Grandchild					
Grandchild					

Mother					
Father					
Sister/Brother					
Sister/Brother					
Sister/Brother					
Other					

**4. ASSETS**

Please complete the charts below with as much information as possible. If you need additional space, please attach separate sheets.

**A. ACCOUNTS**

<b>ACCT TYPE</b>	<b>FINANCIAL INSTITUTION(S)* AND ACCT #</b>	<b>APPROX. AMOUNT IN ACCOUNT AT DEATH</b>	<b>JOINT ACCT? Y OR N</b>	<b>PAYABLE ON DEATH? Y OR N</b>
CHECKING ACCOUNT				
SAVINGS ACCOUNT				
MONEY MARKET ACCT				
CD ACCOUNT				
MUTUAL FUNDS				
STOCKS				
BONDS				
ANNUITIES				
IRA				
401K, 403B OR SIMILAR				
PENSION				
NURSING HOME ACCT				
OTHER				

\* We will need to contact all of the above listed financial institutions to obtain a copy of the signature card for each account. If you already have this information, please bring it to the appointment.

**B. LIFE INSURANCE POLICIES**

COMPANY	POLICY NUMBER	DEATH BENEFIT AMOUNT	BENEFICIARY	OWNER

**C. REAL PROPERTY**

PROPERTY TYPE	ADDRESS	ASSESSED TAX VALUE	FAIR MARKET VALUE	OWNED JOINTLY?
RESIDENCE				
VACATION PROPERTY				
ADDITIONAL VACATION PROPERTY				
FARM PROPERTY				
OTHER FAMILY PROPERTY				
TIMESHARE				
OTHER				

**D. AUTOMOBILES**

YEAR	MAKE	MODEL	ASSESSED TAX VALUE	BLUEBOOK VALUE	NAME(S) ON TITLE

**E. OTHER ASSETS** – Please attach a separate sheet to describe any additional assets (including promissory notes or other debts owed to decedent and any interest in a business, partnership, or LLC).

## 5. LIABILITIES

Please complete the chart below with as much information as possible. If you need additional space, please attach a separate sheet.

<b>TYPE OF DEBT</b>	<b>OWNER OF DEBT (Name of Bank or Other Institution)</b>	<b>ACCT #</b>	<b>SECURED BY WHAT PROPERTY? (if any)</b>
HOME MORTGAGE			
EQUITY LINE OF CREDIT			
MORTGAGE ON OTHER PROPERTY			
CAR LOAN			
NURSING HOME			
MEDICAL BILLS			
CREDIT CARD			
CREDIT CARD			
PROMISSORY NOTE OR LOAN			
OTHER			

## 6. MISCELLANEOUS

Do you have any other legal issues of which we should be aware? If yes, please explain. Use separate sheet if necessary.

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It is important that the above information be as accurate as possible. This information helps the attorney to give you the best possible information in your conference.

## 7. CERTIFICATION

The undersigned hereby each represents to Booth Harrington & Johns of NC PLLC, that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information that I am furnishing. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

**Signature of Client(s) or Client Representative(s):**

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