

MENDENFREIMAN

YOUR FUTURE IS HERE®

ESTATE AND TRUST ADMINISTRATION QUESTIONNAIRE

This form is extremely important. Your accuracy and completeness in responding will help MendenFreiman LLP in administering the estate and/or trust.

Please submit the completed information packet to us, including each of the attached schedules, a few days before your scheduled appointment. If you cannot submit the packet to us beforehand, please bring it with you to your scheduled appointment.

A. DECEDENT INFORMATION

Full Name: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Death: _____ Date of Birth: _____

Social Security Number: _____ County of Domicile: _____

Was the Decedent widowed? Yes No

Name: _____ Date of Death: _____

Was the Decedent divorced? Yes No

Name: _____ Date of Death: _____

Is there a Will? Yes (Date signed: _____) No

Is there a Codicil? Yes (Date signed: _____) No

Is there a Trust? Yes (Date signed: _____) No

B. PERSONAL REPRESENTATIVE(S)

Full Name	Relationship to Decedent	SSN	Phone	Address

C. HEIRS-AT-LAW

HEIRS-AT-LAW CAN BE: A SPOUSE, CHILDREN, GRANDCHILDREN (IF CHILDREN DECEASED), PARENTS, AND SIBLINGS

Full Name	Relationship to Decedent	DOB	SSN	Phone	Address

D. TRUST INFORMATION

Name of Trust: _____

Type of Trust: _____

Name of Grantor: _____

Name of Trustees: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Funding Information: _____ Trust Value: \$ _____

.....

Name of Trust: _____

Type of Trust: _____

Name of Grantor: _____

Name of Trustees: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Funding Information: _____ Trust Value: \$ _____

ASSETS (continued)

Partnership or Sole Proprietor Interests

<u>Entity Name</u>	<u>Percentage Interest</u>	<u>Balance/Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Cars

<u>Make & Model</u>	<u>How Title Held</u>	<u>Balance/Value</u>
_____	_____	\$ _____
_____	_____	\$ _____

Other Personal Property (Clothes, Furniture, Furnishings, etc.)

<u>Type</u>	<u>Balance/Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

B. LIABILITIES

Mortgages

Line of Credit

Amount Outstanding: \$ _____

Amount Outstanding: \$ _____

Other Debts

Amount Outstanding: \$ _____

C. LIFE INSURANCE ON DECEDENT'S LIFE

<u>Owner of Policy</u>	<u>Company</u>	<u>Policy #</u>	<u>Face Amt.</u>	<u>Cash Value</u>	<u>Primary Beneficiary</u>	<u>Secondary Beneficiary</u>
_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	\$ _____	\$ _____	_____	_____

D. PENSION, PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ETC.

<u>Type of Plan</u>	<u>Benefit Provided or Amount</u>	<u>Primary Death Beneficiary (if any)</u>	<u>Secondary Death Beneficiary (if any)</u>	<u>Comments</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SCHEDULE 2. – ITEMS TO COLLECT

- Will (and codicils) (original and copies)
- Trusts (and amendments) (originals and copies)
- Federal and State income tax returns of the decedent for the last year
- All Gift Tax Returns (if any)
- Copies of any Warranty Deeds to real property owned individually or jointly by decedent
- Copies of last statements for all bank accounts owned individually or jointly by decedent
- Information regarding all stocks, bonds, or other securities owned individually or jointly by decedent
- Information and governing documents relating to any closely held business owned individually or jointly by decedent
- Death Certificate (original or copy)
- Funeral Bill (original or copy)
- Copies of brokerage statements for the last year
- Life insurance policies (whether or not on decedent's life) owned by decedent or a trust of which decedent was grantor
- Last annual summary (if any) of death benefits provided by decedent's employer (and prior employers, if applicable)
- Documents concerning prior divorce or separation of decedent
- Documents concerning armed services record of decedent
- Copies of any will or trust agreement of which the decedent was a beneficiary, a fiduciary or the creator
- Any contracts, not completed to decedent's death, to which the decedent was a party
- Information as to location and contents of any safety deposit box
- A list of any valuable items of personal property (i.e. collectibles, jewelry, etc.)