

HOWARD&CARR, PLLC
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ESTATE ADMINISTRATION DATA FORM

In order to facilitate the administration of this estate, it would be most helpful if you could complete this questionnaire to the best of your ability and return it with any related documents prior to the time of our initial conference. Various categories may not apply to your particular situation. **Please do not spend an inordinate amount of time on this data sheet. If there are some areas that you leave blank, we will follow up on those areas with you at a later meeting.**

1. DECEDENT INFORMATION:

Full Name _____ SS # _____
Also known as _____ Date of Birth _____
City & State of Decedent's Birth _____
Date of Decedent's Death _____ Age at date of Death _____
Decedent's domicile at time of death (City, County, State) _____
Date domicile established _____
Place of Decedent's death (e.g., name of hospital) _____
Marital Status: Married Single Divorced Widowed Legally Separated

2. DECEDENT'S SPOUSE INFORMATION:

Spouse's Full Name _____ SS # _____
Surviving Spouse's Address _____
Telephone Number Number _____
Spouse's Birth Date _____ Spouse's Age At Date of Death _____
Domicile at time of Marriage _____ Date of Marriage _____
If legally separated, name of legally separated Spouse _____
If divorced, date divorce decree became final _____
Name of Decedent's deceased Spouse _____
Date of Spouse's Death _____

3. CHILDREN OF THE DECEDENT:

Is surviving Spouse the parent of Decedent's Children? Yes No
All children Less than all children

3.1. Full Name _____ SS # _____
Address _____ Home Phone _____

Over 18? Yes No
Marital Status: Married Single Divorced Widowed Legally Separated

3.2. Full Name _____ SS # _____
Address _____ Home Phone _____

Over 18? Yes No
Marital Status: Married Single Divorced Widowed Legally Separated

3.3. Full Name _____ SS # _____
Address _____ Home Phone _____

Over 18? Yes No

Marital Status: Married Single Divorced Widowed Legally Separated

3.4. Full Name _____ SS # _____
Address _____ Home Phone _____

Over 18? Yes No

Marital Status: Married Single Divorced Widowed Legally Separated

4. DECEASED CHILDREN:

Full Name _____ D.O.D. _____
Full Name _____ D.O.D. _____
Full Name _____ D.O.D. _____
Full Name _____ D.O.D. _____

5. CHILDREN OF DECEASED CHILDREN:

PARENT'S NAME	CHILD'S FULL NAME	D.O.B.
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Are there prior marriages of the Decedent? Yes No (Please show on separate sheet.)

7. Are there children of any prior marriages? Yes No (Please show on separate sheet.)

8. Are there any marriage agreements settling property rights? Yes No

9. LIVING PARENTS OF DECEDENT:

Mother _____ Father _____

10. THE WILL:

Did Decedent leave a Will? Yes No Date of Execution _____
Location of Will and any Codicils _____
Executor named in the Will _____
Relationship to Decedent _____
Codicils to the Will? Yes No
First Codicil Date of Execution _____
Second Codicil? Yes No Date of Execution _____

If Will has been previously probated, address of Court _____

11. YOUR INFORMATION:

Relationship to the decedent: _____
Are you the Personal Representative (Executor) named in the Will? Yes No
If not, is the named Personal Representative available and willing to serve? Yes No Do not know

Full Name _____ SS # _____
Address _____ Home Phone _____
_____ Bus. Phone _____
Date of Birth _____

12. PROFESSIONAL ADVISORS:

Accountant: _____
Financial Advisor: _____
Stock Broker: _____
Life Insurance Agent: _____
Other: _____

13. ESTATE VALUATION DATA:

Estimated Real Property Value: \$ _____
Estimated Personal Property Value: \$ _____
Estimated Income for the next twelve (12) months: \$ _____
Total Value of Personal Property & twelve month income: \$ _____

14. ANCILLARY PROCEEDINGS:

Did Decedent at the time of death own property in any state or country other than that of Decedent's last domicile? Yes No
If so, location of real property: _____

15. SAFETY DEPOSIT BOX:

Name of Bank _____
Address _____ Signatory _____
_____ Location of key known? Yes No

16. LIFE INSURANCE ANALYSIS FORM (obtain policies and attach list):

Company: _____
Policy No.: _____
Owner: _____
Insured: _____
Beneficiary: _____
Contingent Beneficiary: _____
Type: _____
Face Value: _____
Cash Value: _____
Issue Date: _____

Company: _____
Policy No.: _____
Owner: _____
Insured: _____
Beneficiary: _____
Contingent Beneficiary: _____
Type: _____
Face Value: _____
Cash Value: _____
Issue Date: _____

Other Insurance (accident, health)

Company: _____

Policy No.: _____

Owner: _____

Insured: _____

Beneficiary: _____

Contingent Beneficiary: _____

Type: _____

Face Value: _____

Cash Value: _____

Issue Date: _____

17. FUNERAL EXPENSES:

Name of Mortuary _____ Amount \$ _____

Monument: _____ Amount \$ _____

Grave: _____ Amount \$ _____

Other: _____ Amount \$ _____

TOTAL AMOUNT: \$ _____

Social Security Death Benefit paid to: _____

In the amount of \$ _____.

18. KNOWN DEBTS OR MEDICAL EXPENSES:

Name of Creditor _____

Address _____

Type of Debt: _____ Amount \$ _____

Name of Creditor _____

Address _____

Type of Debt: _____ Amount \$ _____

Name of Creditor _____

Address _____

Type of Debt: _____ Amount \$ _____

Total Known Debts: \$ _____

25. ASSETS:

Location of Home _____

Market Value _____ Mortgage _____

If in Joint Tenancy, Identify Survivor(s) _____

OTHER RESIDENCE

Location _____

Market Value _____ Mortgage _____

If in Joint Tenancy, Identify Survivor(s) _____

RENTAL PROPERTY

Location _____

Market Value _____ Mortgage _____

If in Joint Tenancy, Identify Survivor(s) _____

FARM PROPERTY

Location _____

Market Value _____ Mortgage _____

If in Joint Tenancy, Identify Survivor(s) _____

OTHER

Location _____

Market Value _____ Mortgage _____

If in Joint Tenancy, Identify Survivor(s) _____

PERSONAL PROPERTY (attach lists, if necessary):

Bank Accounts (CDs, P.O.D., Trusts, Checking, Savings):

Location _____ Value as of Date of Death \$ _____

Location _____ Value as of Date of Death \$ _____

Location _____ Value as of Date of Death \$ _____

Securities:

Location/Type _____ Value as of Date of Death \$ _____

Location/Type _____ Value as of Date of Death \$ _____

Location/Type _____ Value as of Date of Death \$ _____

Bonds (attach separate sheet, if necessary):

Bond Number _____ Value as of Date of Death \$ _____

Bond Number _____ Value as of Date of Death \$ _____

Bond Number _____ Value as of Date of Death \$ _____

Promissory Notes:

Obligor _____ Value as of Date of Death \$ _____

Obligor _____ Value as of Date of Death \$ _____

Automobiles, Boats, Trailers, RVs, Mobile Homes:

Type _____ Value as of Date of Death \$ _____

Type _____ Value as of Date of Death \$ _____

Type _____ Value as of Date of Death \$ _____

Furniture and household furnishing:

Approximate value as of Date of Death \$ _____