

ESTATE & TRUST ADMINISTRATION QUESTIONNAIRE

We know that losing a loved one is always difficult. Our goal is to make the Estate Administration process as straightforward as possible during this stressful time.

This ESTATE & TRUST ADMINISTRATION QUESTIONNAIRE (**ETAQ**) is designed to assist you in gathering the necessary information we need to help in properly administering the estate. Before you begin filling in the blanks, read through the entire **ETAQ**. Then, collect all of the source documents – estate planning documents, bank and brokerage statements, etc. – that you will need to complete it.

Please print clearly and take care to answer all of the questions as best you can at this time. Use the space provided, and if additional space is needed, use the Supplemental Information pages at the end of this **ETAQ** for any comments or additional information you would like to provide.

If you are unsure of a certain dollar amount, do not leave the question blank. Rather, provide a reasonably close estimate. We will assume unanswered questions do not apply to the decedent.

Please bring this completed **ETAQ** (and as much information as you have been able to locate) with you to our meeting. We look forward to supporting and guiding you through this process.

DECEDENT

Full Name _____
Date of Death _____
Birth Date _____
Social Security Number _____
Home Address _____

County of Domicile _____

Was the Decedent widowed? Yes (Name: _____) No
(Date of death: _____)
Was the Decedent divorced? Yes (Name: _____) No
(Date of divorce: _____)
Is there a Will? Yes (Date of signing _____) No
Is there a Codicil? Yes (Date of signing _____) No
Are there any Trusts decedent was grantor, trustee or beneficiary of? Yes (see TRUST INFORMATION below) No

**PERSONAL REPRESENTATIVE(S)
(EXECUTOR NAMED UNDER THE WILL, IF ONE)**

Name(s) _____
Relationship to Decedent _____
Address(es) _____
Contact Number(s) _____
Social Security Number(s) _____
Name(s) _____
Relationship to Decedent _____
Address(es) _____
Contact Number(s) _____
Social Security Number(s) _____

HEIRS AT LAW

SPOUSE(if any)

Full Name _____

Home Address _____

Contact Number(s) _____

Social Security Number(s) _____

CHILDREN (if any)*

Full Name & Relation _____

Address _____

Contact Number(s) _____

Social Security Number(s) _____

Date of birth _____

Full Name & Relation _____

Address _____

Contact Number(s) _____

Social Security Number(s) _____

Date of birth _____

Full Name & Relation _____

Address _____

Contact Number(s) _____

Social Security Number(s) _____

Date of birth _____

Full Name & Relation _____
Address _____

Contact Number(s) _____
Social Security
Number(s) _____
Date of birth _____

*If any child predeceased Decedent and has children, then list grandchildren.

PARENTS, if living (if no spouse, no children and no grandchildren)

Full Name & Relation _____
Address _____

Age _____

Full Name & Relation _____
Address _____

Age _____

SIBLINGS (if no spouse, no children, no grandchildren, and no parents)

Full Name & Relation _____
Address _____

Age _____

Full Name & Relation _____
Address _____

Age _____

Full Name & Relation _____
Address _____

Age _____

TRUST INFORMATION
(IF ANY)

Name of Trust _____
Type of Trust _____
Name of Grantor _____
Name of Trustee(s) _____
Address _____

Phone Number(s) _____
Funding Information _____
Trust Value _____

Name of Trust _____
Type of Trust _____
Name of Grantor _____
Name of Trustee(s) _____
Address _____

Phone Number(s) _____
Funding Information _____
Trust Value _____

Name of Trust _____
Type of Trust _____
Name of Grantor _____
Name of Trustee(s) _____
Address _____

Phone Number(s) _____
Funding Information _____
Trust Value _____

DECEDENT'S FINANCIAL INFORMATION

ASSETS

Principal Residence (fair market value) \$ _____

How titled? _____

Other real property (include location):

State: _____ Purpose: _____ \$ _____

How titled? _____

State: _____ Purpose: _____ \$ _____

How titled? _____

State: _____ Purpose: _____ \$ _____

How titled? _____

Bank and Brokerage Accounts

Location & Type of Account: _____

How titled? _____

Account Number: _____ \$ _____

Location & Type of Account: _____

How titled? _____

Account Number: _____ \$ _____

Location & Type of Account: _____

How titled? _____

Account Number: _____ \$ _____

Location & Type of Account: _____

How titled? _____

Account Number: _____ \$ _____

Location & Type of Account: _____

How titled? _____

Account Number: _____ \$ _____

Individually owned stocks and bonds (not in an account)

Issuer: _____

Certificate Number(s): _____ \$ _____

Issuer: _____

Certificate Number(s): _____ \$ _____

Issuer: _____

Certificate Number(s): _____ \$ _____

Issuer: _____

Certificate Number(s): _____ \$ _____

Partnership or sole proprietor interests

Entity Name: _____

Percentage Interest: _____ \$ _____

Entity Name: _____

Percentage Interest: _____ \$ _____

Cars \$ _____

Make & model: _____

How titled?: _____ \$ _____

Make & model: _____

How titled?: _____ \$ _____

Other personal property \$ _____

(clothes, furniture, furnishings, etc.)

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

LIABILITIES

Mortgages

Amount outstanding \$ _____

Line of Credit

Amount outstanding \$ _____

Other debts

Amount outstanding \$ _____

LIFE INSURANCE ON DECEDENT'S LIFE

Owner of Policy	Company & Policy Number	Face Amount	Cash Value	Primary Beneficiary	Secondary Beneficiary

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

Type of Plan	Benefit Provided or Amount	Primary Death Beneficiary (If Any)	Secondary Death Beneficiary (If Any)	Comments

ITEMS TO COLLECT

- ' Will (and codicils) (original and any copies)
- ' Trusts (and amendments) (originals and any 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 of decedent
- ' Information regarding all stocks, bonds, or other securities owned individually or jointly by decedent
- ' Information and governing documents relating to any closely held corporation, limited liability company, S-corporation or partnerships owned individually or jointly by decedent
- ' Death Certificate (copy or original)
- ' Funeral bill (copy or original)
- ' Copies of brokerage statements for that last twelve months
- ' Life insurance policies (whether or not on decedent's own 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 of decedent, 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 prior to decedent's death, to which the decedent was a party
- ' Information as to location and contents of any safe deposit box
- ' A list of any valuable items of personal property (*i.e. collectibles, jewelry, etc.*)