

**TESTATE  
ESTATE ADMINISTRATION QUESTIONNAIRE**

**This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Bring this information with you to our initial appointment.**

Date \_\_\_\_\_ File No. \_\_\_\_\_ File Name \_\_\_\_\_

**1. EXECUTOR**

A. Full Name of Executor \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

B. Full Name of Co-Executor(if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

**2. DECEDENT**

A. Name of Decedent (as shown on Will) \_\_\_\_\_

Also Known As \_\_\_\_\_

B. Decedent=s Domicile at Date of Death:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Year of Domicile: \_\_\_\_\_

C. Birth and Death Information:

Date of Decedent=s Birth \_\_\_\_\_ Place of Decedent=s Birth \_\_\_\_\_

Date of Decedent=s Death \_\_\_\_\_ Age of Decedent at Date of Death \_\_\_\_\_

Place of Decedent=s Death \_\_\_\_\_

Approximate Date Decedent Became a New Jersey Resident \_\_\_\_\_

Decedent=s was a Citizen of:            G USAG Other \_\_\_\_\_

D. Important Numbers:

Social Security Number \_\_\_\_\_ VA ID Number \_\_\_\_\_

Dates of Service \_\_\_\_\_ Branch of Service \_\_\_\_\_

3. **DECEDENT=S SPOUSE**

If Decedent=s spouse is different than the Executor above, furnish the following information:

Full Name of Spouse \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_

4. **PRIOR MARRIAGES**

Provide the names and addresses of all other persons to whom decedent was married, date and manner in which such marriage was terminated (i.e., divorce, death, annulment):

Name of Former Spouse \_\_\_\_\_

Current Address of Former Spouse (if known): \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax No. \_\_\_\_\_  
Dates of Marriage \_\_\_\_\_

Marriage was Terminated by: G Divorce - Date of Divorce \_\_\_\_\_  
G Death - Date of Death \_\_\_\_\_  
G Annulment - Date of Annulment \_\_\_\_\_

5. **DECEDENT=S CHILDREN** (if applicable)

A. Name of Child \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

B. Name of Child \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

C. Name of Child \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

D. Name of Child \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 E. Name of Child \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

6. Did any of Decedent=s children predecease Decedent?                      G Yes                      G No

If so, please list the child=s name and the child=s surviving children:

Name of Deceased Child \_\_\_\_\_

Name(s) of Deceased Child=s Surviving Child(ren):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If any are minors, list name of parent or legal guardian \_\_\_\_\_

**6. DECEDENT=S FAMILY AND OTHERS DECEDENT INCLUDED IN WILL**

A. List the names of any persons included in the Will, other than Decedent=s spouse or children:

(1) Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

(2) Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

(3) Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

(4) Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

(5) Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

**7. EMPLOYMENT**

Name of Decedent=s Current or Former Employer \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Nature of Decedent=s Former Occupation \_\_\_\_\_

Name of Human Resources Contact (if any) \_\_\_\_\_

**8. EXPENSES OF DECEDENT=S LAST ILLNESS**

<b>Name of Provider</b>	<b>Address of Provider</b>	<b>Amount</b>	<b>Date Paid</b>

**9. DECEDENT=S ACCOUNTANT**

Name of Accountant \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

**10. DECEDENT=S INSURANCE AGENT**

Name of Insurance Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

**11. DECEDENT=S STOCK BROKER**

Name of Stock Broker \_\_\_\_\_

Name of Account Representative \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

**12. OTHER PROFESSIONAL ADVISORS**

A. Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_

B. Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_

C. Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**13. OUTSTANDING DEBT**

A. Name of Creditor \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Amount of Debt: \$ \_\_\_\_\_

B. Name of Creditor \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Amount of Debt: \$ \_\_\_\_\_

C. Name of Creditor \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Amount of Debt: \$ \_\_\_\_\_

**14. REAL ESTATE**

Addresses of All Real Estate Owned by Decedent:

A. Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (obtained from tax bill)

B. Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (obtained from tax bill)

C. Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

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Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (obtained from tax bill)

D. Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (obtained from tax bill)

E. Joint Ownership - Is any of the above-mentioned property owned with someone else?

9 Yes            9 No

If Yes, please indicate with whom? \_\_\_\_\_

**15. FUNERAL HOME**

Name of Funeral Home \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

**16. RECEIVABLES**

Was the decedent entitled to any receivables? (i.e., Notes, Mortgages, Unsecured Debts):

If Yes, please specify:

A. Name of Debtor \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Amount of Receivable: \$ \_\_\_\_\_

B. Name of Debtor \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Amount of Receivable: \$ \_\_\_\_\_

**17. PRIOR INHERITANCES**

Did Decedent inherit any assets in the past 10 years? G Yes G No

If yes, from whom and when? \_\_\_\_\_

**18. PRIOR GIFTS**

Did Decedent make any gifts in excess of \$10,000 in any calendar year to any one individual?  
G Yes G No

If yes, please attach a list of the names and addresses of the recipients, the dates, and the amounts.

**19. SAFE DEPOSIT BOX**

Name of Bank \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Branch - Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Name(s) in Which Box Was Held \_\_\_\_\_

**20. SOCIAL SECURITY AND VETERAN=S BENEFITS**

Has Funeral Director applied for lump sum death benefit? G Yes G No

Has Surviving Spouse applied for survivor=s benefit? G Yes G No

Is Decedent a Veteran? G Yes G No

If yes, has Funeral Director applied for Veteran=s benefit for head stone?   G Yes      G No

**21.   CERTIFICATION**

The undersigned hereby represents to the Law Offices of Douglas A. Fendrick, LLC., that the information contained in this intake form is accurate and complete. The undersigned is aware that the law firm will rely on this information and further understands that the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Executor: