

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 _____

Also Known As _____

B. Decedent's Domicile at Date of Death:

Street Address _____

City _____ State _____ Zip _____

Year of Domicile: _____

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 _____

F. Did any of Decedent's children predecease Decedent? Yes 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 _____

7. **EMPLOYMENT**

Name of Decedent's Current or Former Employer _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____
Nature of Decedent's Former Occupation _____

8. **PRIOR GIFTS**

Did Decedent make any gifts in excess of \$13,000 in any calendar year to any one individual?
 Yes No

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

9. **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 _____

10. SOCIAL SECURITY AND VETERAN'S BENEFITS

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

Has Surviving Spouse applied for survivor's benefit? Yes No

Is Decedent a Veteran? Yes No

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

11. CERTIFICATION

The undersigned hereby represents to Fendrick & Morgan, 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:
