RUSSO LAW GROUP, P.C.
Estate Planning, Elder Law & Special Needs

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By Appointment Only: **Forest Hills | Patchogue | Southold**

ESTATE ADMINISTRATION QUESTIONNAIRE

Please complete the following questionnaire to the best of your abilities. This information is helpful to us so that we may properly plan for you and it will be held in the strictest confidence.

I. A. Decedent's Name: ____________________

Address: ____________________

____

Decedent's Occupation: ____________________

Social Security Number: ____________________

Date of Birth: ____________________

Date of Death: ____________________

Place of Death: ____________________

Country of Birth: ____________________

Marital Status: __________ Divorces: __________ Citizenship: __________

B. Predeceased Spouse's Name: ____________________

Social Security Number: ____________________

Date of Death: ____________________

(Attach a copy of death certificate)

II. Nominated Executor/Administrator: ____________________

Relationship: ____________________

Address: ____________________

____

Social Security Number: __________ E-Mail: __________

Telephone: Home: __________ Business: __________

Cell: __________ Fax: __________

Russo Law Group, P.C. Use Only (October 2015) Matter No.: __________ Date: __________

III. General Information

	Decedent Yes/No
A. 1. Was the decedent receiving social security	______________
If so, where was the check deposited?	______________
Was the check directly deposited by social security?	______________
2. Did the decedent have a Will?	______________

Date of Will? ____

Where is the original: ____

(If you have the original, please provide the original to us)

3. Did the Decedent have the following documents? (If so, please provide us with a copy.)

Durable Power of Attorney?	______________
Living Trust?	______________
Irrevocable Trust?	______________

B. Name of Surviving Spouse: ____

Social Security Number : ____

C. Other Questions:

Who were the decedent's advisors?

Tax Preparation … Name: ____

Address: ____

____

Tel. No.: ____

Investment Advisor … Name: ____

Address: ____

____

Tel. No.: ____

Insurance Agent …

Name: ______________________________

Address: ______________________________

____

Tel. No.: ______________________________

(Please provide copies of any insurance riders.)

Any other advisors …

Name: ______________________________

Adress: ______________________________

____

Tel. No.: ______________________________

Was the decedent appointed to a fiduciary status executor, trustee, attorney-in-fact, etc.) under any legal documents? ______________________________

If so, please describe said documents . . . . ______________________________

D. Beneficiaries Named Under Will/Distributees of Estate.

	Name	Address	Phone	Relationship	Soc. Sec. No.
1.	____________	____________ ____________	________	________	________
2.	____________	____________ ____________	________	________	________
3.	____________	____________ ____________	________	________	________
4.	____________	____________ ____________	________	________	________
5.	____________	____________ ____________	________	________	________

Are any of the Beneficiaries/Distributees minors, incapacitated or incompetent?

If so please state: ______________________________

____

____

Tax Returns YES/NO

1. Was there any insurance on the decedent's life that is not included on the return as part of the gross estate? ___________________

2. Did the decedent own any insurance on the life of another that is not included in the gross estate? ___________________

3. Did the decedent at the time of death own any property as a joint tenant with right of survivorship in which (a) one or more of the other joint tenants was someone other than the decedent's spouse, and (b) less than the full value of the property is included on the return as part of the gross estate? ___________________

4. Did the decedent, at the time of death, own any interest in a partnership or unincorporated business or any stock in an inactive or closely held corporation? ___________________

5. Were there in existence at the time of the decedent's death:

   a. Any trusts created by the decedent during his or her lifetime? ___________________

   b. Any trusts not created by the decedent under which the decedent possessed any power, beneficial interest, or acting as trustee? ___________________

6. Did the decedent ever possess, exercise, or release any general power of appointment? ___________________

7. Was the decedent, immediately before death, receiving an annuity? ___________________

8. Did the decedent have a qualified employer plan and/or individual retirement plan? ___________________

9. Did the decedent file any gift tax returns or make any taxable gifts during his/her lifetime? If "Yes", provide copies of returns filed. ___________________

FAMILY TREE CHART

Grandfather	Grandmother	Grandfather	Grandmother

Father	Mother
Decedent	Spouse

children	children	children	children
grandchildren	grandchildren	grandchildren	grandchildren
grandchildren	grandchildren	grandchildren	grandchildren
grandchildren	grandchildren	grandchildren	grandchildren
grandchildren	grandchildren	grandchildren	grandchildren
grandchildren	grandchildren	grandchildren	grandchildren

Note:
1. Please add (D) after the name, if deceased.
2. If not applicable, please indicate “N/A”.
3. If none living, then please list closest living relatives.

F. Closest Living Relatives Related by Blood and Adoption

Family Members:	Relationship:	Telephone Number:	Address:
______________	__________	__________	____________________
			____________________
______________	__________	__________	____________________
			____________________
______________	__________	__________	____________________
			____________________
______________	__________	__________	____________________
			____________________
______________	__________	__________	____________________
			____________________
______________	__________	__________	____________________
			____________________
______________	__________	__________	____________________
			____________________

V. ASSETS AND LIABILITIES

I. ASSETS

1. Real Estate

	Owner	Location	Estimated Value	Mortgage Balance
A.	______________	__________________	$__________	$__________
B.	______________	__________________	$__________	$__________

Please provide deeds or stock and lease documents where applicable.

Did decedent receive a veteran’s exemption on the residence? ____________

Owner	Leases	Annual Rent
____________________	____________________	__________

2. Cash, Bank Accounts, Certificates of Deposit and Savings Bonds

Owner	Name of Bank and Account No.	Date of Death Balance
(a) Cash		
____________________	____________________	$__________
(b) Checking Accounts		
____________________	____________________	$__________
____________________	____________________	$__________
____________________	____________________	$__________

Owner	Name of Bank and Account No.	Date of Death balance
(c) Savings Accounts		
______________	______________	$__________
______________	______________	$__________
______________	______________	$__________
______________	______________	$__________
______________	______________	$__________
______________	______________	$__________

(d) Certificates of Deposit

Owner	Bank and Account No.	Maturity Date	Date of Death Balance
______________	______________	__________	__________
______________	______________	__________	__________
______________	______________	__________	__________
______________	______________	__________	__________

(e) Savings Bonds

Owner	Type of Bond	Date of Death Value
______________	______________	__________
______________	______________	__________
______________	______________	__________
______________	______________	__________

(*Please provide copies of all savings bonds.)

3. Stock and Bonds

(a) Individually Held Accounts

Owner	No. of Shares	Company	Date of Death Value
______________	______	______________	__________
______________	______	______________	__________
______________	______	______________	__________
______________	______	______________	__________

(*Please provide original stock certificates and stock information.)

(b) Brokerage Accounts

Owner	Name of Brokerage And Account No.	Date of Death Value

(c) Mutual Funds

Owner	Name and Account No.	Date of Death Value

4. <u>Life Insurance</u>

Company & Policy No.	Face Amount	Cash Value	Loan Amount	Insured	Beneficiary

5. <u>Retirement Benefits</u>

Owner	Company and Account No.	Beneficiary	Date of Death Value
(a) Pension			
			$
			$

Owner	Company and Account No.	Beneficiary	Value
(b) Profit Sharing			
____________	____________	____________	$____________
____________	____________	____________	$____________
(c) IRA Accounts			Roth/Conventional
____________	____________	____________	$____________
____________	____________	____________	$____________

(d) Additional Information

____

____

Are there any pension benefits continuing
For the spouse or someone else?

Yes or No ____________

6. Mortgages, Notes and Annuities

Description of Asset	Value
______________________________________	$____________
______________________________________	$____________

7. Tangible Personal Property

(a) Tangible Personal Property

Location	
______________________________________	$____________
______________________________________	$____________
______________________________________	$____________
______________________________________	$____________

(b) Automobiles

______________________________________	$____________
______________________________________	$____________

(c) Safe Deposit Boxes Yes ____________ No ____________

Location	Contents	Estimated Value
______________________	______________________	$____________
______________________	______________________	$____________
______________________	______________________	$____________
______________________	______________________	$____________

8. Miscellaneous

____

____

____

____

II. LIABILITIES:

1. Funeral Expenses

______________________________ $______________________________

______________________________ $______________________________

______________________________ $______________________________

2. Debts

______________________________ $______________________________

______________________________ $______________________________

______________________________ $______________________________

3. Mortgages and Liens

______________________________ $______________________________

______________________________ $______________________________

______________________________ $______________________________

III. Comments:

____

____

____

____

____

IV. Assets and Liabilities (Fill in values as of date of death)

ASSETS:	Decedent's Name	Joint Name with spouse	Joint Name (other than spouse)
1. Real Estate	______	______	______
2. Cash (Average Balance)	______	______	______
A. Checking accounts	______	______	______
B. Savings accounts	______	______	______
C. CD(s)	______	______	______
D. Savings Bonds	______	______	______
3. Stocks & Bonds	______	______	______
A. Individually	______	______	______
B. Brokerage	______	______	______
C. Mutual Fund	______	______	______
4. Life Insurance	______	______	______
5. Retirement Benefits	______	______	______
A. Pension	______	______	______
B. Profit Sharing	______	______	______
C. IRA Accounts	______	______	______
6. Mortgages, Notes & Annuities	______	______	______
7. Personal Property	______	______	______
8. Miscellaneous	______	______	______
Total Estate Assets	______	______	______
LIABILITIES:			
1. Debts	______	______	______
2. Mortgages Payable	______	______	______
Total Liabilities:	______	______	______
NET ESTATE	______	______	______