



Date _____

ESTATE ADMINISTRATION QUESTIONNAIRE

Your Name(s): _____

Your Mailing Address: _____

Your Phone Numbers: Cell _____
Home _____
Work _____

Name of Decedent: _____

Relationship to Decedent, if any: _____

Decedent's Date of Death: ____/____/____ Date of Birth: ____/____/____

Age at Death: _____

Place of Death: _____

Social Security Number of Decedent: _____ - _____ - _____

Decedent's Citizenship: _____

Principal Residence of Decedent: _____

Marital Status of Decedent at Death: _____

Name of Decedent's Spouse: _____

Children of Decedent:			
Name	Address	Date of Birth	Adopted?



Date _____

Did decedent have any children that predeceased him or her? Yes No

(If yes, please give name and date of death)

Does the Decedent have a Will? Yes No

Is a copy of the Will, and any Codicils, Available? Yes No

Does the Decedent have a Revocable Trust? Yes No

Did the Decedent have a Power of Attorney? Yes No
(If yes, please bring a copy to our meeting)

Is there a court appointed Guardian for the Decedent? Yes No
(If yes, please bring any documentation you have concerning the guardianship to our meeting)

Is a Death Certificate Available? Yes No

Please submit a copy of the Death Certificate, Will, Codicil(s), and Revocable Trust (if applicable) with this Questionnaire.

Was Decedent involved in any litigation at the time of his or her death?
 Yes No

Location of any safe deposit box: _____

Please bring copies of decedent's income tax returns for last two to three years to our meeting.

List of all personal property (e.g., bank accounts, CDs, mutual funds, stocks, bonds, etc.), location of each asset, estimated values, and how the assets are titled (individually, jointly, etc.) if you know:



Date _____

List of all real estate owned, estimated values, and how the real estate is titled (individually, jointly, etc.)

Please provide a list of any debts, with account numbers, or other financial liabilities (e.g. mortgages, loans, etc.) of Decedent

Name, address, telephone number, and SSN of Executor(s) or Administrator(s):



Date _____

Name(s), address(es), and SSN(s) of all beneficiaries:

Did Decedent have any life insurance policies? If so, please provide the life insurance company(ies), policy number(s), and beneficiary(ies):

Did Decedent have any pension/retirement plan? If so, please provide the name of the administrator of the plan and bring a copy of a recent statement (if available) to our initial meeting:

Did Decedent have any IRAs? If so, please provide the location of each IRA, account number(s), and the name(s) and address(es) of the beneficiary(ies)



Date _____

If Decedent left no Will, list the names, addresses, telephone numbers and relationship of spouse, children and all heirs:

If possible, please briefly describe the circumstances surrounding the Decedent's death:

Referred by: _____

Upon receipt of the completed Questionnaire, McAndrews Law Offices, P.C. will contact you to schedule an initial consultation. Please note that the fee for this initial consultation is \$450.00, and we ask that payment of this fee be submitted in advance of our meeting. Please contact our office if you have any questions.

Please submit a copy of the Death Certificate, Will, Codicil(s), and Revocable Trust (if applicable) with this Questionnaire.