



## **ESTATE ADMINISTRATION QUESTIONNAIRE**

Your Name(s): \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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?
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Are any of the beneficiaries disabled and receiving public benefits?  
(i.e. Supplemental Security Income (SSI) or Medical Assistance)  Yes  No

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

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(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:


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 and telephone number of Executor(s) or Administrator(s):


Name(s) and address(es) 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:

*McAndrews, Mehalick, Connolly,  
Hulse and Ryan P.C.*



30 Cassatt Avenue  
Berwyn, Pa 19312  
Phone: 610-648-9300  
Fax: 610-648-0433  
[www.McAndrewsLaw.com](http://www.McAndrewsLaw.com)

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)


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: \_\_\_\_\_

*McAndrews, Mehalick, Connolly,  
Hulse and Ryan P.C.*



Attorneys At Law

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Berwyn, Pa 19312  
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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 the review of documents prior to meeting and the initial one-hour 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.**