



WILLIAM J. NEALON III
ATTORNEY AT LAW

Estate Administration Survey Form

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NEW ESTATE QUESTIONNAIRE

Please complete the following as thoroughly as possible. Where necessary, attach additional sheets.

Date: _____

INFORMATION ABOUT THE CLIENT (Your Information)

Full Name: _____

Home Address: _____

Phone Numbers: _____ (h) _____ (w) _____ (c)

E-Mail Address(es): _____

Soc. Sec. No.: _____

Employer Name: _____

Employer Address: _____

Date of Birth: _____ Place of Birth: _____

Relationship to Decedent: _____

Are you an Executor named in the Decedent's Will? ____ Yes ____ No

Have we handled any matters for you before? _____

If Not, who referred you to this office/how did you hear about us? _____

Additional Comments:

INFORMATION ABOUT THE DECEDENT

Last day to pay NYS Estate Tax: _____

Last day to pay Federal Estate Tax: _____

Decedent's Full Name: _____

Other names by which Decedent was known (a/k/a's): _____

Citizenship: _____

Gender: Male Female

Home Address: _____

County: _____

Decedent's Residence was: Owned Rented

Date of Decedent's Death: _____

Place of Decedent's Death: _____

Decedent's Residence Address on Death Certificate: _____

PLEASE PROVIDE CERTIFIED COPIES OF DEATH CERTIFICATE

Decedent's Date of Birth: _____ Decedent's Place of Birth: _____

Decedent's Social Security No.: _____

Was Decedent Employed? Yes No Retired (list former occupation)

Employer Name: _____

Employer Address: _____

Employer Tel. No.: _____

Name of Supervisor: _____

Did Decedent's Employer have a plan under which the Estate or a specified person would receive benefits after Decedent's death? Yes No Not Sure

If known, please provide Employer's death benefits plan information: _____

Funeral Home Used: _____

Cemetery: _____

Funeral Bill Total: _____

PLEASE PROVIDE COPY OF FUNERAL BILL

Did the Decedent have an executed Last Will and Testament (“Will”)? Yes No
IF SO, PLEASE PROVIDE THE ORIGINAL - DO NOT UNSTAPLE!

Date of the Will: _____ Location of the Original Will: _____

Name of the Attorney who drafted the Will: _____
Attorney’s Address and Phone No: _____
Attorney’s E-Mail Address: _____

Witness 1 to the Will: _____
Address: _____

Witness 2 to the Will: _____
Address: _____

Witness 3 to the Will: _____
Address: _____

Is there a Self-Proving Affidavit attached to the Will? Yes No Not Sure

Executor Information:

Name: _____
Address: _____
Tel. No.: _____ Relationship to Decedent: _____
Soc. Sec. No.: _____ E-Mail Address: _____

Please list additional Executors and their information below:

Are there any Codicils to the Will? Yes No Not Sure
IF YES, PLEASE BRING ORIGINAL - DO NOT UNSTAPLE

Were there any previous Wills? Yes No Not Sure

Did Decedent have a Safe Deposit Box? ____ Yes ____ No ____ Not Sure

If yes, where is it located: _____

Name(s) Safe Deposit Box is listed under: _____

Were there any *inter vivos* Trusts? ____ Yes ____ No ____ Not Sure

If yes, describe: _____

Name of Decedent's Accountant: _____

Address and Phone Number: _____

Name of Trust Officer/Trustee(s): _____

Address(es) and Phone Number(s): _____

Name of Decedent's Insurance Agent: _____

Address and Phone Number: _____

Name of Decedent's Investment Advisor: _____

Address and Phone Number: _____

List any know creditors of Decedent below:

PERSONS NAMED IN THE WILL

Name: _____
Gender: Male Female Corporation
If Corporation, Officer Name and Title: _____
Address: _____
Phone No.: _____ E-Mail Address: _____
Relationship to Decedent: _____ Interest in Will: _____
 Executor Trustee Guardian
Special Needs: _____

Name: _____
Gender: Male Female Corporation
If Corporation, Officer Name and Title: _____
Address: _____
Phone No.: _____ E-Mail Address: _____
Relationship to Decedent: _____ Interest in Will: _____
 Executor Trustee Guardian
Special Needs: _____

Name: _____
Gender: Male Female Corporation
If Corporation, Officer Name and Title: _____
Address: _____
Phone No.: _____ E-Mail Address: _____
Relationship to Decedent: _____ Interest in Will: _____
 Executor Trustee Guardian
Special Needs: _____

Name: _____
Gender: Male Female Corporation
If Corporation, Officer Name and Title: _____
Address: _____
Phone No.: _____ E-Mail Address: _____
Relationship to Decedent: _____ Interest in Will: _____
 Executor Trustee Guardian
Special Needs: _____

(Add additional pages if necessary)

DECEDENT'S FAMILY INFORMATION

Was the Decedent married at the time of death? Yes No

If Yes, name of Decedent's Spouse: _____

Decedent's Spouse's Address: _____

Phone No. and E-Mail Address: _____

Soc. Sec. No.: _____ Date of Birth: _____

Place of Birth: _____ Citizenship: _____

Date of Marriage: _____

Employer: _____

If No, was the Decedent: Divorced Widowed Separated Never Married

Did the Decedent have any children? Yes No How Many? _____
(include marital, non-marital, adopted and adopted-out)

If the Decedent had children, list the following for each:

Other parent: _____ Date of Birth: _____

Soc. Sec. No.: _____

Address and Phone No.: _____

Special Needs: _____

Child of: Current Marriage Previous Marriage Adopted OutOfWedlock

Is this child deceased? Yes No Did this child have children? Yes No

Other parent: _____ Date of Birth: _____

Soc. Sec. No.: _____

Address and Phone No.: _____

Special Needs: _____

Child of: Current Marriage Previous Marriage Adopted OutOfWedlock

Is this child deceased? Yes No Did this child have children? Yes No

Other parent: _____ Date of Birth: _____

Soc. Sec. No.: _____

Address and Phone No.: _____

Special Needs: _____

Child of: Current Marriage Previous Marriage Adopted OutOfWedlock

Is this child deceased? Yes No Did this child have children? Yes No

Did the Decedent have any grandchildren? Yes No How Many? _____
If the Decedent had grandchildren, list the following for each:

Parents' Names: _____
Grandchild's Full Name: _____
Grandchild's Date of Birth: _____ Minor? Yes No
Grandchild's Soc. Sec. No.: _____
Address and Phone No.: _____
Special Needs: _____ Is this grandchild deceased? _____
Does this grandchild have children? _____

Parents' Names: _____
Grandchild's Full Name: _____
Grandchild's Date of Birth: _____ Minor? Yes No
Grandchild's Soc. Sec. No.: _____
Address and Phone No.: _____
Special Needs: _____ Is this grandchild deceased? _____
Does this grandchild have children? _____

Parents' Names: _____
Grandchild's Full Name: _____
Grandchild's Date of Birth: _____ Minor? Yes No
Grandchild's Soc. Sec. No.: _____
Address and Phone No.: _____
Special Needs: _____ Is this grandchild deceased? _____
Does this grandchild have children? _____

Are the Decedent's Parents alive?
Mother: Yes No Father: Yes No

If living, please list address, telephone number and any special needs: _____

Does the Decedent have any brothers/sisters? Yes No How Many? _____
(include whole blood, half-blood, legally adopted by either parent)

If the Decedent had brothers/sisters, please list the following for each:

Name: _____ Date of Birth: _____

Soc. Sec. No.: _____

Address and Phone No.: _____

Is this sibling deceased? _____ Yes _____ No

Children (names and dates of birth): _____

If the Decedent was divorced:

Name of prior spouse: _____

Date of Divorce: _____ Where Divorced: _____

If the Decedent was widowed:

Name of prior spouse: _____

Date of Spouse's Death: _____ **PLEASE PROVIDE DEATH CERTIFICATE**

If the Decedent was separated:

Name of prior spouse: _____

Date of Separation: _____ Where Separated: _____

Did the Decedent have any prior marriages (other than listed above)? _____ Yes _____ No

If yes, please list to whom, date of marriage and place of marriage below:

SUMMARY OF DECEDENT'S ASSETS AND LIABILITIES

It is important to list all of the Decedent's assets and liability to the best of your knowledge so that the assets can be safeguarded pending probate of the Will.

ASSETS (indicate whether individually or jointly owned - if jointly, with who)

1. Real Estate: List address, Section, Block & Lot, improved/unimproved and approx. value:

Residence: _____	\$ _____

Other real estate: _____	\$ _____

Other real estate: _____	\$ _____

2. Stocks, Bonds, Mutual Funds

A. Stocks: List name of corporation, type of shares, number of shares, exchange, face value, CUSIP number and approximate value:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

B. Bonds: Issuer, face value, interest rate, maturity date and approximate value:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

C. Mutual Funds: Name of Fund, fund group, number of units and approximate value:

_____	\$ _____
_____	\$ _____
_____	\$ _____

D. Broker Margin Accounts:

_____	\$ _____
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E. Other:

_____	\$ _____
_____	\$ _____
_____	\$ _____

3. Mortgages, Notes or Debts (owed to the Decedent)

List debtor's name, mortgagor, date acquired, amount and approximate balance remaining:

_____	\$ _____
_____	\$ _____

4. Bank Accounts, Certificates of Deposit, etc.

List name of bank, address, type of account, account number and approximate balance:

A. Checking:

_____	\$ _____
_____	\$ _____

B. Savings:

_____	\$ _____
_____	\$ _____

C. Money Market Funds, etc.

_____	\$ _____
_____	\$ _____

D. Security deposits, etc.

_____	\$ _____
_____	\$ _____

E. Cash on hand:

_____	\$ _____
_____	\$ _____

F. Other:

_____	\$ _____
_____	\$ _____

9. Life Insurance

List the company name, face value, cash value, person insured, policy owner, policy number, beneficiary, and whether there is a loan against the policy (if so, how much).

A. Payable to the Estate:

_____	\$ _____
_____	\$ _____

B. Payable to a Named Beneficiary:

_____	\$ _____
_____	\$ _____

10. Miscellaneous Property:

A. Household Furnishings (indicate item and approximate value)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

B. Motor vehicles (including boats, etc.)

List make, model, year, how it is titled and approximate value.

_____	\$ _____
_____	\$ _____
_____	\$ _____

C. Jewelry, precious objects, gold, collectibles, and precious metals

_____	\$ _____
_____	\$ _____
_____	\$ _____

D. Art, antiques and other appraised items

_____	\$ _____
_____	\$ _____
_____	\$ _____

E. Other assets (hobbie collections, judgments, causes of actions, patents trademarks, copyrights, insurance held on the life of another, any additional assets)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

11. Transfers During the Decedent's Lifetime

(describe transfer, list joint or individual and approximate value)

_____	\$ _____
_____	\$ _____
_____	\$ _____

12. Powers of Appointment
(describe, list whether joint or individual and approximate value)

_____ \$ _____
_____ \$ _____
_____ \$ _____

13. Annuities
(describe, list beneficiary and approximate value)

_____ \$ _____
_____ \$ _____
_____ \$ _____

14. Retirement Plans
(describe, list beneficiary and approximate value)

_____ \$ _____
_____ \$ _____
_____ \$ _____

15. Individual Retirement Accounts (IRAs)
(describe, list beneficiary and approximate value)

_____ \$ _____
_____ \$ _____
_____ \$ _____

16. Is there a possible cause of action for wrongful death or conscious pain and suffering?
_____ Yes _____ No

If yes, please describe: _____

Provide accident report and police report if available.

17. Are there any loans the Decedent made to others or accounts receivable from others?
_____ Yes _____ No

If yes, please describe: _____

LIABILITIES (indicate whether individual or joint - if joint, with who)

For each item, describe the liability, state the purpose, date it was incurred, debtor, creditor, original and current amount(s) of debt, and any other relevant information. **PLEASE PROVIDE COPIES OF STATEMENTS/INVOICES WHERE AVAILABLE**

1. Accounts Payable (credit cards, utilities, security agreements, chattel mortgages, broker margin accounts, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

2. Promissory Notes Payable

_____	\$ _____
_____	\$ _____

3. Mortgages on Real Estate

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

4. Loans on Life Insurance Policies

_____	\$ _____
_____	\$ _____

5. Other Liabilities

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____