



**ESTATE ADMINISTRATION**

This form is extremely important. Your accuracy and completeness in responding will help us represent you. Please bring this completed information packet to your initial consultation.

Date: \_\_\_\_\_

File No.: \_\_\_\_\_

**I. Decedent**

**A. Name of Decedent (as shown on Will, if any):** \_\_\_\_\_

**B. Decedent's Domicile at Date of Death:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**C. Birth and Death Information**

Date of Decedent's Birth: \_\_\_\_\_

Place of Decedent's Birth: \_\_\_\_\_

Date of Decedent's Death: \_\_\_\_\_

Place of Decedent's Death: \_\_\_\_\_

Decedent was a citizen of:  USA  Other: \_\_\_\_\_

**D. Name of Decedent's Physician:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

**E. Important Numbers:**

Social Security Number: \_\_\_\_\_

Veteran Administration ID Number: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

**II. Decedent's Spouse, If married**

Full Name of Spouse: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**III. Prior Marriages**

**Provide the names and addresses of all other persons to whom decedent was married, date and manner in which such marriage was terminated (i.e., divorce, death, annulment):**

Full Name of Former Spouse: \_\_\_\_\_

Street Address (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Marriage was terminated by:

Divorce – Date of Divorce: \_\_\_\_\_

Death – Date of Death: \_\_\_\_\_

Annulment – Date of Annulment: \_\_\_\_\_

Full Name of Former Spouse: \_\_\_\_\_

Street Address (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Marriage was terminated by:

Divorce – Date of Divorce: \_\_\_\_\_

Death – Date of Death: \_\_\_\_\_

Annulment – Date of Annulment: \_\_\_\_\_

**IV. CHILDREN (if applicable, include adult and minor children, as well as any who have predeceased decedent)**

Name of Child: \_\_\_\_\_

Male       Female       Married       Single

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Male       Female       Married       Single

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Male       Female       Married       Single

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name of Child:

Male       Female       Married       Single

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Relationship to Client:

Natural child    Adopted    Stepchild    Child born out of wedlock    Deceased

Relationship to Co-Client:

Natural child    Adopted    Stepchild    Child born out of wedlock    Deceased

**Please check here and attach a separate page to list additional children.**

**Did any 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: \_\_\_\_\_

**V. If Decedent left a will; Decedent's Family and other beneficiaries in will**

**List the names of any persons included in the Will, other than Decedent's spouse or children: Attach separate paper if needed:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**VI. Executor/administrator If Decedent's Executor is different than Spouse, please provide the following information:**

**A. Individual Executor/Administrator**

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**B. Co-Executor/Co-Administrator Full Name:**

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**O Check if Executor or Co-Executor is a Corporate Fiduciary**

**VII. If Decedent Died without a will; (intestacy)**

Intestate Succession laws control who inherits property if no will exists. If you are responsible for settling an estate of a Decedent who has not left a Will, you probably have many questions as to who receives an inheritance. The basic rules of Intestate Succession are complicated. But, if the decedent died and was not survived by a spouse or children, please provide contact information for the following relatives.

**1. Parent(s):**

**Name of Father:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Name of Mother:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**2. Siblings**

**Name of Sibling:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Name of Sibling:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**3. If no parent(s) or sibling(s), we will review the family tree at our meeting.**

**VIII. Employment**

**Full Name of Decedent's Current/Former Employer:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Nature of Decedent's Former Occupation: \_\_\_\_\_

**IX. Decedent's Accountant**

**Name of Accountant:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**X. Decedent's Financial Advisor**

**Name of Financial Advisor:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**XI. Other Professional Advisors**

**Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**XII. Prior Gifts**

Did Decedent make any gifts in excess of \$10,000 to \$14,000 in any calendar year, or other large gifts?

Yes  No

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

**XIII. Funeral Home**

Name of Funeral Home: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**XIV. Social Security and veteran's Benefits**

Is decedent a Veteran?  Yes  No

If yes, has funeral director applied for Veteran's benefit for head stone?  Yes  No

Has someone applied for the social security death benefit?  Yes  No

**XV. CERTIFICATION**

The undersigned hereby represents to Law Office of Rodney Davis, LLC that the information contained in this questionnaire is accurate and complete, and that the undersigned understands that the law firm will rely on this information. If the information



contained herein is inaccurate or incomplete, the recommendations made by Law Office of Rodney Davis, LLC may not be appropriate.

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Print Client Name

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Date

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Client Signature

## **LIST OF ITEMS NEEDED FOR INITIAL CONFERENCE: ESTATE ADMINISTRATION**

Please bring as many of the following items that you can to our first meeting. This will help us to answer your questions more precisely and get you started on the post-death administration process.

1. Original Will, Codicils, Personal Property List, and/or Trust for the decedent and for the surviving spouse, if any.
2. Certified Death Certificates for the decedent and predeceased spouse, if any.
3. Data needed for spouse, children, and all other beneficiaries: name, address and phone number, date of birth (and date of death, if predeceased), and social security number.
4. Most recent statements for all accounts (checking, savings, investment, retirement, etc.) in the decedent's name or in joint names with anyone else.
5. Original stock and bond certificates, including savings bonds in the decedent's name or in joint names with anyone else.
6. Title for all automobiles.
7. For all real estate: Deeds, Title Insurance Policy, most recent property tax statements, and certified appraisal (if available), homeowners insurance information.
8. For all life insurance policies: Company name, address and phone number, and policy number for all policies insuring the life of the decedent, or policies owned by the decedent on the life of another person.
9. Copy of the decedent's most recent Federal and State Income Tax Return, and copies of any Gift Tax Returns filed by the decedent.
10. If the decedent owned an interest in a partnership or unincorporated business, a statement of assets and liabilities for the date of death and for the last five (5) years, plus statements of net earnings for the same 5 years, or the contact information for the business' accountant.
11. Copies of all known debts owed by the decedent (credit card balances, car loans, mortgages, etc.), including outstanding amounts expended by family and friends for debts that should be reimbursed.

12. Copies of all bills and receipts for any expenses relating to the administration expenses for the estate (funeral, luncheon, obituary, etc.), as well as information regarding amounts expended by the family and friends for these type of expenses.