

ESTATE ADMINISTRATION QUESTIONNAIRE

This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Bring this information with you to the appointment.

Date _____ File No. _____ File Name _____

1. EXECUTOR/ADMINISTRATOR

A. Full Name of Individual Executor/Administrator _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

Cell Phone No. _____ Fax No. _____

E-mail Address _____

Date of Birth _____ Social Security No. _____

Version of Software: WordPerfect Word Other _____

B. Full Name of Co-Executor/Administrator (if applicable) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

Cell Phone No. _____ Fax No. _____

E-mail Address _____

Date of Birth _____ Social Security No. _____

Version of Software: WordPerfect Word Other _____

C. Full Name of Corporate Executor/Administrator (if applicable) _____
Name of Trust Officer _____
Street Address _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone No. _____
Cell Phone No. _____ Fax No. _____
E-mail Address _____
Version of Software: WordPerfect Word Other _____

2. **DECEDENT**

A. Name of Decedent (as shown on Will) _____
Also Known As _____

B. Decedent's Domicile at Date of Death:
Street Address _____
City _____ State _____ Zip _____
Year of Domicile: _____

C. Birth and Death Information:
Date of Decedent's Birth _____ Place of Decedent's Birth _____
Date of Decedent's Death _____ Age of Decedent at Date of Death _____
Place of Decedent's Death _____
Approximate Date Decedent Became a New Jersey Resident _____
Decedent's was a Citizen of: USA Other _____

D. Name of Decedent's Physician _____

Street Address _____

City _____ State _____ Zip _____

E. Important Numbers:

Social Security Number _____ VA ID Number _____

Dates of Service _____ Branch of Service _____

3. DECEDENT'S SPOUSE

If Decedent's spouse is different than the Executor above, furnish the following information:

Full Name of Spouse _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

E-mail Address _____ Fax No. _____

Date of Birth _____ Social Security No. _____

Version of Software: WordPerfect Word Other _____

4. 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):

Name of Former Spouse _____

Current Address of Former Spouse (if known): _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

E-mail Address _____ Fax No. _____

Version of Software: WordPerfect Word Other _____

Dates of Marriage _____

Marriage was Terminated by: Divorce - Date of Divorce _____

Death - Date of Death _____

Annulment - Date of Annulment _____

5. DECEDENT'S CHILDREN (if applicable)

A. Name of Child _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail Address _____

Date of Birth _____ Social Security No. _____

B. Name of Child _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail Address _____

Date of Birth _____ Social Security No. _____

C. Name of Child _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail Address _____

Date of Birth _____ Social Security No. _____

D. Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Social Security No. _____

E. Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Social Security No. _____

F. Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Social Security No. _____

G. Did any of 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 _____

6. DECEDENT'S FAMILY AND OTHERS DECEDENT INCLUDED IN WILL

A. List the names of any persons included in the Will, other than Decedent's spouse or children:

- (1) Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____
Date of Birth _____ Social Security No. _____
- (2) Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____
Date of Birth _____ Social Security No. _____
- (3) Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____
Date of Birth _____ Social Security No. _____
- (4) Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____
Date of Birth _____ Social Security No. _____

(5) Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____
Date of Birth _____ Social Security No. _____

B. If Decedent died without a Will:

(1) Will parent(s) inherit? Yes No

If so, list parent(s):

(a) Name of Father _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____
Date of Birth _____ Social Security No. _____

(b) Name of Mother _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____
Date of Birth _____ Social Security No. _____

(2) Will sibling(s) inherit? Yes No

If so, list sibling(s):

(a) Name of Sibling _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____
Date of Birth _____ Social Security No. _____

(b) Name of Sibling _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____
Date of Birth _____ Social Security No. _____

(c) Name of Sibling _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____
Date of Birth _____ Social Security No. _____

(3) If no parent or sibling, who will inherit?

(a) Name of Person to Inherit _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____
Date of Birth _____ Social Security No. _____
Relationship to Decedent _____

(b) Name of Person to Inherit _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____
Date of Birth _____ Social Security No. _____
Relationship to Decedent _____

7. EMPLOYMENT

Name of Decedent's Current or Former Employer _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____
E-mail Address _____
Nature of Decedent's Former Occupation _____
Name of Human Resources Contact (if any) _____

8. EXPENSES OF DECEDENT'S LAST ILLNESS

Please provide a list of decedent's expenses including the name and address of the provider, the amount and date paid.

9. DECEDENT'S ACCOUNTANT

Name of Accountant _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____
E-mail Address _____

10. DECEDENT'S INSURANCE AGENT

Name of Insurance Agent _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

E-mail Address _____

11. DECEDENT'S STOCK BROKER

Name of Stock Broker _____

Name of Account Representative _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

E-mail Address _____

12. OTHER PROFESSIONAL ADVISORS

A. Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

E-mail Address _____

B. Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____
E-mail Address _____

C. Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____
E-mail Address _____

13. **OUTSTANDING DEBT**

A. Name of Creditor _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____
E-mail Address _____
Amount of Debt: \$ _____

B. Name of Creditor _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____
E-mail Address _____
Amount of Debt: \$ _____

C. Name of Creditor _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____
E-mail Address _____
Amount of Debt: \$ _____

14. **REAL ESTATE**

Addresses of All Real Estate Owned by Decedent:

A. Street Address _____
City _____ State _____
Tax Block # _____, Lot # _____ (obtained from tax bill)

B. Street Address _____
City _____ State _____
Tax Block # _____, Lot # _____ (obtained from tax bill)

C. Street Address _____
City _____ State _____
Tax Block # _____, Lot # _____ (obtained from tax bill)

D. Street Address _____

City _____ State _____

Tax Block # _____, Lot # _____ (obtained from tax bill)

E. Joint Ownership - Is property owned with someone else? Yes No

15. FUNERAL HOME

Name of Funeral Home _____

Name of Contact Person _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

E-mail Address _____

16. RECEIVABLES

List any receivables to which the decedent was entitled (i.e., Notes, Mortgages, Unsecured Debts):

A. Name of Debtor _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

E-mail Address _____

Amount of Receivable: \$ _____

B. Name of Debtor _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____
E-mail Address _____
Amount of Receivable: \$ _____

17. **PRIOR INHERITANCES**

Did Decedent inherit any assets in the past 10 years? Yes No

If yes, from whom and when? _____

18. **PRIOR GIFTS**

Did Decedent make any gifts in excess of \$12,000 in any calendar year to any one individual?
 Yes No

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

19. **SAFE DEPOSIT BOX**

Name of Bank _____
Name of Contact Person _____
Branch - Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____
E-mail Address _____
Name(s) in Which Box Was Held _____

20. SOCIAL SECURITY AND VETERAN'S BENEFIT

Has Funeral Director applied for lump sum death benefit? Yes No

Has Surviving Spouse applied for survivor's benefit? Yes No

Is the Decedent a Veteran? Yes No

If yes, has Funeral Director applied for Veteran's benefit for head stone? Yes No

21. MISCELLANEOUS

Have you visited our Website at www.hanulalaw.com? Yes No

Do you have any ideas for improving our Website? If so, please discuss.

22. CERTIFICATION

The undersigned hereby represents to Scott M. Hanula, Esquire that the information contained in this intake form is accurate and complete, and that the undersigned understands that the Scott M. Hanula, Esquire will rely on this information. The undersigned understands that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Executor/Administrator:
