

WAKEMAN LAW GROUP, INC.

Estate, Trust & Tax Attorneys

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ESTATE ADMINISTRATION QUESTIONNAIRE

1. Decedent's Name: _____
 2. Decedent's Social Security Number: _____ - _____ - _____
 3. Decedent's County of Residence at death: _____ State: _____
 4. Year domicile established in California: 19____
 5. Date of Birth: ____/____/____ Date of Death: ____/____/____
 6. Name of Executor: _____
 7. Address of Executor:

 8. Executor's Social Security Number: _____ - _____ - _____
 9. Name and location of court if Will was probated or estate administered. (If n/a, please indicate "n/a").

 10. Death Certificate Number: _____
- Issuing Authority: _____
(Please attach a *certified* copy of the Decedent's death certificate.)

11. Decedent's marital status at date of death:

MARRIED - Surviving Spouse's Name: _____
Social Security Number: _____-____-_____
In what country was Surviving Spouse born? _____
Date of birth: _____
Is Surviving Spouse a U.S. citizen? Yes No
If not, what country is Surviving Spouse a citizen of?

SINGLE LEGALLY SEPARATED DIVORCED

WIDOW OR WIDOWER
Name of Deceased Spouse: _____
Date of Death: ____/____/_____
Social Security Number: _____-____-_____

YES NO (If **YES** is checked, please provide copies of any applicable documents.)

 Did decedent have a Will? If **YES**, attach copy.

 Have Federal Gift Tax Returns ever been filed?
If **YES**, attach copies.

 Did the decedent make any transfer to a Trust?
If **YES**, attach copy of Trust or other documents.

 Were there in existence (at the time of the decedent's death) any trusts not created by the decedent, but under which the decedent had any power, beneficial interest, or trusteeship?
If **YES**, attach copies of trusts.

12. If decedent's children are beneficiaries of the estate, please provide the name of each child and his or her social security number. (Continue on back if necessary.)

<u>Name</u>	<u>Social Security Number</u>
_____	_____
_____	_____
_____	_____

13. Did the decedent at the time of death have, or have access to, a safe deposit box?

YES NO If **YES**, provide:

Bank Name: _____

Joint Depositor's Name: _____

14. Complete the following for any real property owned by decedent. (If more space is needed, use a separate sheet). Provide copies of *date of death* appraisals obtained, if any, and copies of recent property tax bills.

<u>Property Description</u>	<u>Value</u>	<u>Mortgage Balance</u> <i>(at date of death)</i>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

15. Did decedent have any bank accounts? If so, complete the following as of the date of death.

<u>Bank Name</u>	<u>Address</u>	<u>Account#</u>	<u>Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

16. Did decedent own any stocks, bonds, or partnership interests? If **YES**, provide copies of brokerage account statements (if any) as of the date of death, and complete the following. (If more space is needed, use a separate sheet):

<u>Security</u>	<u>Shares</u>	<u>CUSIP #</u>	<u>Per Share Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

17. Did decedent own any life insurance policies on his/her life or the life of another? If YES, request the insurance company to send Form 712 for each policy where the decedent was the Insured and complete the following. (If more space is needed, use a separate sheet):

<u>Insurance Co.</u>	<u>Policy #</u>	<u>Insured</u>	<u>Policy Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

18. List any personal property owned by decedent at date of death.

<u>Description</u>	<u>Value at Death</u>
a. Clothing	\$ _____
b. Household furniture and furnishings	\$ _____
c. Jewelry	\$ _____
d. Autos	\$ _____
e. _____	\$ _____

19. Did decedent have any IRA, pension, or 401K accounts (If more space is needed, use a separate sheet):

[] YES [] NO

<u>Account Type</u>	<u>Account #</u>	<u>Account Held By</u>	<u>Value of Account</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

20. Did decedent own or was decedent entitled to receive any payments from an annuity?

YES NO

<u>Company</u>	<u>Policy #</u>	<u>Annuity Value</u>	<u>Monthly Benefit</u>	<u>Term</u>
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

21. Complete the following:

	<u>Paid To</u>	<u>Amount Paid or Due</u>
a. Funeral expenses	_____	\$ _____
b. Attorney fees	_____	\$ _____
c. Accountant's fees	_____	\$ _____
d. Appraisal fees	_____	\$ _____
e. Cost of Death Certificates	_____	\$ _____
f. Other Administration Expenses	_____	\$ _____

22. Did the decedent have any debts or unpaid bills at date of death, not listed elsewhere?

YES NO

<u>Description</u>	<u>Amount</u>	<u>Payable To</u>	<u>Account #</u>
Credit Cards	\$ _____	_____	_____
Bank Loans	\$ _____	_____	_____
Auto Loans	\$ _____	_____	_____
Personal Loans	\$ _____	_____	_____
Other (list)	\$ _____	_____	_____

\$ _____

\$ _____

\$ _____

\$ _____

23. Was decedent owed any money?

YES NO

IF DEBT IS EVIDENCED BY A NOTE, PLEASE PROVIDE A COPY OF THE NOTE INDICATING INTEREST RATE AND FACE AMOUNT.

<u>Due From</u>	<u>Amount Owed</u>	<u>Interest Paid To</u>	<u>Collectible?</u>
_____	\$ _____	_____/_____/_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	\$ _____	_____/_____/_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	\$ _____	_____/_____/_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

24. Use the following space to list any items owned by or owed to Decedent, which have not been listed elsewhere.
