

ESTATE ADMINISTRATION QUESTIONNAIRE

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

Name: _____ Date: _____

Relation to decedent: _____

Executor Social Sec. # _____

Estate of: _____

Date of Death: _____

Social Security No. of Decedent: _____

Tax ID No. of Estate: _____

GENERAL INFORMATION

Did decedent die testate (i.e. having executed a will?) Yes _____ No _____

If yes, was the will probated?(i.e. accepted by the court and letters Testamentary issued?)

Yes _____ No _____

Please provide copy of the will.

If no, where is the Original will located? _____

Names & Addresses of executors/trustees:

Names and dates of death of deceased spouse/children/grandchildren, etc. and particulars as to their surviving issue.

Particulars of decedent's marriage

Place: _____

Date: _____

Termination, if applicable: _____

Name/Address of prior spouse:

ASSET INFORMATION

Real Property: _____

Attach a copy of the deed (s)

Property Address: _____

Block No. _____ Lot No. _____

Type of Property: _____

How owned? (i.e., jointly, decedent's name alone?) _____

STOCKS/BONDS/MUTUAL FUNDS

(Attach copies of all certificates representing shares of stocks/bonds/mutual funds, etc., include copies of brokerage account statements, mutual fund statements for the month of death)

Account Name	No.	Type	Beneficiary
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LIFE INSURANCE

Insurance Company: _____

Address: _____

Policy No: _____

(attach copy of policy if available)

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(attach copy of policy if available)

All other property, e.g. jewelry, art work/stamp collections, cars/boats/etc. other miscellaneous tangible property including life insurance on the life of another which decedent owned. Trusts of which decedent is grantor/any bonuses or awards paid as a result of decedent's employment or death/tax refunds/medical insurance reimbursement, etc. (If the item you are listing is a reimbursement, give the amount reimbursed or refunded. If you are listing art work, jewelry, antiques, etc., please attach appraisals if available)

Description: _____

Did Decedent have access to safe deposit box?

Yes _____ No _____

Name/Address of Bank & Box No.:

DEBTS OF DECEDENT INCLUDING MORTGAGES & LIENS

List all outstanding debts as of the Decedent's date of death:

Creditor Name: _____

Description: _____

Amount Paid: _____

Paid? Yes _____ No _____ (check one)

Paid by whom? _____

Creditor Name: _____

Description: _____

Amount Paid: _____

Paid? Yes _____ No _____ (check one)

Paid by whom? _____

Creditor Name: _____

Description: _____

Amount Paid: _____

Paid? Yes _____ No _____ (check one)

Paid by whom? _____

Creditor Name: _____

Description: _____

Amount Paid: _____

Paid? Yes _____ No _____ (check one)

Paid by whom? _____

Creditor Name: _____

Description: _____

Amount Paid:_____

Paid? Yes _____ No _____ (check one)

Paid by whom?_____

Creditor Name:_____

Description: _____

Amount Paid:_____

Paid? Yes _____ No _____ (check one)

Paid by whom?_____

(Attach additional sheets if necessary)

FUNERAL EXPENSES INCURRED

(List all including funeral director, cemetery, flowers, limousines, obituary, honorarium, food, etc.)

Name of Payee:_____

Description: _____

Amount Paid:_____

Paid by whom?_____

Name of Payee:_____

Description: _____

Amount Paid:_____

Paid by whom?_____

Name of Payee:_____

Description: _____

Amount Paid: _____

Paid by whom? _____

Name of Payee: _____

Description: _____

Amount Paid: _____

Paid by whom? _____

ADMINISTRATION EXPENSE

The estate is allowed to deduct, for estate tax purposes, many of the post date of death expenses it incurs. Therefore, please send us a copy of the estate's checkbook following the date of death.

Additional Information Required:

Copy of Personal Income Tax Returns (2 years)

Copy of any Trust Agreements.

Copy of any Gift Tax Returns.

Please provide any additional information you feel may be helpful with respect to administering the Estate and in the preparation of Decedent's estate/death tax returns.

CERTIFICATION

The undersigned hereby represents to THE LAW OFFICE OF JOHN M. TASSILLO, JR., LLC, and each of its attorneys that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers 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.

Executor/Administrator _____
Signature