

Confidential Estate Questionnaire

Date of questionnaire		Who referred you?	
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Your Information

Name		Telephone	
Relationship to decedent		Email	
Address			
If you are executor:	Driver's license state:	number:	and your birthdate:

Decedent's Information

Decedent's legal name			
Social Security number			
Country of citizenship	U.S.	Other:	
Date of birth and death			
Place of death	City:	County:	
Last residence address			
Marital information at date of death			
Married	Spouse name:		
	Spouse citizenship:	U.S.	Other:
Widowed	Spouse date of death:		
Separated	Spouse name:	Date of separation:	
Divorced	Former spouse name:		
Never married			
Did decedent receive Medi-Cal benefits?	Yes	No	
Did decedent ever serve in U.S. military?	Yes	No	
Decedent's employer name and address			
Decedent's accountant and address			
Decedent's investment advisor and address			

Decedent's Will or Trust

Decedent had a: Will Trust Neither Unknown

Who are the named trustees in the trust?

Name	Street Address	City, State, Zip

Who are the named executors in the will?

Name	Street Address	City, State, Zip

Information About Decedent's Relatives & Beneficiaries

On the next page, please provide information on decedent's relatives and beneficiaries as follows:

1. If there is a will or trust: list everyone named in those documents (living or deceased); **and**
2. List decedent's surviving spouse, and/or predeceased spouse; **and**
3. **Either**
 - If decedent had children: list all children (living or predeceased), and if a child was predeceased, then also list all grandchildren (or their issue if grandchild predeceased) indicating the related parent; **or**
 - If decedent had no children: list parents and siblings (living or predeceased), and if a sibling was predeceased, then also list all nieces and nephews (or their issue if niece/nephew predeceased) indicating the related parent.
4. **Also**, list all stepchildren or foster children who were not adopted by decedent, if any.

If more space or additional family information is required, enter on last page.

Legal Name	Street Address	City, State, Zip	Age	Check If Deceased	Relationship to Decedent	Related Parent of Grandchild, Great-grandchild, Issue

Decedent's Assets and Liabilities

Please briefly describe decedent's assets and liabilities. Provide approximate total values. For ownership titling, please specify titling to extent known. If additional space is required, use last page.

	General Description	Approximate Value	Ownership Titling
Real Property			
Bank accounts			
Investment accounts			
Retirement accounts			
Pensions/Annuities			
Life insurance			
Automobiles			
Business owned			
Other valuable assets			
Safe deposit box			
Income or payments owed to decedent			
Checks payable to decedent			
Final illness/funeral expenses			
Mortgages			
Charge accounts			
Other liabilities			

If additional space is required for any information on this questionnaire, please enter below.

A large, empty rectangular box with a thin black border, intended for providing additional information.