



Hartog Baer Zabronsky

TRUST AND ESTATE LAW

A Professional Corporation

CONFIDENTIAL

ESTATE ADMINISTRATION QUESTIONNAIRE

Date: _____

All information provided is ***strictly confidential***.

Please submit your completed questionnaire to our office
BEFORE your appointment.

**PART I
DECEDENT'S PROFILE**

Full legal name: (first, middle, last)	
Other name(s) used	
Date of birth and birthplace	
Date of Death:	
Citizenship:	
Social Security Number	

Permanent Residence (if known), Address: _____

Other Residence (if known), Address: _____

Year Decedent Established California Residence: _____

Did the decedent receive Medicaid / Medi-Cal? Yes No

MARITAL INFORMATION

At time of death, was the decedent married or registered as domestic partner? Yes No

If married, or registered as domestic partners, please provide date and place of marriage or registration:

Name of spouse or registered domestic partner:	
Social Security Number:	
Date of birth and birthplace	
Citizenship:	
Driver's License number, state of issuance	

Former Spouse?

Name

Ended by death or divorce? Date?

Marriage prior to former Spouse?

Name

Ended by death or divorce? Date?

EXECUTOR'S / TRUSTEE'S INFORMATION

Executor's / Trustee's Full Name: _____

Social Security Number: _____ U.S. Citizen? Yes No

Home Address: _____

Mailing Address: _____

Telephone number: _____ Email: _____

Business Address: _____

Telephone number: _____ Business Email: _____

Co-Executor's / Co-Trustee's Full Name: _____

Social Security Number: _____ U.S. Citizen? Yes No

Home Address: _____

Mailing Address: _____

Telephone number: _____ Email: _____

Business Address: _____

Telephone number: _____ Business Email: _____

CHILDREN OF DECEDENT

Child's Full Name: _____

Gender: _____ Citizenship: _____

Date of Birth Adoption: _____ Date of Death (if applicable): _____

Address: _____

Telephone: _____ Email: _____

Name of Other Legal Parent: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Child's Full Name: _____

Gender: _____ Citizenship: _____

Date of Birth Adoption: _____ Date of Death (if applicable): _____

Address: _____

Telephone: _____ Email: _____

Name of Other Legal Parent: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Child's Full Name: _____

Gender: _____ Citizenship: _____

Date of Birth Adoption: _____ Date of Death (if applicable): _____

Address: _____

Telephone: _____ Email: _____

Name of Other Legal Parent: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Child's Full Name: _____

Gender: _____ Citizenship: _____

Date of Birth Adoption: _____ Date of Death (if applicable): _____

Address: _____

Telephone: _____ Email: _____

Name of Other Legal Parent: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Child's Full Name: _____

Gender: _____ Citizenship: _____

Date of Birth Adoption: _____ Date of Death (if applicable): _____

Address: _____

Telephone: _____ Email: _____

Name of Other Legal Parent: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Is there any person not related to Decedent, that the Decedent treated as their child? Yes No

Do any of decedent's children have special educational, medical, or physical needs? Yes No

Do any of decedent's children receive governmental support or benefits? Yes No

Did the Decedent leave any frozen genetic material (sperm or ova)? Yes No

OTHER FAMILY – Parents and/or Siblings
DECEDENT’S PARENTS

Parent #1 Name: _____ Date of Birth: _____

Address: _____

Date of Death: _____

Parent #2 Name: _____ Date of Birth: _____

Address: _____

Date of Death: _____

DECEDENT’S SIBLINGS

Sibling’s Name: _____

Date of Birth: _____ Date of Death: _____

Sibling’s Name: _____

Date of Birth: _____ Date of Death: _____

Sibling’s Name: _____

Date of Birth: _____ Date of Death: _____

Sibling’s Name: _____

Date of Birth: _____ Date of Death: _____

Sibling’s Name: _____

Date of Birth: _____ Date of Death: _____

Estate Planning

	(Please check "Yes" or "No" for your answer)	Yes	No
1.	Has the deceased completed a will, trust, or other estate planning document? <i>Please furnish copies of these documents.</i>		
2.	Is the deceased the beneficiary of anyone else's trust? <i>If so, please explain below under Additional Information.</i>		
3.	Did the deceased ever file a federal or state gift tax return(s)? <i>Please furnish copies of these returns.</i>		
4.	Does the deceased have a safe deposit box? <i>If so, please provide the name and branch of the bank and identify all persons with access to the box, below under Additional Information.</i>		
5.	Has the deceased made any pledge to charity, promising a future gift?		
6.	Have you advanced funds for burial, cremation or funeral expenses? <i>If yes, please provide copies of all receipts.</i>		
7.	Is there an heir or beneficiary of the deceased that is confined in a prison or facility under the jurisdiction of the Department of Corrections or the Department's Rehabilitation or the Division of Juvenile Facilities. <i>If yes, please provide the heir's or beneficiary's CDCR number or booking number below under Additional Information.</i>		
8.	Please provide an original Death Certificate for each parcel of real estate for which the deceased held title.		

Additional Information

Professional Advisors

Please list the names, addresses and phone numbers of the following professional advisors, if applicable:

Decedent's accountant: _____

Name of Firm / Contact Info: _____

Decedent's financial planner / stock broker: _____

Name of Firm / Contact Info: _____

Decedent's pension or IRA plan administrator: _____

Name of Firm / Contact Info: _____

Part II FINANCIAL PROFILE

For every parcel of real property the decedent is on title please provide an address and if possible an Assessor's Parcel Number. In lieu of writing out this information, please provide a tax statement and a mortgage statement (if any) for each property.

Property address: _____

Who is on Title: _____

Amount of Loan Outstanding: _____

Estimated Fair Market Value: _____

Property address: _____

Who is on Title: _____

Amount of Loan Outstanding: _____

Estimated Fair Market Value: _____

Property address: _____

Who is on Title: _____

Amount of Loan Outstanding: _____

Estimated Fair Market Value: _____

Please provide a copy of the MOST RECENT statement for the following accounts in the decedent's name:

- | | |
|--|---|
| <input type="checkbox"/> Checking and Savings Accounts | <input type="checkbox"/> Brokerage Accounts |
| <input type="checkbox"/> 401K/403B | <input type="checkbox"/> IRA |
| <input type="checkbox"/> Keogh | <input type="checkbox"/> 529 |
| <input type="checkbox"/> Other: _____ | |

Please list every life insurance policy the decedent owned and provide a current annual statement.

Insurer and Policy Number: _____

Name of Insured: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Insurer and Policy Number: _____

Name of Insured: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Please list any retirement plans the decedent has through a current or former employer.

Name of Plan: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Approximate Value: _____

Name of Plan: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Approximate Value: _____

For any IRA or other retirement account of the decedent please provide:

Name of Institution and Account No: _____

Type of Account: _____ Approximate Value: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Name of Institution and Account No: _____

Type of Account: _____ Approximate Value: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Name of Institution and Account No: _____

Type of Account: _____ Approximate Value: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Please describe all closely held businesses in which the decedent held an interest, including LLCs, LLPs, general partnerships and corporations. Please provide a copy of the Articles of Incorporation, Bylaws, Articles of Organization, Operating Agreement, Partnership Agreement, Buy-sell agreement, as applicable.

Name, Address and Type of Business: _____
(Corp./Inc., LLC, Partnership)

Deceased's Percentage Ownership Interest: _____

Approximate Value of Your Interest: _____

Name, Address and Type of Business: _____
(Corp./Inc., LLC, Partnership)

Deceased's Percentage Ownership Interest: _____

Approximate Value of Your Interest: _____

Automobile #1: Year _____ Make/Model _____

Name(s) on Title: _____

Mileage: _____

Automobile #2: Year _____ Make/Model _____

Name(s) on Title: _____

Mileage: _____

Automobile #3: Year _____ Make/Model _____

Name(s) on Title: _____

Mileage: _____

Automobile #4: Year _____ Make/Model _____

Name(s) on Title: _____

Mileage: _____

Part III

NOTES / QUESTIONS

Please list any other items you want to discuss:
