

LAW OFFICES OF JEFFREY B. KAHN, P.C.

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LOS ANGELES SAN DIEGO ORANGE COUNTY

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ONE MARKET STREET, 36TH FLOOR, SAN FRANCISCO, CA 94105
2033 GATEWAY PLACE, 5TH FLOOR, SAN JOSE, CA 95110
1652 WEST TEXAS STREET, SUITE 248, FAIRFIELD, CA 94533
4040 CIVIC CENTER DRIVE, SUITE 200, SAN RAFAEL, CA 94903
6080 CENTER DRIVE, 6TH FLOOR, LOS ANGELES, CA 90045
402 WEST BROADWAY, SUITE 400, SAN DIEGO, CA 92101
4695 MACARTHUR COURT, 11TH FLOOR, NEWPORT BEACH, CA 92660

PROBATE/ESTATE ADMINISTRATION QUESTIONNAIRE

In order to aid our analysis of the estate and prepare applicable probate pleadings, please complete this questionnaire and submit it to our office along with a copy of the decedent's prenuptial agreement, if applicable, and the Last Will And Testament and any Trusts of the decedent currently in force.

Your Name: _____ Social Security Number: _____

Birthdate: _____ Occupation: _____ Work Telephone Number: _____

Cellphone Number: _____ Home Telephone: _____ Email: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Facsimile Number: _____ U.S. Citizen (Yes/No)

Referred By: iNet Google Yahoo Yellowpages.com

Yellowpages _____

DECEDENT'S PERSONAL INFORMATION

Decedent's Full Legal Name (as shown in Will): _____

Alias Names Of Decedent: _____ Social Security Number _____

Place of Death: _____ City: _____ County: _____ State: _____

Date of death: _____ (include copy of death certificate if available) Age at death: _____

Last residence street address: _____

City: _____ County: _____ State: _____ Zip Code: _____

State of Domicile: _____ When Domicile Established: _____ (attach declaration of domicile, if available)

DECEDENT'S FAMILY AND BENEFICIARIES

SPOUSE (if deceased include date of death)

| Name & Social Security Number | Address | Birthdate | Special Circumstances |
|-------------------------------|---------|-----------|-----------------------|
| | | | |

CHILDREN (living and deceased - if deceased include date of death)

| Name & Social Security Number | Address & Telephone Numbers | Birthdate | Special Circumstances |
|-------------------------------|-----------------------------|-----------|-----------------------|
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OTHER ISSUES AND RELATIONS

| Name & Social Security Number | Address (if different from your residence) | Birthdate | Relation |
|-------------------------------|--|-----------|----------|
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| | | | |

OTHER BENEFICIARIES

| Name & Social Security Number | Address (if different from your residence) | Birthdate | Relation |
|-------------------------------|--|-----------|----------|
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PROFESSIONALS (include address and telephone number)

Accountant: _____

Investment Advisors: _____

LAST WILL AND TESTAMENT

Location of original Will: _____ Date of: Will _____ Codicils _____ Separate Writing _____

Prepared by whom: _____ Place of signing Will: _____

If Will and/or Codicils not self-proving (i.e., not notarized), provide names and current addresses and telephone numbers of witnesses to each instrument: _____

Check here [] if Will contains special burial or funeral instructions. Check here [] if Pourover Will.

Name of Pourover Trust: _____ Date Created: _____

PERSONAL REPRESENTATIVE(S)

List each person designated and willing to serve as Personal Representative. Please include address and other personal information for each person not otherwise provided in this Questionnaire.

GENERAL QUESTIONS

List Trusts That Decedent Had Interest In And Approximate Value Of The Trust Assets (include copy of trust agreement) _____

Identify how was the title to decedent's home or apartment (homestead) held as shown on deed, title policy or tax bill: _____ (include copy of deed)

If decedent had a safe deposit box, identify: Name of bank _____

Box # _____ Address of bank _____

Names of other persons having authorized access _____

Did decedent own any of the following? (if so, attach description):

| | | |
|---|-----|----|
| Assets subject to rapid or severe deterioration or perishable property? | Yes | No |
| Assets especially susceptible to theft, destruction, damage or injury? | Yes | No |
| An interest in a partnership? | Yes | No |
| An interest in a sole proprietorship? | Yes | No |
| An interest in a small business corporation? | Yes | No |
| Substantial obligations due within the next 30 days? | Yes | No |

If decedent was engaged actively in operation of his or her own business, provide the contact name, address and telephone number: _____

Tax year of the last personal income tax return (IRS Form 1040) filed by decedent: _____

Approximate date when the return was filed: _____ (include a copy of the return)

Was the decedent required to, and did decedent file any state income tax returns for any of the preceding 3 years? (Yes/No) If yes, list years that were filed and state(s): _____ (include copies of the tax returns)

Did decedent have a company pension or profit sharing plan, an annuity, a KEOGH plan, or an Individual Retirement Account (IRA)? (Yes/No) NOTE: It is important that no election of term payment or lump sum payment of proceeds be made until we consider the estate tax and income tax consequences of such election.

List all mortgages and loan obligations (other than charge accounts) which require periodic payments:

| Name of creditor and address | Loan Number, When Payable (monthly, quarterly, etc.) | Amount of payment, Next payment due | Approximate balance | Description of collateral |
|------------------------------|--|-------------------------------------|---------------------|---------------------------|
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REAL ESTATE

| Location/Address/Description | Ownership | Value | Mortgage Balance | Net Equity |
|------------------------------|-----------|-------|------------------|------------|
| | | | | |
| | | | | |
| | | | | |
| Total Net Equity: | | | | |

RETIREMENT ACCOUNTS

| Description | Owner | Beneficiary Designations | Value |
|------------------|-------|--------------------------|-------|
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| | | | |
| | | | |
| | | | |
| Total Net Value: | | | |

LIFE INSURANCE (whether owned by decedent or decedent is the insured)

| Insurance Company/ Type of Policy (Term, Universal, etc.) | Owner | Insured | Beneficiary Designations | Death Benefit | Net Cash Surrender Value |
|---|-------|---------|--------------------------|---------------|--------------------------|
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| | | | | | |
| | | | | | |
| Total Net Value: | | | | | |

INTERESTS IN CLOSELY HELD OR FAMILY OWNED BUSINESS

| Description | Ownership | Value |
|------------------|-----------|-------|
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| | | |
| | | |
| | | |
| | | |
| Total Net Value: | | |

OTHER ASSETS

(Loans Receivable, Vehicles, Artwork, Collectibles and Other Tangible Personal Property)

| Description | Ownership | Net Value |
|------------------|-----------|-----------|
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| | | |
| | | |
| Total Net Value: | | |

TOTAL NET VALUE OF ESTATE: \$ _____

ASSETS NOT OWNED BY DECEDENT
BUT SUBJECT TO POWER OF APPOINTMENT HELD BY DECEDENT

| Description of Assets | How Assets Held & Date Power Acquired | Value |
|-----------------------|---------------------------------------|-------|
| | | |
| | | |