

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

WALNUT CREEK      SAN FRANCISCO      SAN JOSE      FAIRFIELD      MARIN COUNTY

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### 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)

How Did You Reach Us?    Google    Yahoo    Yellowpages.com    Other: \_\_\_\_\_

### 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

OTHER ISSUES AND RELATIONS

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

OTHER BENEFICIARIES

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

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 with the State of Florida intangible personal property tax returns for any of the preceding 3 years? (Yes/No) If yes, list years that were filed: \_\_\_\_\_ (include copies of the tax returns)

Was decedent at the time of his or her death regularly required to file tax returns with any other state or country? (include copies of such returns)

			Due Date of next return
Personal income tax return for States of	Yes	No	
Intangible personal property tax return	Yes	No	
Tangible or commercial property	Yes	No	
Other	Yes	No	

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

REAL ESTATE

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



ANNUITIES

Description	Owner	Beneficiary Designations	Value
Total Net Value:			

RETIREMENT ACCOUNTS

Description	Owner	Beneficiary Designations	Value
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
Total Net Value:					

INTERESTS IN CLOSELY HELD OR FAMILY OWNED BUSINESS

Description	Ownership	Value
Total Net Value:		

OTHER ASSETS

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

Description	Ownership	Net Value
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