

Berman, Sobin, Gross, Feldman & Darby, LLP

Estate Administration Questionnaire

Section 1 – Personal Representative Information

Full Name	
Any aliases or AKAs or “legal name”	
Relationship to the Deceased	
Street Address	
City, State, Zip	
County/D.C.	
Phone Number (home)	
Phone Number (cell)	
Social Security Number	
Date of Birth	

Section 2 – Personal Representative Qualification Information

A. Are you a US citizen? YES NO

If not, list your country of origin and your current US citizenship status:

B. Do you currently have any open credit issues such as bankruptcy, foreclosure, or lawsuit settlements/judgments? YES NO

If yes, please list a description of the relevant issues:

C. Have you ever been convicted of a felony? YES NO

If yes, please list a description of the relevant conviction:

Section 3 – Deceased Information

Full Name	
Any aliases or AKAs or “legal name”	
Residence: Street Address	
City, State, Zip	
County/D.C.	
Social Security Number	
Date of Birth	
Country of Origin/Citizenship	
Date of Death	
Location of Death: Street Address	
City, State, Zip	
County/DC	

Section 4 – Living Heirs

List spouse, children and parents; if none, siblings. If a child of the deceased predeceased them, please list their children as well.

Name	Relationship	Address

Section 5 – Wills and Trusts

D. Did the Decedent have a Will? YES NO

If yes, location of original will and/or attach a copy:

E. Did the Decedent have a Trust? YES NO

If yes, location of trust documents and/or attach a copy:

Section 6 – Assets

A. Tangible Personal Property

List below the Decedent’s tangible personal property (such as furniture, vehicles, jewelry or artwork or anything of significant or insurable value). If he/she had a safe deposit box please list the contents here. Attach additional sheets as necessary.

DESCRIPTION	ESTIMATED VALUE	LOCATION

B. Bank Accounts

In addition to listing below, attach any and all bank statements. If he/she had a safe deposit box please list the institution where it is held and the names of anyone who can access it.

FINANCIAL INSTITUTION	ACCOUNT NUMBER	NAME(S) ON ACCOUNT/ BENEFICIARY	APPROXIMATE BALANCE

C. Stocks, Bonds, Treasury Notes, Other Investments

In addition to listing below, attach any and all brokerage statements or stock certificates (including stock held with demutualized insurance providers).

NAME	NO. OF SHARES	BENEFICIARY	APPROXIMATE VALUE

D. Real Estate

List all properties owned by the Decedent. Show how titled, give street address and provide a copy of the legal description (found on the deed or deed of trust).

ADDRESS OF PROPERTY	NAME(S) ON TITLE	HOW TITLED	APPROX. VALUE

E. Life Insurance, IRAs, Pension, 401K

In addition to listing below, attach any statements or policies.

TYPE	FINANCIAL INSTITUTION	ACCOUNT/POLICY NUMBER	BENEFICIARY	APPROX. VALUE

F. Businesses

Attach a copy of any and all partnership agreements and/or articles of incorporation.

Name of Business 1	
Tax ID Number	
Type of Business Entity	
Name of Business 2	
Tax ID Number	

Type of Business Entity	
Name of Business 3	
Tax ID Number	
Type of Business Entity	

Please attach a separate pages if there is not enough room to list all of the Decedent's assets.

Section 7 – Creditors

A. Secured Creditors (e.g., car loans, mortgages)

Attach a copy of statements or billing statements.

NAME	ACCOUNT NUMBER	SECURITY	APPROXIMATE BALANCE

B. Unsecured Creditors (e.g., credit cards, medical bills)

Attach a copy of statements or billing statements.

NAME	ACCOUNT NUMBER	APPROXIMATE BALANCE

