



**ESTATE ADMINISTRATION
PERSONAL INFORMATION
QUESTIONNAIRE**

CONFIDENTIAL

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DECEDENT'S INFORMATION

Legal Name _____
(name most often used to title property and accounts)

Any other Names Decedent used (include maiden name) _____

Place of Birth _____ Birth date _____ SS# _____ US Citizen Y/N

Date of Death _____ Place of Death (City, ST) _____

Home Address at Time of Death _____

Employer at Time of Death _____ City and State _____

FAMILY AND BENEFICIARY INFORMATION

Was the Decedent married at the time of death?

Yes No

Name of Spouse: _____

Date of Marriage: _____

Address: _____

City/ST/Zip: _____

Telephone: _____

Was the Decedent divorced at the time of death?

Yes No

Name: _____

Marriage ended by: Death Divorce

Address: _____

City/ST/Zip: _____

*Please provide info for other prior spouses

Please list Decedent's children, include adopted and deceased children. If a child is deceased, include the deceased child's descendents. If the decedent did not have any children, please list the decedent's parents if either is alive or the Decedent's siblings if neither parent is alive. Also include all beneficiaries specifically named in the Decedent's Will or Trust below.

| Name and Address | Birth date | Relationship |
|------------------|------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Comments: _____

YOUR INFORMATION

Legal Name _____
(name most often used to title property and accounts)

Also Known As _____ Prefer to be called _____

Home Telephone _____ Birth date _____ SS# _____ US Citizen Y/N

Home Address _____ City _____ State _____ Zip _____

Employer _____ Business Telephone _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

Relationship to Decedent: _____ spouse _____ child _____ Executor/Trustee _____ Other: _____

Checklist of Items and Information to Bring for Initial Appointment**All original documents including:**

- Trust Agreement
- Will
- Deeds and other documents assigning assets to the trust
- Vehicle titles
- Most recent title insurance policies for real estate
- Insurance policies (life, house, vehicle, etc.)
- Certified copy of Death Certificate
- Any business agreements, leases, promissory notes, etc.

Copies or originals of:

- Most recent property tax statements on real estate
- Any appraisals on real estate which have been completed in the past two years
- Statement on bank accounts, investments, and other assets
- Mortgages statements
- Tax returns, if any have been filed

PLEASE RETURN THIS COMPLETED QUESTIONNAIRE TO OUR OFFICE AT LEAST 48 HOURS PRIOR TO YOUR APPOINTMENT BY MAIL, EMAIL, OR FAX.

ASSETS OF THE ESTATE OF:

Section One

1. Did the deceased own any real property in this state? **YES** **NO** (circle one)

1(a). If the answer to Question 1 above is **YES**, answer the questions below.

If **NO**, go to Question 2.

(i) Location of property: _____

(ii) Value of property: \$ _____

(ii) Is this property owned with another person?

Answer: **YES** **NO** (circle one) If **NO** go to Question 2.

If **YES** name the other co-owner(s): _____

2. Did the deceased own any real property located outside this state? **YES** **NO** (circle one)

2(a). If the answer to Question 2 is **YES**, answer the question below. If **NO**, go to Section Two.

(i) Location of property: _____

Section Two

1. Did the deceased own any of the following? Circle YES or NO for each item listed below. If YES give value. If Survivorship Indicate "Surv" rather than value.

| | | | <u>VALUE</u> |
|------------------------|------------|-----------|--------------|
| Stocks | YES | NO | \$ _____ |
| Bonds | YES | NO | \$ _____ |
| Investment Account | YES | NO | \$ _____ |
| Savings Bonds | YES | NO | \$ _____ |
| Mutual Funds | YES | NO | \$ _____ |
| Money Market Account | YES | NO | \$ _____ |
| Certificate of Deposit | YES | NO | \$ _____ |
| Savings Account | YES | NO | \$ _____ |
| Checking Account | YES | NO | \$ _____ |
| Notes Receivable | YES | NO | \$ _____ |
| Accounts Receivable | YES | NO | \$ _____ |
| Pension Income | YES | NO | \$ _____ |
| Annuity | YES | NO | \$ _____ |
| Trust Income | YES | NO | \$ _____ |

| | | | |
|--------------------------|------------|-----------|----------|
| Other Securities, etc... | YES | NO | \$ _____ |
| Miscellaneous Cash | YES | NO | \$ _____ |

Section Three

1. Did the deceased have any insurance on his/her life? **YES NO** (circle one)

1(a). If the answer to Question 1 above is **YES**, answer the question below. If **NO**, go to Question 2.

(i) Who is the Beneficiary of the policy(ies)? _____

(ii) If life insurance is payable to the decedent's estate, what is (are) the death benefit payment(s) \$ _____

2. Was the deceased engaged in business as either a sole proprietor, partner, limited partner, or corporate partner? **YES NO** (circle one)

2(a). If the answer to Question 2 above is **YES**, answer the question below. If **NO**, go to Question 3.

(i) Describe the business interest. _____

(i) Provide the value of the business interest. _____

3. Did the deceased have any interest in any other estate or trust which had not been distributed to him/her prior to death? **YES NO** (circle one)

3(a). If the answer to Question 3 above is **YES**, answer the question below. If **NO**, go to Section Four.

(i) Describe the state or trust interest. _____

(ii) Provide the value of the interest. _____

Section Four

1. Did the deceased own any automobiles, boats, or other similar vehicles? **YES NO** (circle one)

1(a). If the answer to Question 1 above is **YES**, answer the questions below. If **NO**, go to Question 2.

(i) Describe the vehicle(s). _____

(ii) Provide the value of each vehicle: \$ _____

(iii) Is any vehicle owned with any other person?

Answer: **YES NO** (circle one) If **NO**, go to Question 2.

If **YES**, name the co-owners, and provide the title or registration:

2. Provide the value of the personal effects and house hold furnishings owned by the deceased, **excluding** antiques, rare collections, and items specifically given away in the will of the deceased. \$ _____

3. List and give the value of any item of personal property owned by the deceased of special significance or value. Include items excepted above in Question 2.
