

Estate Administration Questionnaire



ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PLEASE COMPLETE THIS WORKSHEET AND RETURN IT VIA EMAIL OR FAX

CONFIDENTIAL ESTATE ADMINISTRATION DATA

I understand that this questionnaire is designed to provide important information for estate and/or trust administration purposes and that the ability of Loss and Pavone, P.C. to advise me with respect to the administration of assets with accuracy and efficiency depends on the completeness of such information. I hereby confirm that such information is substantially correct and complete.

Dated: _____

INTRODUCTION

Please accept our sincere condolences on the passing of your loved one.

Before our initial meeting, we ask that you please complete this form to the best of your ability and return it to our office. If you have any questions while completing the questionnaire, please note them, and we can discuss them when we meet. Upon receipt of the completed form, we will call you for an appointment.

It is important that you provide us with values of all estate assets as of the date of death, to the best of your knowledge, as well as the manner of ownership of each asset (i.e., in the decedent's individual name, in trust, in joint tenancy, etc.). We will also need an itemization of all the decedent's liabilities as of the date of death. This information will enable us to calculate the "gross estate" so that we can determine what type of administration will be required by Illinois law. Although approximate values are acceptable initially, it is important that we obtain date of death values for each and every asset owned by the decedent as soon as possible in order to effectively advise you.

We also ask that you provide the following documents at our first meeting, if at all possible:

- Certified copy of the death certificate;
- The **original will** and any other estate planning documents, such as a living trust, any amendments to the trust, any codicils to the original will, and any other estate planning documents in effect on the date of death;
- The most recent statement for each savings, checking and money market account, certificate of deposit (CD) and brokerage account;
- A copy of the most recently recorded deed, contract, or other evidence of ownership of any real estate or time share;
- The most recent statement for each Individual Retirement Account (IRA), profit sharing plan, 401(k) plan, or other retirement account, as well as beneficiary designations or other beneficiary information available to you;
- The original of any policy of life insurance in effect at the time of death, as well as beneficiary designations or other beneficiary information available to you;
- The original of any annuity contract owned by the decedent on the date of death, as well as beneficiary designations or other beneficiary information available to you;
- Copies of any partnership or joint venture agreements;

- Evidence of ownership of any other asset not mentioned above; and
- Last year's federal income tax return(s).

It is important that you provide us with the decedent's **original will**, since **the executor is required to file the will within 30 days after the date of death**. We will file the will for you if we are retained to represent you in this matter.

The more information and documentation you are able to provide, the better we will be able to analyze the estate and determine how to proceed with the administration in accordance with state and federal law.

SUMMARY

The duties of a personal representative of an estate, normally an executor, or the trustee of a trust, depend upon the particular circumstances involved, such as the details of the decedent's estate plan, the value of the gross estate and how each asset is titled.

The way that assets are owned and the value of those assets at death determine whether a formal probate proceeding will be required. The terms of a will and/or trust determine how and to whom assets will be distributed or allocated. If the decedent did not have a will or trust, the laws of the State of Illinois dictate how assets are to be distributed. How assets are owned also determines whether an asset will be included in the taxable estate for death tax purposes. There are also income tax issues that must be addressed, both from the standpoint of the estate and from the standpoint of the beneficiaries who will take title to the assets.

The administration process may also involve various tax issues, including the filing of necessary tax returns. To the extent applicable, a final individual or joint income tax return, a federal estate tax return, a state death tax return and a fiduciary income tax return for the estate and/or the trust may have to be filed.

The handling of these issues is the duty of the executor of the estate and/or the trustee of the trust. If these duties, among many others, are not properly performed, the executor or trustee can be held liable by the beneficiaries of the estate in a court of law.

PRIVACY POLICY

Privacy of non-public personal information has become a much discussed topic in the news, especially because of new federal laws that apply to financial institutions. Attorneys have always been and continue to be bound by professional standards of confidentiality that are more restrictive as to the disclosure of confidential client information than those required by new federal privacy laws. Attorneys are bound by their professional rules of ethics to protect clients' right to privacy.

In the course of providing clients with legal services, we may receive non-public personal information from the client, as executor or administrator, as applicable, or from third parties, with the client's authorization. We do not disclose non-public personal information about clients or former clients, except as authorized by the client or as required or permitted under applicable law and rules of professional ethics.

We retain records relating to the professional services we provide to better assist a client's needs and, in some cases, to comply with professional guidelines. Access to non-public personal information regarding clients is restricted to those persons who must have access to the records to provide the services requested by the client (for example, a tax preparation service). We maintain physical, electronic and procedural safeguards to protect a client's non-public personal information in accordance with our professional standards.

CONTACT INFORMATION

Your Full Name (first, middle initial, last):	
Residence Address:	
City, State and Zip:	
Relationship to Decedent:	SSN:
Home Phone:	
Office Phone:	
Cell Phone:	
E-mail Address:	
Are you named as either an executor or trustee in Decedent's estate planning documents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what fiduciary position were you named to? <input type="checkbox"/> Executor <input type="checkbox"/> Trustee	
Were the decedent's estate planning documents prepared by Loss and Pavone, P.C.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not a former client, how did you hear about Loss and Pavone, P.C.?	

DECEDENT INFORMATION

Full Name: (first, middle initial, last)		
Residence Address at time of death:		
City, State and Zip at time of death:		
County of Residence at time of death:		
Country of Citizenship:		
Date of Birth:	Date of Death:	
Social Security Number:		
Community Property Domicile:		
If the decedent ever lived in the following community property states, please indicate which states and the dates of residence - Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin:		
Surviving spouse full name:	Date of Marriage:	Place:
Pre-marital agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please supply copy.	
Previously married? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many times? _____	
For each prior marriage, indicate name of prior spouse, date of marriage, date of termination, reason for termination (divorce, death) and, if divorced, whether prior spouse is living. Please supply copy of any divorce decrees.		
Please indicate what estate planning documents are currently in effect and the dates of execution:		
Date of Living Trust and Amendments (if any): _____		
Date of Will and Codicils(if any): _____		
Date of other estate planning documents (if any): _____		
Please supply ORIGINALS of current wills and trusts.		

FAMILY INFORMATION

Please list each child of the decedent; attach additional sheets if necessary.

CHILD'S NAME (include middle initial)	SPOUSE	ADDRESS	BIRTH DATE	DATE OF DEATH (IF APPLICABLE)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

List each grandchild of the decedent, and indicate which child is that grandchild's parent; attach additional sheets if necessary.

GRANDCHILD'S NAME (include middle initial)	SPOUSE	ADDRESS	PARENT	BIRTH DATE	DATE OF DEATH (IF APPLICABLE)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

BENEFICIARIES OF TRUST/ ESTATE

Please list each beneficiary of the decedent's trust or will; attach additional sheets if necessary.

NAME (include middle initial)	DOB	RELATIONSHIP	ADDRESS	BENEFICIARY SHARE	SSN
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

FIDUCIARY INFORMATION

If you are not the named executor and/or Trustee, please supply the following information, as applicable.

Full Name of Executor:	
Residence Address:	
City, State and Zip:	
Home Phone:	
Cell Phone:	
Office Phone:	
Primary E-mail Address:	
Full Name of Trustee (unless same as above):	
Residence Address:	
City, State and Zip:	
Home Phone:	
Cell Phone:	
Office Phone:	
Primary E-mail Address:	

EXISTING ADVISORS AND STORAGE FACILITIES

Accountant/CPA
Firm:
Address:
City, State and Zip:
Telephone number:
Financial Advisor
Firm:
Address:
City, State and Zip:
Telephone number:
Personal Banker/Other
Firm:
Address:
City, State and Zip:
Telephone number:
Stock Broker/Other
Firm:
Address:
City, State and Zip:
Telephone number:
Life Insurance Agent
Firm:
Address:
City, State and Zip:
Telephone number:
Safe Deposit Box
Bank:
Address:
City, State and Zip:
Box number(s):
Rented by (H, W, Jt.):

ESTATE SUMMARY

ASSETS	VALUES
Cash & Notes (Schedule A)	\$
Real Estate (Schedule B)	\$
Securities (Schedule C)	\$
Closely-held business interests (Schedule D)	\$
Life insurance (death benefit) (Schedule E)	\$
Annuities (Schedule F)	\$
Qualified retirement plans & IRAs (Schedule G)	\$
Non-qualified employee benefits (Schedule H)	\$
Tangible personal property (Schedule I)	\$
Miscellaneous (Schedule J)	\$
GROSS ESTATE	\$
LIABILITIES	
Mortgages (Schedule K)	\$
Loans/notes (Schedule K)	\$
Other liabilities (Schedule K)	\$
TOTAL LIABILITIES	\$
NET ESTATE (Assets minus liabilities)	\$

Please provide a copy of the decedent's most recently-filed federal income tax return (Form 1040), including all schedules.

SCHEDULE A - CASH AND NOTES

CASH ACCOUNTS		TYPE (Checking, Savings, C.D., Money Market)	VALUE			
Name of Bank or Other Institution			Individual	Co-Owned*	Trust	POD **
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
SUBTOTAL CASH ACCOUNTS			\$	\$	\$	\$
LOANS OR NOTES RECEIVABLE (money owed to you)						
OBLIGOR	RATE	DATE DUE				
			\$			
			\$			
			\$			
SUBTOTAL LOANS AND NOTES			\$			
TOTAL (carry over to Estate Summary)			\$			
Comments:						
* If co-owned, indicate name(s) of co-owner(s):						
** If the account has a Payable on Death (POD) designation, please indicate the named beneficiary:						

SCHEDULE B - REAL ESTATE

For valuation purposes, use your best estimate of current total values, without regard to any mortgages that may be outstanding. Mortgage information should be described in Schedule I. Please indicate if any property is a condominium, co-op, time share or other restricted ownership. For jointly owned real estate, please identify joint tenant.

ADDRESS (include <u>county</u>)		Residential (R) Commercial (C) Vacant (V)	VALUE		
			Individual	Co-Owned*	Trust**
1.			\$	\$	\$
2.			\$	\$	\$
3.			\$	\$	\$
4.			\$	\$	\$
5.			\$	\$	\$
6.			\$	\$	\$
7.			\$	\$	\$
8.			\$	\$	\$
TOTAL (carry over to Estate Summary)			\$	\$	\$

* If co-owned, indicate name(s) of co-owner(s): _____

** Indicate whether land trust, living trust, etc. and provide details, i.e., name of trustee, names of beneficiaries, etc.: _____

Has any real estate been the subject of a tax-free exchange (§1031 exchange/Starker exchange) within the last 12 months? Please explain: _____

SCHEDULE C - SECURITIES

If Co-owned, please indicate identity of co-owner(s); if TOD, indicate name of beneficiary or beneficiaries.

CERTIFICATE/BOND/FUND NAME AND NUMBER	VALUE			
	Individual	Co-Owned	Trust	TOD
Brokerage Accounts				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Corporate bonds (provide list)				
	\$	\$	\$	\$
	\$	\$	\$	\$
U.S. government bonds, notes & bills (provide list)				
	\$	\$	\$	\$
	\$	\$	\$	\$
Municipal bonds (provide list)				
	\$	\$	\$	\$
	\$	\$	\$	\$
Other (provide list)				
	\$	\$	\$	\$
TOTAL (carry over to Estate Summary)	\$			

SCHEDULE D - CLOSELY-HELD BUSINESS INTERESTS

Including limited partnerships and tax shelters.

ASSET TYPE	ASSET VALUE
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL (carry over to Estate Summary)	\$

Please supply copies of partnership agreements, buy-sell agreements, related insurance arrangements or any other documents relevant to the business listed above.

Comments: _____

SCHEDULE E - LIFE INSURANCE

INSURING LIFE OF CLIENT								
COMPANY	POLICY NO.	TERM, VARIABLELIFE, UNIVERSAL LIFE, OR WHOLE LIFE	FACE VALUE	CASH VALUE	LOANS	ANNUAL PREMIUM	OWNER	BENEFICIARY
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
TOTAL (carry over to Estate Summary)			\$	\$	\$	\$		

SCHEDULE F - ANNUITIES

COMPANY	CONTRACT NO.	COST BASIS	CURRENT VALUE	OWNER	BENEFICIARY
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
TOTAL (carry over to Estate Summary)		\$	\$		

SCHEDULE G - QUALIFIED RETIREMENT PLANS AND IRAs

NAME OF CUSTODIAN OR PLAN SPONSOR	ACCOUNT NUMBER	VALUE	BENEFICIARY
Traditional IRAs/Keogh Accounts/SEPs			
		\$	
		\$	
		\$	
Roth IRAs			
		\$	
		\$	
		\$	
Pension Plans			
		\$	
		\$	
401(k) Plans			
		\$	
		\$	
Profit Sharing Plans			
		\$	
		\$	
Other			
		\$	
TOTAL (carry over to Estate Summary)		\$	

SCHEDULE H - NON-QUALIFIED EMPLOYEE BENEFITS

DEFERRED COMPENSATION		
Employer or Company	Value	Named beneficiary
	\$	
	\$	
	\$	
TOTAL	\$	

STOCK OPTIONS				
Employer or Company	Number of shares	Option price/share	Current value/share	Total Net Value
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
TOTAL				\$

OTHER NON-QUALIFIED EMPLOYEE BENEFITS		
Description	Value	Comments
	\$	
	\$	
	\$	
TOTAL	\$	

TOTAL OF ALL NON-QUALIFIED EMPLOYEE BENEFITS	
TOTAL (carry over to Estate Summary)	\$

SCHEDULE I - TANGIBLE PERSONAL PROPERTY

Furniture and furnishings	\$
Automobile (Year, make, model)	\$
Automobile (Year, make, model)	\$
Automobile (Year, make, model)	\$
Artwork or art collections	\$
Other collections	\$
Goods in storage	\$
Jewelry	\$
Furs	\$
Other	\$
	\$
	\$
	\$
TOTAL (carry over to Estate Summary)	\$

Describe collections, antiques, heirlooms, etc. that require special estate plan considerations, and give any other pertinent comments:

SCHEDULE J - MISCELLANEOUS

INTERESTS IN PENDING PROBATE ESTATES	
	\$
	\$
	\$
	\$
TOTAL (carry over to Estate Summary)	\$

INTERESTS IN EXISTING TRUSTS	
	\$
	\$
	\$
	\$
TOTAL (carry over to Estate Summary)	\$

Please supply copies of relevant wills and trusts.

Have you ever filed a U.S. Gift Tax return? Yes No **If yes, please supply copies.**

Please check yes or no.

TAXES	YES	NO
Is a final 1040 due		
Is a 1041 anticipated		
Intangible return		
706 (estate return)		

SCHEDULE K - LIABILITIES

MORTGAGES (use same property numbers as in schedule B)	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
TOTAL (carry over to Estate Summary)	\$

Loans/Notes (Identify creditor)	
	\$
	\$
	\$
TOTAL (carry over to Estate Summary)	\$

Other liabilities (including charitable pledges)	
	\$
	\$
	\$
	\$
TOTAL (carry over to Estate Summary)	\$

