

ESTATE ADMINISTRATION QUESTIONNAIRE

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Part 1 – The Decedent

Legal Name _____

Date of Death _____ Birthdate _____ SSN _____

Address _____ City _____ State _____ Zip _____

County _____ Municipality _____

Date of Decedent's Last Will (if any): _____

Dates of any trusts created by the Decedent during lifetime (if any): _____

Was Decedent a US citizen? Yes No Was Decedent a beneficiary of any trusts created by others? Yes No

Did Decedent ever file any gift tax returns? Yes No Was Decedent predeceased by any children? Yes No

Did the Decedent receive government benefits (such as Medicaid)? Yes No

Part 2 – Fiduciary, Family Members, Other Beneficiaries, and Advisors

Fiduciary (Personal Representative, Executor, Administrator, or Trustee)

Legal Name _____

SSN _____ Email _____ Phone _____

Address _____ City _____ State _____ Zip _____

Surviving Spouse, if any

Legal Name _____

Birthdate _____ SSN _____ Email _____

Address _____ City _____ State _____ Zip _____

Is the surviving spouse a US citizen? Yes No

Date of Marriage _____ Existing Premarital Agreement? Yes No

Children (by Birth or Adoption)

Child 1

Legal Name _____

Birthdate _____ SSN _____ Email _____

Address _____ City _____ State _____ Zip _____

Child 2

Legal Name _____

Birthdate _____ SSN _____ Email _____

Address _____ City _____ State _____ Zip _____

Child 3

Legal Name _____

Birthdate _____ SSN _____ Email _____

Address _____ City _____ State _____ Zip _____

Child 4

Legal Name _____

Birthdate _____ SSN _____ Email _____

Address _____ City _____ State _____ Zip _____

Other Beneficiaries:

1. Legal Name _____

Relation if any _____ SSN/TIN _____ Email _____

Address _____ City _____ State _____ Zip _____

2. Legal Name _____

Relation if any _____ SSN/TIN _____ Email _____

Address _____ City _____ State _____ Zip _____

3. Legal Name _____

Relation if any _____ SSN/TIN _____ Email _____

Address _____ City _____ State _____ Zip _____

Advisors

Accountant _____ Phone _____

Financial Advisor _____ Phone _____

Other Advisor _____ Phone _____

Referred to Our Firm By _____

Part 3 – Property

Please give your best estimates of all values. Please use another sheet of paper to continue any lists.

To identify the Owner, use “D” for Decedent; “T” for Decedent’s Revocable Trust; “JS” for joint ownership between Decedent and Decedent’s spouse; “JO” for joint ownership between Decedent and someone else; and “U” for unknown.

Real Estate. *For any real estate outside of Pennsylvania, please identify where such real estate is located.*

	Description	Owner	Market Value	Debt
Real Estate	1. Personal Residence			
	2.			
	3.			
	4.			
	5.			
	6.			

Bank and Savings Accounts. *Do not include Retirement Accounts or Annuities.*

	Financial Institution	Owner	Market Value	Type of Account
Bank and Savings Accounts	1.			
	2.			
	3.			
	4.			
	5.			
	6.			

Stocks, Bonds, or Investment Accounts. *Do not include Retirement Accounts or Annuities.*

	Stock, Bond or Investment Account	Owner	Market Value	Type of Account
Stocks, Bonds, or Investment Accounts	1.			
	2.			
	3.			
	4.			
	5.			
	6.			

Retirement Accounts. Please identify the type of account (e.g., IRA, Roth IRA, SEP, SIMPLE, 401(k), 403(b), Profit Sharing).

	Custodial Institution	Owner	Market Value	Type of Plan
Retirement Accounts	1.			
	2.			
	3.			
	4.			
	5.			
	6.			

Describe Beneficiaries of Retirement Accounts (if known): _____

Life Insurance Policies and Annuities. Please use "T" for term insurance, "CV" for cash value insurance, "A" for annuities.

	Insurance Company	Type	Owner	Insured	Cash Value	Death Benefit
Life Insurance/ Annuities	1.					
	2.					
	3.					
	4.					
	5.					
	6.					

Describe Beneficiaries of Life Insurance Policies/Annuities (if known): _____

Other Property. List other property that does not fit into any other listed category (e.g., closely-held business, money owed)

	Description	Owner	Market Value
Other Property	1.		
	2.		
	3.		
	4.		