



Timothy K. Palmer, P.C.

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ESTATE ADMINISTRATION QUESTIONNAIRE

This form is extremely important. Your accuracy and completeness in responding will help Timothy K. Palmer, P.C. represent you. Bring this information with you to the appointment. Please print and use full legal names so they are legible, as all names will be typed as they appear on the Questionnaire.

1. ESTATE REPRESENTATIVE: EXECUTOR OR ADMINISTRATOR

Full Name of Individual Executor/Administrator
Street Address
City State Zip
Home Phone No. Business Phone No.
E-mail Address

Full Name of Co-Executor/Administrator
Street Address
City State Zip
Home Phone No. Business Phone No.
E-mail Address

2. DECEDENT

Name of Decedent
Decedent's Residence at Date of Death
Street Address
City State Zip
Date of Birth Place of Birth
Date of Death
Place of Death

Approximate Date Decedent became a Virginia Resident
Was the Decedent a U.S. citizen? Yes No
Name of Decedent's Physician
Street Address
City State Zip Code
Social Security Number Medicare Number
Branch of Service

3. DECEDENT'S SPOUSE

If Decedent's spouse is different from the Executor above, please provide the following information:

Full Name of Spouse _____
Street Address _____
City _____ State _____ Zip Code _____
Home Phone: _____ Business Phone: _____
Email Address _____ Fax Number: _____

4. PRIOR MARRIAGES

Please provide the names and addresses of all other persons to whom Decedent was married, and the date and manner in which such marriage was terminated (i.e. divorce, death, annulment, etc.)

Name of Former Spouse _____
Current Address of Former Spouse (if known) _____
City _____ State _____ Zip Code _____
Home Number _____ Business Number _____
Dates of Marriage _____
Marriage was terminated by: _____ Divorce _____ Death _____ Annulment

5. DECEDENT'S CHILDREN (if applicable)

Name of Child _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Email Address _____
Date of Birth _____ Social Security Number _____

Name of Child _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Email Address _____
Date of Birth _____ Social Security Number _____

Name of Child _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Email Address _____
Date of Birth _____ Social Security Number _____

Name of Child _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Email Address _____
Date of Birth _____ Social Security Number _____

Did any of Decedent's children predecease Decedent? _____ Yes _____ No

Name of Deceased Child _____
Name(s) of Deceased Child's surviving child(ren): _____

If any are minors, please list name of parent or legal guardian: _____

6. DECEDENT'S FAMILY AND OTHERS DECEDENT INCLUDED IN WILL:

List names of any persons included in the Will other than Decedent's spouse or children:

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Email Address _____

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Email Address _____

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Email Address _____

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Email Address _____

7. EMPLOYMENT

Name of Decedent's current or former Employer _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Fax Number _____
Email Address _____
Nature of Decedent's Former Occupation _____

8. OUTSTANDING DEBT

Name of Creditor _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Fax Number _____
Email Address _____
Amount of Debt: _____

Name of Creditor _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Fax Number _____
Email Address _____
Amount of Debt: _____

Name of Creditor _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Fax Number _____
Email Address _____
Amount of Debt: _____

9. ASSETS

	<u>ASSETS</u> <u>(value as of DOD)</u>	<u>ASSETS</u> <u>(current value)</u>	<u>Joint with</u> <u>another person?</u>	
Bank Accounts (attach copies of statements)	\$ _____	\$ _____	___ Yes	___ No
Real Estate (residence/other, attach copy of deed)	\$ _____	\$ _____	___ Yes	___ No
CD's/Annuities (attach copies of all policies)	\$ _____	\$ _____	___ Yes	___ No
Stocks/Bonds - Non Mutual Funds (Not held by Broker) (attach copies of all certificates)	\$ _____	\$ _____	___ Yes	___ No
Stocks/Bonds - Non Mutual Funds (Held by Broker) (attach copies of all brokerage statements)	\$ _____	\$ _____	___ Yes	___ No
Mutual Funds (attach copies of statements)	\$ _____	\$ _____	___ Yes	___ No
Note and Mortgages Receivables (attach copies of Notes & Mortgages)	\$ _____	\$ _____	___ Yes	___ No
Business Interests (attach documentation)	\$ _____	\$ _____	___ Yes	___ No
Inheritance, etc.	\$ _____	\$ _____	___ Yes	___ No
Automobiles	\$ _____	\$ _____	___ Yes	___ No
Non-IRA Tax Qualified Retirement Plans (attach copies of statements)	\$ _____	\$ _____	___ Yes	___ No
IRA's (attach copies of statements)	\$ _____	\$ _____	___ Yes	___ No
Life Insurance (attach copies of all policies)	\$ _____	\$ _____	___ Yes	___ No
Other Assets (attach documentation)	\$ _____	\$ _____	___ Yes	___ No
TOTALS	\$ _____	\$ _____		

10. FUNERAL HOME

Name of Funeral Home _____
 Name of Contact Person _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Phone Number _____ Fax Number _____
 Email Address _____

11. PRIOR GIFTS

Did Decedent make any gifts in excess of \$10,000 in any calendar year to any one person?
_____ Yes _____ No

If yes, please complete the information below:

Name of Recipient _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Email Address _____
Date of Gift _____ Amount of Gift: \$ _____

Name of Recipient _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Email Address _____
Date of Gift _____ Amount of Gift: \$ _____

Name of Recipient _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Email Address _____
Date of Gift _____ Amount of Gift: \$ _____

12. SAFE DEPOSIT BOX

Name of Bank _____
Name of Contact Person _____
Branch- Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Fax Number _____
Email Address _____
Name in which box was held _____

13. SOCIAL SECURITY AND VETERAN'S BENEFITS

Decedent's Social Security Number _____
Has Funeral Director applied for Lump-sum death benefit? _____ Yes _____ No
Has surviving spouse applied for survivor's benefit? _____ Yes _____ No

14. REFERRAL

How did you hear about us?

Name _____

Address _____

City _____ State _____ Zip Code _____

Have you heard our radio ad? _____ Yes _____ No

DOCUMENTS TO BRING TO MEETING:

Please bring to our meeting all of the following documents that are applicable to you or your spouse: Deeds; Bank and Brokerage statements; prepaid burial arrangements; Wills; Trust Agreements; Powers of Attorney; Advance Medical Directives; Separation Agreements; Divorce Decrees; Premarital or Marital Agreements; Shareholder, Partnership or Operating Agreements; Employment Agreements; Retirement Plan and IRA Designation of Beneficiary Forms; Gift Tax Returns; Life Insurance Policies and Long-term Care Insurance Policies.

REPRESENTATIONS

I represent to Timothy K. Palmer, P.C. that the information in this Questionnaire is accurate and complete to the best of my knowledge. I understand that Timothy K. Palmer, P.C. will rely upon this information which I am providing, and if this information is inaccurate or incomplete, then the recommendations provided by Timothy K. Palmer, P.C. may not be appropriate.

Date: _____

Client's Signature

Date: _____

Client's Signature