

**LAW OFFICE OF FRANK M. WILLIAMS, L.L.C.**  
**ESTATE ADMINISTRATION INFORMATION FORM**

Prepared By: \_\_\_\_\_

Decedent Information:

1. Decedent's Full Name: \_\_\_\_\_
2. Other names used (maiden/nickname/name change): \_\_\_\_\_
3. Birth date: \_\_\_\_\_
4. SS# \_\_\_\_\_
5. Residence of Deceased: \_\_\_\_\_  
 Town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
6. Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_
7. Citizenship (Country): \_\_\_\_\_ How long a resident in this State? \_\_\_\_\_
8. Did the Deceased have a Last Will & Testament? Yes \_\_\_\_\_ No \_\_\_\_\_
  - (a) If Yes, where is the Last Will & Testament located? \_\_\_\_\_
  - (b) If Yes, who is the named Executor/Executrix? \_\_\_\_\_

Family:

9. Did the deceased leave a surviving spouse? Yes \_\_\_\_\_ No \_\_\_\_\_
  - (a) If Yes, what is the Surviving Spouse's Full Name: \_\_\_\_\_
  - (b) If Yes, what is the date of marriage: \_\_\_\_\_

10. Did the deceased leave any surviving children? Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If Yes, state as follows (If additional space required, please continue on page 7):

<u>Full Name</u>	<u>Age</u>	<u>Address</u>	<u>Telephone Number</u>	<u>SS#</u>

---



---



---



---

11. If the Deceased had no surviving spouse or children, please provide the next of kin:

(a) Parents

<u>Full Name</u>	<u>Age</u>	<u>Address</u>	<u>Telephone Number</u>	<u>SS#</u>

---



---

(b) Siblings (If additional space required, please continue on page 7)

<u>Full Name</u>	<u>Age</u>	<u>Address</u>	<u>Telephone Number</u>	<u>SS#</u>

---



---

(c) Grandchildren (If additional space required, please continue on page 7)

<u>Full Name</u>	<u>Age</u>	<u>Address</u>	<u>Telephone Number</u>	<u>SS#</u>
------------------	------------	----------------	-------------------------	------------

---



---

(d) Nieces and Nephews (If additional space required, please continue on page 7)

<u>Full Name</u>	<u>Age</u>	<u>Address</u>	<u>Telephone Number</u>	<u>SS#</u>
------------------	------------	----------------	-------------------------	------------

---



---

Financial:

12. Income Producing Assets (Including: Bank Accounts, Certificates of Deposit, Stocks, Corporate or U.S. Securities; Other) (If additional space required, please continue on page 7)

<u>Location of Asset (i.e., ABC Bank)</u>	<u>Date-of-Death Value</u>	<u>Account #</u>	<u>Title</u>
---	----------------------------	------------------	--------------

---



---



---



---

13. Did the Decedent have a safe deposit box? Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If Yes, please state location(s): \_\_\_\_\_

14. Real Estate

<u>Description of Property (Address and Owner)</u>	<u>Purchase Date</u>	<u>Purchase Price</u>	<u>Approx. Date-of-Death Value</u>
--	----------------------	-----------------------	------------------------------------

---



---



---



---

15. Business Interest. Did the deceased have an interest in any business? Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If yes, please provide as follows:

<u>Name of Business</u>	<u>Interest</u>	<u>Date Business Acquired</u>	<u>Approx. Date-of-Death Value</u>
-------------------------	-----------------	-------------------------------	------------------------------------

---



---

16. Life Insurance

<u>Name of Company</u>	<u>Face Value</u>	<u>Cash Surrender Value</u>	<u>Policy #</u>	<u>Beneficiary</u>
------------------------	-------------------	-----------------------------	-----------------	--------------------

---



---



---



---

17. Other Property with Designated Beneficiaries. Did the deceased have IRA's, Vested Pension Plans, Annuities or other assets that passed upon death to a particular beneficiary whom the deceased had designated?

Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If yes, please state as follows:

<u>Description</u>	<u>Value</u>	<u>Designated Beneficiary</u>

18. Inheritances. Was the deceased entitled to an inheritance from another decedent that was yet to be distributed? Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If yes, please state as follows:

<u>Name of Other Decedent</u>	<u>Date-of-Death of Other Decedent</u>	<u>Approximate Value of Inheritance</u>

19. Trusts. Was the deceased a beneficiary of any trust? Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If yes, please state as follows:

<u>Name of Trust</u>	<u>Approximate Value of Distribution</u>	<u>Remainder Beneficiary(ies)</u>



ADDITIONAL INFORMATION:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**CHECKLIST OF ITEMS TO BRING TO OUR MEETING**

For your convenience, please bring copies of the following documents with you when meeting with our office, in addition to this Questionnaire:

1. Original Will, Codicil, Trust Agreements, Memorandum regarding distribution of personal property;
2. Real Estate Deed, appraisals or real estate tax bills;
3. Divorce Decree(s), Pre-Nuptial Agreement(s), and/or Adoption Papers;
4. Original death Certificates (multiple);
5. Letters Testamentary/Administration (multiple) (if probate has already occurred);
6. Life Insurance Policies
7. Last year's Federal and New Jersey Income Tax Returns;
8. Statements for bank/brokerage accounts owned solely or individually by the decedent showing their value as of the date of death.