



Timothy K. Palmer, P.C.

1530 Breezeport Way, Suite 400, Suffolk, VA 23435 Phone: (757) 484-9494 Fax: (757) 484-9191

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
<b>TOTALS</b>	\$ _____	\$ _____		

**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