

Zacharia Brown, PC

ESTATE ADMINISTRATION QUESTIONNAIRE

111 W McMurray Rd
McMurray, PA 15317
phone: 724-942-6200
fax number: 724-942-6202

To ensure that we are able to properly advise you, it is important that you complete this form truthfully and provide as much information as you are able.

PART I: Your Personal Information				
Name <i>(as it appears on important legal documents)</i>		Social Security Number	Relationship to Decedent	
Street Address		City	State	Zip Code
Primary Phone Number	Alternate Phone Number		Email Address	

PART II: Decedent Information <i>(Provide death certificate, if available)</i>				
Name <i>(as it appears on important legal documents)</i>		Date of Birth <i>(mm/dd/yyyy)</i>	Date of Death <i>(mm/dd/yyyy)</i>	
Alias(es), if any				
Street Address		City	State	Zip Code
County of Residence	Social Security Number		Did the decedent have a Will or Trust? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(attach a copy)</i>	

PART III: Next of Kin <i>(Provide all known next of kin (spouse, children, step-children, siblings, etc.), even if estranged and any other individual named in the Will or Trust)</i>				
Name <i>(as it appears on important legal documents)</i>		Relationship	Phone Number	
Street Address		City	State	Zip Code

Name <i>(as it appears on important legal documents)</i>		Relationship	Phone Number	
Street Address		City	State	Zip Code

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Name <i>(as it appears on important legal documents)</i>	Relationship	Phone Number	
Street Address	City	State	Zip Code

Attach additional sheets if necessary.

PART IV: Assets				
Asset Type Real Estate	Type (house, vacant land, etc.)			
	Co-Owner(s), if any			
	Street Address			
	City	State	Zip Code	
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	Co-Owner(s), if any			
	Street Address			
	City	State	Zip Code	
Asset Type	Bank/Company Name	Account Number	Joint Owner/Beneficiary	Balance/Value
Asset Type	Bank/Company Name	Account Number	Joint Owner/Beneficiary	Balance/Value
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Asset Type	Bank/Company Name	Account Number	Joint Owner/Beneficiary	Balance/Value

PART V: Debts and Liabilities			
Debt/Liability Type	Company Name	Account Number	Amount
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