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ESTATE ADMINISTRATION QUESTIONNAIRE

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 (as it appears on important legal documents)		Social Security Number	Relationship to Decedent
Street Address		City	State Zip Code
Primary Phone Number	Alternate Phone Number	Email Address	

PART II: Decedent Information (Provide death certificate, if available)

Name (as it appears on important legal documents)	Date of Birth (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)
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 (attach a copy)

PART III: Next of Kin (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)

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

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Street Address	City	State	Zip Code

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Street Address		City		State	Zip Code

Attach additional sheets if necessary.

PART IV, Assets				
Asset Type Real Estate	Type (house, vacant land, etc.)			Approximate Value
	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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