Zacharia Brown, PC

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 Infor	mation				
Name (as it appears on important legal	documents)	Social Security N	lumber	Relations	hip to Decedent
Street Address		City		State	Zip Code
Primary Phone Number	Alternate Phone Num	ber	Email A	Address	

PART II: Decedent Informat	ion (Provide death certifica	te, if available)			
Name (as it appears on important legal d	locuments)	Date of Birth (mm/dd/yy	yyy)	Date of D	eath(mm/dd/yyyy)
Alias(es), if any					
Street Address		City		State	Zip Code
County of Residence	Social Security Number		 Aprenti di la conserva 		a Will or Trust? 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		

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

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

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

me (as it appears on important legal documents)	Relationship	Phone Nu	Imber
Street Address	City	State	Zip Code
Name (as it appears on important legal documents)	Relationship	Phone Nu	mber

Street Address	City	State	Zip Code

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

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

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

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

Relationship	Phone Number	
City	State	Zip Code

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

Attach additional sheets if necessary.

PART IV: Assets						
Asset Type	Type (house, vacant land, etc.)					_
Real Estate						
	Co-Owner(s), if any					
	Street Address					
	City		State	Zip	o Code	Approximate Value
Asset Type	Type (house, vacant land, etc.)					
Real Estate						
	Co-Owner(s), if any					
	Street Address					
	City		State	Zip	o Code	Approximate Value
Asset Type	Bank/Company Name	Account Nu	mber		Joint Owner/Beneficiary	Balance/Value
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Asset Type	Bank/Company Name	Account Nu	mber		Joint Owner/Beneficiary	Balance/Value
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Asset Type	Bank/Company Name	Account Nu	mber		Joint Owner/Beneficiary	Balance/Value
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Asset Type	Bank/Company Name	Account Nu	mber		Joint Owner/Beneficiary	Balance/Value
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Asset Type	Bank/Company Name	Account Nu	mber		Joint Owner/Beneficiary	Balance/Value
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Asset Type	Bank/Company Name	Account Nu	mber		Joint Owner/Beneficiary	Balance/Value
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Asset Type	Bank/Company Name	Account Nu	mber		Joint Owner/Beneficiary	Balance/Value
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Debt/Liability Type	Company Name	Account Number	Amount	
Debt/Liability Type	Company Name	Account Number	Amount	
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Debt/Liability Type	Company Name	Account Number	Amount	
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Attach additional sheet if necessary.