

Confidential Estate & Probate Questionnaire

Personal Information

**Law Offices of
Davis & Associates, P.C.**

**Genesee Point
523 Park Point Drive, Suite 100
Golden, CO 80401**

Phone: (303) 670-9855

Fax: (303) 670-5381

PERSONAL INFORMATION

(Please Print)

Deceased

Full Legal Name _____ Date of Birth _____

Other names the Deceased has been known as or used: _____

Home address at death _____ City _____ State _____ Zip _____

County of Residence at Death: _____ Social Security # _____

Date of Death _____

Employer at Date of Death _____ Position _____

Business telephone(_____) _____ Supervisor: _____

Married: Date _____ Divorced: Date _____ Widowed : Date _____ Single

Please identify current and prior spouse(s) _____

Date(s) and Location(s) of any divorce(s) _____

Have any Tax ID's been acquired for the estate? Yes No *If Yes*, Please list _____

Estate Representative Information

Your Full Legal Name _____

What other names have you also been known as _____

What names do you use on legal documents _____

What name would you like our staff to address you by

County of Residence _____ Birthdate _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone(_____) _____ Cell:(_____) _____ Fax: _____

Email Address _____

Employer _____ Position _____ Business Telephone _____

Business address _____ City _____ State _____ Zip _____

CHILDREN'S INFORMATION

Child 1 Parent: Husband Wife Joint ***Special Needs:*** Medical Educational Financial

Full Legal Name _____ **Birth date** _____ **Soc. Sec. #** _____

Address _____ City _____ State _____ Zip _____ Phone _____

County of Residence: _____

Married *dates* _____ Divorced *dates* _____ Widowed *dates* _____ Single

Spouse's Name _____ **Birth date** _____ **Soc. Sec. #** _____

Children: Name Birth Date Address if different than parents

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Child 2 Parent: Husband Wife Joint ***Special Needs:*** Medical Educational Financial

Full Legal Name _____ **Birth date** _____ **Soc. Sec. #** _____

Address _____ City _____ State _____ Zip _____ Phone _____

County of Residence: _____

Married *dates* _____ Divorced *dates* _____ Widowed *dates* _____ Single

Spouse's Name _____ **Birth date** _____ **Soc. Sec. #** _____

Children: Name Birth Date Address if different than parents

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Child 3 Parent: Husband Wife Joint ***Special Needs:*** Medical Educational Financial

Full Legal Name _____ **Birth date** _____ **Soc. Sec. #** _____

Address _____ City _____ State _____ Zip _____ Phone _____

County of Residence: _____

Married *dates* _____ Divorced *dates* _____ Widowed *dates* _____ Single

Spouse's Name _____ **Birth date** _____ **Soc. Sec. #** _____

Children: Name Birth Date Address if different than parents

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Child 4 Parent: Husband Wife Joint **Special Needs:** Medical Educational Financial

Full Legal Name _____ **Birth date** _____ **Soc. Sec. #** _____

Address _____ City _____ State _____ Zip _____ Phone _____

County of Residence: _____

Married *dates* _____ Divorced *dates* _____ Widowed *dates* _____ Single

Spouse's Name _____ **Birth date** _____ **Soc. Sec. #** _____

Children: Name Birth Date Address if different than parents

Child 5 Parent: Husband Wife Joint **Special Needs:** Medical Educational Financial

Full Legal Name _____ **Birth date** _____ **Soc. Sec. #** _____

Address _____ City _____ State _____ Zip _____ Phone _____

County of Residence: _____

Married *dates* _____ Divorced *dates* _____ Widowed *dates* _____ Single

Spouse's Name _____ **Birth date** _____ **Soc. Sec. #** _____

Children: Name Birth Date Address if different than parents

GUARDIANS FOR MINOR CHILDREN

Please provide the name of the people that you would want to care for your minor children in the event you are unable to.

Name of Primary Guardian _____ **Relationship to Deceased** _____

Address _____ City _____ State _____ Zip _____ Phone Number _____

Name of Secondary Guardian _____ **Relationship to Deceased** _____

Address _____ City _____ State _____ Zip _____ Phone Number _____

PROFESSIONAL ADVISORS

Name of CPA: _____ **Company:** _____

Address _____ **Phone #** _____

Name of Financial Advisor: _____ **Company:** _____

Address _____ **Phone #** _____

Name of Family Attorney: _____ **Company:** _____

Address _____ **Phone #** _____

Name of Stock Broker: _____ **Company** _____

Address _____ **Phone #** _____

Name of Life Insurance Agent _____ **Company** _____

Address _____ **Phone #** _____

Name of Personal Banker: _____ **Company:** _____

Address _____ **Phone #** _____

IMPORTANT FAMILY QUESTIONS

<u>Please Check “Yes” or “No” for Your Answer</u>	<u>YES</u>	<u>NO</u>
<u>Was the Deceased the beneficiary of any trust at the date of death?</u> <i>If yes, please provide copies of documents.</i>		
<u>Did the Deceased hold a power of attorney (general or limited) over a trust or an estate?</u>		
<u>Do you have any adopted children?</u>		
<u>Do any of the Deceased’s children have special education, medical, or physical needs?</u>		
<u>Did the Deceased inherit any property within the last ten years?</u>		
<u>Was the Deceased or the Deceased’s spouse, if any, receiving social security, disability, or other governmental benefits?</u>		
<u>Did the Deceased provide primary or other major financial support to children or any other person?</u>		
<u>If any of the children or other heirs died before the Deceased, did children survive those persons?</u>		
<u>Does the Deceased have an obligation to make payments pursuant to a divorce or property settlement agreement? (Please furnish a copy)</u>		
<u>Did the Deceased ever sign a pre-marriage or post-marriage contract? (Please furnish a copy)</u>		
<u>Was the Deceased ever widowed? (If a Federal Estate Tax or State Death Tax Return was files, please furnish a copy)</u>		
<u>Did the Deceased ever file a Federal or State gift tax return? (Please furnish a copy)</u>		
<u>Did the Deceased have completed previous wills, trust, or estate planning? (Please furnish a copy)</u>		
<u>Did the Deceased own any assets in another state or country?</u>		
<u>Was the Deceased a United States Citizen?</u>		
<u>Is the Deceased’s surviving spouse a United States Citizen?</u>		

INSTRUCTIONS FOR COMPLETING THE FOLLOWING *PERSONAL INFORMATION CHECKLIST*

- General Headings** This *Personal Information Checklist* is designed to help you list all the property the Deceased owned, how it is titled, and its value. If you own more property than can be listed on this checklist use extra sheets of paper to list your additional property.
- Type** Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.
- “Owner” of Property** How the property is owned is extremely important for purposes of properly administering the estate and any trusts. For each property category, there is a column titled “Owner.” When filling in this column, please use the following abbreviations:
- Amount** All amounts should be as of the date of death.

For Property Owned By:	With:	Use:
Single	If you are single and you own property in your name only, use	I
Client #1’s	No other person	C1
Client # 2’s	No other person	C2
Joint Tenancy	A spouse	JTS
Joint Tenancy	Someone other than a spouse	JTO
Tenancy in Common	A spouse	TCS
Tenancy in Common	Someone other than a spouse	TCO
Unknown	If you cannot determine how the property is owned	?

CASH ACCOUNTS

TYPE: Checking Account "CA" ♦ Savings Account "SA" ♦ Certificate of Deposits "CD" ♦ Safety Deposit Box "SD". (Indicate type below for all bank and credit union accounts.) If the Deceased was named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Institute and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____ - Phone # _____				
Are funds electronically deposited or withdrawn from this account?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of Institute and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____ - Phone # _____				
Are funds electronically deposited or withdrawn from this account?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of Institute and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____ - Phone # _____				
Are funds electronically deposited or withdrawn from this account?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of Institute and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____ - Phone # _____				
Are funds electronically deposited or withdrawn from this account?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

TOTAL \$ _____

STOCKS

Stock owned in a family business or non-publicly-traded company should be listed under "Corporate and Professional Business Interests." Stocks held in a **Street Account** or **Investment Account** should be listed under "Investment Accounts". If the Deceased was named as a co-owner on any stocks owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Name of Transfer Company: _____		Phone # _____	
Address: _____		City _____	State _____ Zip _____
Is this stock pledged as collateral on any loans		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any original stock certificates		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Name of Transfer Company: _____		Phone # _____	
Address: _____		City _____	State _____ Zip _____
Is this stock pledged as collateral on any loans		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any original stock certificates		<input type="checkbox"/> Yes	<input type="checkbox"/> No

TOTAL _____

BONDS

TYPE: US Savings Bonds

Corporate Bonds ♦ Municipal Bonds ♦ Treasury Bills (*Indicate type below.*) If the Deceased was named as a co-owner on any bonds owned by or with someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Type	Owner	Face Value Bond Face	Social Security # on
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, airplanes and all other valuable non-business personal property. (Indicate type below and give a lump sum value of miscellaneous items.)

Type	Owner	Value	Primary Driver for Autos	Is there a lien against the asset?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, Name of Creditor _____ Phone Number _____
 Address _____ City _____ State _____ Zip _____
 Current Balance Due _____ Account # (if any) _____

If Yes, Name of Creditor _____ Phone Number _____
 Address _____ City _____ State _____ Zip _____
 Current Balance Due _____ Account # (if any) _____

If Yes, Name of Creditor _____ Phone Number _____
 Address _____ City _____ State _____ Zip _____
 Current Balance Due _____ Account # (if any) _____

TOTAL \$ _____

Car Insurance Agent _____	Policy # _____
Company _____	Address _____
City _____	State _____
Zip _____	Phone # _____

RETIREMENT PLANS

TYPE: Profit Sharing (PS) ♦ H.R. 10 ♦ IRA ♦ SEP ♦ 401(k) *(Indicate type below.)* Please provide a copy of the Deceased's Retirement Plan Summary Agreement.

Company Name	Type of Plan	Value	Beneficiary Upon Death	Was the Deceased receiving benefits from this plan?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/>
No				
Address: _____			Phone: _____	

Company Name	Type of Plan	Value	Beneficiary Upon Death	Was the Deceased receiving benefits from this plan?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/>
No				
Address: _____			Phone: _____	

Company Name	Type of Plan	Value	Beneficiary Upon Death	Was the Deceased receiving benefits from this plan?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/>
No				
Address: _____			Phone: _____	

Company Name	Type of Plan	Value	Beneficiary Upon Death	Was the Deceased receiving benefits from this plan?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/>
No				
Address: _____			Phone: _____	

TOTAL \$ _____

PENSION PLANS

Company Name _____	Account # _____	Owner _____	Death Beneficiary _____	Value _____
Address: _____			Phone: _____	
Was the Deceased Receiving Benefits from this plan at time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name _____	Account # _____	Owner _____	Death Beneficiary _____	Value _____
Address: _____			Phone: _____	
Was the Deceased Receiving Benefits from this plan at time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name _____	Account # _____	Owner _____	Death Beneficiary _____	Value _____
Address: _____			Phone: _____	
Was the Deceased Receiving Benefits from this plan at time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name _____	Account # _____	Owner _____	Death Beneficiary _____	Value _____
Address: _____			Phone: _____	
Was the Deceased Receiving Benefits from this plan at time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name _____	Account # _____	Owner _____	Death Beneficiary _____	Value _____
Address: _____			Phone: _____	
Was the Deceased Receiving Benefits from this plan at time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No				

TOTAL \$ _____

INSURANCE POLICIES

TYPE: Term ♦ Whole life ♦ Variable or Universal life ♦ Split dollar ♦ Group life ♦ Second-To-Die ♦ Disability ♦ Long Term Care *(Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation")*.

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____
Address: _____ City _____ State _____ Zip _____ Phone: _____						
Agent: _____ Is there a loan against the policy? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Primary Beneficiary: _____ Secondary Beneficiary: _____						

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____
Address: _____ City _____ State _____ Zip _____ Phone: _____						
Agent: _____ Is there a loan against the policy? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Primary Beneficiary: _____ Secondary Beneficiary: _____						

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____
Address: _____ City _____ State _____ Zip _____ Phone: _____						
Agent: _____ Is there a loan against the policy? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Primary Beneficiary: _____ Secondary Beneficiary: _____						

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____
Address: _____ City _____ State _____ Zip _____ Phone: _____						
Agent: _____ Is there a loan against the policy? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Primary Beneficiary: _____ Secondary Beneficiary: _____						

Face Amount TOTAL \$ _____

Did the Deceased's employer carry any life insurance on the Deceased for which the employer was the beneficiary? Yes No

ANNUITIES

Please provide a copy of each annuity contract.

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$ _____	\$ _____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		
Are you receiving any regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Survivorship		<input type="checkbox"/> Period Certain			

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$ _____	\$ _____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		
Did the Deceased receive any regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Survivorship		<input type="checkbox"/> Period Certain			

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$ _____	\$ _____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		
Did the Deceased receive any regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Survivorship		<input type="checkbox"/> Period Certain			

TOTAL \$ _____

MONIES OWED TO THE DECEASED

TYPE: Promissory notes payable to the Deceased♦ Other monies owed to you *(Please provide copies of notes.)*

Name of Debtor _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
Date Due _____ Owed To _____ Current Balance _____

Name of Debtor _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
Date Due _____ Owed To _____ Current Balance _____

Name of Debtor _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
Date Due _____ Owed To _____ Current Balance _____

Name of Debtor _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
Date Due _____ Owed To _____ Current Balance _____

Name of Debtor _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
Date Due _____ Owed To _____ Current Balance _____

TOTAL \$ _____

PARTNERSHIP & LLC INTERESTS

TYPE: General and Limited Partnerships. Please list the percentages that you own.
 (Please provide a copy of the Partnership Agreement.)

Name of Partnership or LLC _____ Owners _____ Value _____ Who holds Partnership or LLC papers _____ Phone: _____ Is this a "Professional" Partnership or LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a Buy/Sell Agreement funded by life insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Entity Type: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company Name of General Partner or Managing Member _____
Name of Partnership or LLC _____ Owners _____ Value _____ Who holds Partnership or LLC papers _____ Phone: _____ Is this a "Professional" Partnership or LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a Buy/Sell Agreement funded by life insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Entity Type: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company

TOTAL _____

CORPORATE BUSINESS INTERESTS

TYPE: Privately owned (non-publicly traded) stock.
 (Please provide a copy of your Corp. book and any Buy/Sell agreements, if applicable.)

Company _____ Address _____ Phone _____ Number of Shares _____ % of Ownership _____ Owner _____ Value _____ Is there a Buy/Sell Agreement funded by Life Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Tax ID _____ Is this a "Professional" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this an "S-Corporation" <input type="checkbox"/> Yes <input type="checkbox"/> No
Company _____ Address _____ Phone _____ Number of Shares _____ % of Ownership _____ Owner _____ Value _____ Is there a Buy/Sell Agreement funded by Life Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Tax ID _____ Is this a "Professional" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this an "S-Corporation" <input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL _____

SOLE PROPRIETORSHIP INTERESTS

TYPE: All assets owned by you in a sole proprietorship type of business.

Name of Business	Description of Business	Owner	Value
Is this a "Professional" Business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Insurance Agent _____ Phone # _____ Policy # _____			
Address" _____ City _____ State _____ Zip _____			

Name of Business	Description of Business	Owner	Value
Is this a "Professional" Business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Insurance Agent _____ Phone # _____ Policy # _____			
Address" _____ City _____ State _____ Zip _____			

TOTAL \$ _____

OIL, GAS AND MINERAL INTERESTS

Type: Lease ♦ Overriding royalty ♦ Fee mineral estate ♦ Working interest ♦ Pooling agreement, etc.
(Please provide copy of Agreement, Certificate, or Deed.)

Company _____	Type _____	Name _____
Address: _____		City _____ State _____ Zip _____
County: _____		Phone # _____
Owner _____	Value _____	

Company _____	Type _____	Name _____
Address: _____		City _____ State _____ Zip _____
County: _____		Phone # _____
Owner _____	Value _____	

TOTAL \$ _____

ANTICIPATED INHERITANCE, GIFT OR LAWSUIT JUDGEMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through judgement or lawsuit.

Description	Value
_____	_____
_____	_____

TOTAL _____

ASSETS OTHER THAN REAL PROPERTY

TYPE: Any property you own that does not fit into any other category.

Description	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL _____

REAL PROPERTY

TYPE: Land ♦ Buildings ♦ Homes ♦ Time shares. TYPE OF OWNERSHIP: Joint Tenants with survivorship rights (JTWROS) ♦ Tenants in common (TC) ♦ Tenancy by the entireties (TBE) *(Please provide a copy of the Deed or Agreement relating to each property.)*

Address _____	Owner _____
City _____ State _____ Zip _____	Date Purchased _____ Purchase Price _____
County _____	Current Value _____
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage Amt. _____
Lender _____	Loan # _____
Address _____	Please provide a copy of your Title Insurance Policy
Home Insurance Agent _____	Phone _____
Company _____	Policy # _____
Address _____ City _____ State _____ Zip _____	

REAL PROPERTY (Continued)

Address _____	Owner _____
City _____ State _____ Zip _____	Date Purchased _____ Purchase Price _____
County _____	Current Value _____
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage Amt. _____
Lender _____	Loan # _____
Address _____	Please provide a copy of your Title Insurance Policy
Home Insurance Agent _____	Phone _____
Company _____	Policy # _____
Address _____	City _____ State _____ Zip _____

Address _____	Owner _____
City _____ State _____ Zip _____	Date Purchased _____ Purchase Price _____
County _____	Current Value _____
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage Amt. _____
Lender _____	Loan # _____
Address _____	Please provide a copy of your Title Insurance Policy
Home Insurance Agent _____	Phone _____
Company _____	Policy # _____
Address _____	City _____ State _____ Zip _____

Address _____	Owner _____
City _____ State _____ Zip _____	Date Purchased _____ Purchase Price _____
County _____	Current Value _____
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage Amt. _____
Lender _____	Loan # _____
Address _____	Please provide a copy of your Title Insurance Policy
Home Insurance Agent _____	Phone _____
Company _____	Policy # _____
Address _____	City _____ State _____ Zip _____

TOTAL \$ _____

SECURED DEBTS

Any debts of the Deceased secured by property (e.g. real estate mortgage, car loan, etc.)

Name of Creditor _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
Relationship to Deceased _____ Date Due _____ Current Balance _____
Account Number _____ Description of Debt _____

Name of Creditor _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
Relationship to Deceased _____ Date Due _____ Current Balance _____
Account Number _____ Description of Debt _____

Name of Creditor _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
Relationship to Deceased _____ Date Due _____ Current Balance _____
Account Number _____ Description of Debt _____

Name of Creditor _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
Relationship to Deceased _____ Date Due _____ Current Balance _____
Account Number _____ Description of Debt _____

Name of Creditor _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
Relationship to Deceased _____ Date Due _____ Current Balance _____
Account Number _____ Description of Debt _____

TOTAL \$ _____

UNSECURED DEBTS

Any debts of the Deceased NOT secured by property (e.g. credit cards, promissory notes, etc.)

Name of Creditor _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
Relationship to Deceased _____ Date Due _____ Current Balance _____
Account Number _____ Description of Debt _____

Name of Creditor _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
Relationship to Deceased _____ Date Due _____ Current Balance _____
Account Number _____ Description of Debt _____

TOTAL \$ _____

OTHER CURRENT AND POTENTIAL LIABILITIES

Name of Interested Party _____ Relationship to Deceased _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ Amount Due _____

Name of Interested Party _____ Relationship to Deceased _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ Amount Due _____

Name of Interested Party _____ Relationship to Deceased _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ Amount Due _____

Name of Interested Party _____ Relationship to Deceased _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ Amount Due _____

TOTAL \$ _____

Summary of Values Fair Market Value – Date of Death

Assets

Dollar Amounts

Deceased's

Surviving Spouse (if any)

Real Estate - Residence	_____	_____
Real Estate - Other	_____	_____
Real Estate - Commercial	_____	_____
Personal Effects (Jewelry, etc)	_____	_____
Business Assets	_____	_____
Invest Acct (Brokerage)	_____	_____
Stocks	_____	_____
Bonds	_____	_____
Money Market/Checkings/Savings	_____	_____
CD's/Treasury	_____	_____
Retirement Accounts (IRA, 401k)	_____	_____
Retirement Accounts (Pension)	_____	_____
Life Insurance - Company	_____	_____
Life Insurance - Other	_____	_____
Other Assets (Boat, Car, farm)	_____	_____

Total Assets

Debts

Mortgage – Residence	_____	_____
Credit Cards	_____	_____
Other Liabilities	_____	_____

NET ESTATE

- **Affirmation:** the undersigned hereby states and affirms that the information contained in this Confidential Estate Administration Questionnaire is an accurate and complete record of all assets, liabilities and account information, and that the Law Office of Davis & Associates, P.C. (the "Firm") will be relying on this information in its preparation and counseling regarding estate planning if the undersigned becomes a Client of the Firm. If the undersigned becomes a Client of the Firm, any information that would render this information inaccurate or incomplete will be provided to the Firm in writing with ten (10) days of the date the undersigned becomes aware of the inaccuracy or incompleteness of it.

DATE: _____

DATE: _____

Client

Client