Lauer Law, P.A. Estate Administration Questionnaire

Please either print this form and bring the completed form to your appointment or download this form and email the electronically completed form to slauer@verolaw.org before your appointment.

BACKGROUND INFORMATION

1. Decedent's Name (include other names used, if any) ______________________________

2. Date of Death ______________________________________

3. In what year did the decedent permanently establish a home in Florida? _______________

4. Please list decedent's primary physician and his address: ____________________________
____

5. Please list the names and addresses of hospitals in which the decedent was confined during the three years prior to death.
   a) ____
   b) ____
   c) ____
   d) ____

6. Decedent's date and place of birth ____

7. How did the decedent generally describe his or her title and occupation? ______________
____

8. Date of marriage, if any ____

9. Place of marriage ____

10. Residence at date of marriage ____

11. If decedent was a widow or widower, give name of deceased spouse _________________
____

12. Date of death of deceased spouse____

13. Did decedent lease a safe deposit box? Yes [ ] No [ ]

a) Number____

b) Location ____

c) Name and relationship of joint depositor if held jointly _________________________
____

d) List contents ____
____

14. To what office of the Internal Revenue Service did decedent mail federal income tax returns? ____

15. Did decedent at date of death own property in any state or country other than Florida? Yes [ ] No [ ]

a) If decedent owned property in Connecticut, complete *this form*

b) If decedent owned property in New York, complete *this form*

c) If decedent owned property outside of Florida, not in Connecticut or New York, then where?____

16. Was decedent a veteran?_____ If so, explain ____________________________________

17. If decedent was a naturalized citizen of the United States, what was the date of naturalization and the court and location where naturalized? ________________________

18. Please list the following:

Decedent's Social Security Number: ____

Spouse's Social Security Number: ____

19. Was either decedent or spouse receiving social security? ___ Which? _________________

20. Please list names and addresses of:

A. Witnesses to Will, if no Affidavit attached:

____

____

____

B. Personal Representative, Trustees named in Will

____

____

____

21. Please list the full names, addresses and dates of birth of all members of the decedent's immediate family and any other person who inherits property from the decedent under the Will or otherwise.

	Name	Address	Relationship	Date of Birth
a)				
b)				
c)				
d)				
e)				
f)				
g)				
h)				

22. Did the decedent make any outright gifts within the three years prior to death, which had a value in excess of $1,000? Yes [ ] No [ ]

22a. If so, describe each gift

Date	Recipient	Property Given

22b. Describe motives for each gift

____

____

____

____

23. Did the decedent at any time during his or her lifetime create a trust fund with a value in excess of $5,000? Yes [ ] No [ ]

Summarize circumstances:____

____

____

____

____

____

24. Did the decedent ever file any federal gift tax returns? Yes [ ] No [ ]

If so, for what year or years? ____

25. Did the decedent acquire property by inheritance within ten years prior to death?

Yes [ ] No[ ]

If so, please give details, including lawyer who settled estate__________________________

____

____

26. Was the decedent a Trustee of any trust, a guardian, a custodian, or have any similar legal responsibilities? Yes [ ] No [ ]

If so, please describe ____

____

____

CHECKLIST FOR ASSETS AND LIABILITIES

(To be separately summarized, valued and fully described)

I. ASSETS

1. Public Securities - Stocks, Bonds (attach copies of current brokerage account statements for each account)

2. Closely Held Securities (attach copies of recent appraisals)

3. Foreign Real Estate (attach copies of deeds)

   a. Solely owned

   b. Tenancies in common

   c. Joint with survivorship (contribution ratio?)

4. Tangible Personal Property

   a. Antiques, collections, art, jewelry, other especially valuable tangible personal property (attach copies of insurance policies and recent appraisal)

   b. Automobiles (make, model, year, and mileage)

   c. Miscellaneous tangible personal property

   d. Boats

5. General Partnerships/ Limited Partnerships (attach copies of recent appraisals and K-1s)

   a. Oil and gas

   b. Real estate

   c. Other

6. Bank Accounts

   a. Sole

   b. Joint (contribution ratio?)

7. Solely Owned or Jointly Owned Proprietorships

   a. Sole

   b. Joint (contribution ratio?)

8. Royalties, Other Contract Rights, Copyrights, Patents

a. Sole

b. Joint (contribution ratio?)

9. A. Insurance on Decedent's Life (attach copies of policies and recent statements)

   i. Personal

   ii. Group

   iii. Owned by others

   B. Insurance Owned by Decedent on Others' Lives

10. Company Benefits (attach copies of recent statements of benefits)

    a. Death benefits to estate or survivors

    b. Salary continuation

    c. Medical reimbursement

    d. Pension/profit sharing/savings plans

    e. Stock options

    f. Stock bonus, performance share, other incentive plans

    g. Deferred compensation

11. Oil, Gas and Mineral Interests (attach copies of recent appraisals and 1099R)

12. Condominiums, Cooperative Apartments (attach copies of deeds and recent appraisals)

13. Cash (where is it located)

14. Promissory Notes (attach copies)

15. Trust and Estate Interests (attach copies of documents creating the interest and recent K-1s)

    a. Accrued income

    b. Powers of appointment

    c. Retained interests or powers

    d. Grantor trusts

e. Revocable trusts

f. Vested remainders

g. Pending distributions

h. Uniform gifts to minors accounts

17. Annuities (attach copies of policies and recent statements)

18. Savings Bonds, registration (attach copies of bonds)

19. Leases to Decedent (attach copies of leases)

20. Loans by Decedent (attach copies of promissory notes)

21. Pending Litigation or Claims (attach copies of complaint and answer)

II. LIABILITIES

1. Current debts - charge accounts, household bills (attach copies of recent statements)

2. Work ordered but not performed fully before death (attach copies of work orders)

3. Loans (attach copies of notes)

4. Mortgages (attach copies of mortgage)

5. Liens - real estate tax, personal property tax, income tax, other (attach copies of liens)

6. Funeral and cemetery expenses (attach copies of bills)

7. Noncancelable leases (attach copies of leases)

8. Pending litigation or claims (attach copies of complaint and answer)

Jointly Owned Property Questionnaire

(Please complete one form for each Property Jointly Held)

Nature of Property	
Names/Addresses of Joint Owners w/Decedent and Relation to Him	
Value at Death	
Date Made Joint	
Contributed by Decedent	
Decedent's Health When Made Joint	
Who had Possession of Property? (Joint?)	
If Survivor Had Possession, Date Acquired	
Did Survivor Use for Himself/herself? When? How Much?	
Reason for Creating J/T (Mutual Use?)	
Any Arrangement to Who Could Use? If Yes, Explain	
Who Rec'd Income? Who Reported on His/her Tax Return?	
Did Survivor Know of Joint Title?	