

**ESTATE ADMINISTRATION PERSONAL INFORMATION
QUESTIONNAIRE**

Decedent's Full Name: _____

Decedent's Social Security #: _____

Address at Death: _____

Year domicile established in North Carolina: _____

Date of Death: _____

Place of Death (e.g., name of hospital): _____

Cause of Death: _____

Decedent's physicians and addresses: _____

Date of Birth: _____

Place of Birth: _____

Current or, if retired, former business or occupation: _____

Marital status at time of death: _____

Name of surviving spouse: _____

Social Security #: _____

Date of marriage: _____

If decedent was a widow(er), name of deceased spouse: _____

Date of death of deceased spouse: _____

Social Security #: _____

Decedent's safe deposit boxes: _____

Location: _____

Joint: _____

With whom: _____

Relationship of joint owner to decedent: _____

Name of accountant or tax return preparer: _____

Did the Decedent have a Will? _____ Yes _____ No

If there is a will, where is Will? _____

(If the Decedent had a Will, please fill out the following two sections.)

Beneficiaries under Will:

<u>Name</u>	<u>Age</u>	<u>Social Security #</u>	<u>Address</u>	<u>Relationship</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Executor under Will:

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____

(If the Decedent did not have a Will, please fill out the following section.)

Please list the following information for decedent's spouse, children, parents, and siblings (indicate if any are deceased)

<u>Name</u>	<u>Age</u>	<u>Social Security #</u>	<u>Address</u>	<u>Relationship</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INVENTORY OF DECEDENT'S ASSETS AND LIABILITIES

ASSETS

Indicate the approximate value of each asset. If jointly held, indicate the name of any co-owner of the asset and how the asset is held.

I. REAL PROPERTY

A. BASIC INFORMATION

	<u>Parcel One</u>	<u>Parcel Two</u>	<u>Parcel Three</u>
1. Location	_____	_____	_____
2. Type of property (e.g., resident, commercial, unimproved land)	_____	_____	_____
3. Title in name of	_____	_____	_____
4. How held-solely or jointly (with whom and with or without survivorship)	_____	_____	_____
5. Date acquired	_____	_____	_____
6. Cost basis	_____	_____	_____
7. Fair market value on date of death (indicate accrued rent separately)	_____	_____	_____

B. MORTGAGE OBLIGATION

1. Payee	_____	_____	_____
2. Original Amount	_____	_____	_____
3. Current balance of mortgages (indicate accrued interest separately)	_____	_____	_____
4. Payment Schedule	_____	_____	_____

II. CHECKING AND SAVINGS ACCOUNTS

(obtain photocopy of signature card for each)

<u>Institution</u>	<u>Account Number</u>	<u>Type Account</u>	<u>How Held Sole/Joint</u>	<u>Date of Death Value</u> (indicate accrued interest separately)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

III. STOCKS AND BONDS

For government bonds, indicate the type of bond and face amount under "Issuer" and date of issue under "Description."

<u>Issuer</u>	<u>No. of Shares</u>	<u>Description</u>	<u>How Held Sole/Joint</u>	<u>Date of Death Value</u> (indicate accrued interest or dividend separately)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IV. BROKER ACCOUNTS
 (obtain photocopy of signature card for each)

<u>Location</u>	<u>Contact</u>	<u>How Held (Sole/Joint)</u>	<u>Account Numbers</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

V. LIFE INSURANCE POLICIES

<u>Owner</u>	<u>Insurer</u>	<u>Policy Number</u>	<u>Beneficiary</u>	<u>Face Amount</u>	<u>Policy Loans</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

VI. TANGIBLE PERSONAL PROPERTY

	<u>Description</u>	<u>Value</u>
A. Clothing and furs	_____	_____
B. Jewelry	_____	_____
C. Home Furnishings	_____	_____
D. Collections	_____	_____
E. Other	_____	_____

F. Automobiles

<u>Year</u>	<u>Make/Model</u>	<u>Mileage</u>	<u>Vehicle Identification Number (VIN)</u>
_____	_____	_____	_____
_____	_____	_____	_____

VII. OTHER PROPERTY

If the decedent had an interest in any of the items listed below, describe the interest in the space provided.

A. Cash, Mortgages and Notes: For mortgages and notes, indicate the type of obligation, the obligor, security (if any), terms, interest, current status, and value.

B. Business Interests: Describe the value of the decedent's interest in sole proprietorships and partnerships. Request financial statements for the five year period prior to the date of death. Obtain copy of any buy-sell-agreement—ascertain how funded and amount and method for determining value (e.g., book value, earnings multiple, appraisal, agreed value).

C. Income Due Decedent: Describe and value any income due the decedent at time of death, including accrued compensation, commissions, fees, rents, and tax refunds, if not included under other categories.

D. Employee Benefits: Indicate type of benefit (pension, profit sharing or deferred compensation plan, death gratuity, etc.), name of employer, person to contact for details, beneficiary, type of benefits and values.

E. Annuities, Trusts, and Estates: Describe and identify the interest and explain what disposition will be made of the interest as a result of the decedent's death.

F. Lump Sum Death Benefit: Indicate the government agency making the payment, the payee, and the amount.

G. Other Property: List any powers of appointment or disposition (whether general or limited) held by the decedent, patents, royalties, copyrights or other assets not listed above.

H. Gifts: List gifts made within three years of death.

Donee	Date	Description of Property	Value on Date of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INVENTORY OF DECEDENT'S LIABILITIES

I. FUNERAL AND BURIAL EXPENSES

	<u>Item</u>	<u>Payee</u>	<u>Amount Due</u>
a.	Funeral Home	_____	_____
b.	Grave Marker	_____	_____
c.	Grave Lots	_____	_____
d.	Other (flowers, etc.)	_____	_____

II. MEDICAL AND HOSPITAL EXPENSES

	<u>Item</u>	<u>Payee</u>	<u>Amount Due</u>
a.	Doctor	_____	_____
b.	Hospital	_____	_____
c.	Other (Nurses, etc.)	_____	_____
		_____	_____
		_____	_____
		_____	_____

**III. HOUSEHOLD BILLS, CHARGE ACCOUNTS
AND INSTALLMENT PAYMENTS**

<u>Item</u>	<u>Payee</u>	<u>Amount Due</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. OTHER DEBTS OF DECEDENT

Include estimated income tax payments and property taxes.

<u>Item</u>	<u>Payee</u>	<u>Amount Due</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. MORTGAGES, NOTES AND DEEDS OF TRUST

Indicate only balance due as of date of death.

<u>Property Secured</u>	<u>Payee</u>	<u>Amount Due</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

VI. ADDITIONAL OBLIGATIONS

(If more space is needed for listing obligations, indicate Category (I through V) and use space provided below.)

<u>Item</u>	<u>Payee</u>	<u>Amount Due</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____