



# ATLAS LAW GROUP

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## ESTATE QUESTIONNAIRE

*Instructions:* Please complete the following questionnaire to the best of your ability. This information is necessary to properly assist you with the Estate Administration. Do not be upset if you can not complete all of the questions. We will review this information at our meeting.

Date: \_\_\_\_\_

### I. INFORMATION ABOUT THE CLIENT

Full name: \_\_\_\_\_

Home address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Social security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_

Are you an executor named in decedent's will?  Yes  No  Not sure

Have we handled any matters for you before? \_\_\_\_\_

If not, who referred you/how did you hear about us? \_\_\_\_\_

### II. INFORMATION ABOUT THE DECEDENT

Full name: \_\_\_\_\_

Other names decedent was known by or used (a/k/a): \_\_\_\_\_

Citizenship: \_\_\_\_\_ Gender:  Male  Female

Home address: \_\_\_\_\_

County: \_\_\_\_\_ Decedent's residence was:  Owned  Rented

Date of decedent's death: \_\_\_\_\_

Place of death: \_\_\_\_\_

Social security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Was the decedent employed? \_\_\_ Yes \_\_\_ No \_\_\_ Retired

If yes, Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Employer phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cemetery: \_\_\_\_\_

Death certificate: \_\_\_ Yes \_\_\_ No **(If yes, bring original.)**

Name of accountant (if any): \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Name of investment advisor (if any): \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Did the Decedent have a Will? \_\_\_ Yes \_\_\_ No **(If yes, bring original. Do NOT unstaple.)**

Will Date: \_\_\_\_\_ Where is the original will located? \_\_\_\_\_

Were there any previous Wills: \_\_\_ Yes \_\_\_ No **(If yes, bring a copy)**

Name of attorney who drafted the will: \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Are there any Codicils? \_\_\_ Yes \_\_\_ No **(If yes, bring original.)**

Did the decedent have a safe deposit box? \_\_\_ Yes \_\_\_ No

If yes, where is it located? \_\_\_\_\_

Name(s) deposit box is listed under: \_\_\_\_\_

Any joint tenant or deputy? \_\_\_\_\_

Did decedent have a Trust? \_\_\_ Yes \_\_\_ No **(If yes, bring original)**

### III. INFORMATION ABOUT EXECUTORS:

**Executor 1:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_

Social security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Executor 2:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_

Social security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Successor Executor:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_

Social security number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**IV. DECEDENT'S FAMILY - Attach additional sheets if necessary**

**A. DECEDENT'S SPOUSE**

**If married:**

Name of Decedent's spouse: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of spouse's birth: \_\_\_\_\_

Social security number: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Citizenship: \_\_\_\_\_

Date of marriage: \_\_\_\_\_

**If Decedent was divorced:**

When and where? \_\_\_\_\_

**If Decedent was widowed?**

When? \_\_\_\_\_

**If Decedent was separated?**

When and where? \_\_\_\_\_

Did the decedent have any prior marriages (other than above)? \_\_\_ Yes \_\_\_ No

To whom and when? \_\_\_\_\_

**B. DECEDENT'S CHILDREN**

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_-\_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Special needs: \_\_\_\_\_

Child of: \_\_\_ Current Marriage \_\_\_ Previous Marriage \_\_\_ Adopted \_\_\_ Non-Marital

Is this child deceased: \_\_\_ Yes \_\_\_ No Date of Death: \_\_\_\_\_

Did this child have children: \_\_\_ Yes \_\_\_ No

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ - \_\_\_\_\_      Gender: \_\_\_ Male \_\_\_ Female

Date of birth: \_\_\_\_\_      Place of birth: \_\_\_\_\_

Special needs: \_\_\_\_\_

Child of: \_\_\_ Current Marriage \_\_\_ Previous Marriage \_\_\_ Adopted \_\_\_ Non-Marital

Is this child deceased: \_\_\_ Yes \_\_\_ No      Date of Death: \_\_\_\_\_

Did this child have children: \_\_\_ Yes \_\_\_ No

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ - \_\_\_\_\_      Gender: \_\_\_ Male \_\_\_ Female

Date of birth: \_\_\_\_\_      Place of birth: \_\_\_\_\_

Special needs: \_\_\_\_\_

Child of: \_\_\_ Current Marriage \_\_\_ Previous Marriage \_\_\_ Adopted \_\_\_ Non-Marital

Is this child deceased: \_\_\_ Yes \_\_\_ No      Date of Death: \_\_\_\_\_

Did this child have children: \_\_\_ Yes \_\_\_ No

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ - \_\_\_\_\_      Gender: \_\_\_ Male \_\_\_ Female

Date of birth: \_\_\_\_\_      Place of birth: \_\_\_\_\_

Special needs: \_\_\_\_\_

Child of: \_\_\_ Current Marriage \_\_\_ Previous Marriage \_\_\_ Adopted \_\_\_ Non-Marital

Is this child deceased: \_\_\_ Yes \_\_\_ No      Date of Death: \_\_\_\_\_

Did this child have children: \_\_\_ Yes \_\_\_ No



**V. PERSONS/CHARITIES NAMED IN WILL**

**(\*\*\*ONLY COMPLETE IF INFORMATION HAS NOT BEEN PREVIOUSLY PROVIDED\*\*\*)**

Name1: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female \_\_\_ Corporation

If corporation, Officer name & title: \_\_\_\_\_

Officer address: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ - \_\_\_\_\_ Is mailing address different? \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_

Interest in the will: \_\_\_\_\_

Name2: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female \_\_\_ Corporation

If corporation., Officer name & title: \_\_\_\_\_

Officer address: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ - \_\_\_\_\_ Is mailing address different? \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_

Interest in the will: \_\_\_\_\_

Name3: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female \_\_\_ Corporation

If corporation., Officer name & title: \_\_\_\_\_

Officer address: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ - \_\_\_\_\_ Is mailing address different? \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_

Interest in the will: \_\_\_\_\_

**VI. SUMMARY OF DECEDENT'S ASSETS**

It is important to list all the decedent's assets and liabilities to the best of your knowledge so that the assets can be safeguarded pending probate of the will.

**A. Individually Owned**

1. Real Estate: List address, section, block, lot, improved/unimproved, and approximate value

**(Please provide a copy of the DEED)**

Residence: \_\_\_\_\_ \$ \_\_\_\_\_

Other real estate: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Please provide the names, addresses and monthly rental of all Tenants:**

Tenant 1: \_\_\_\_\_

Tenant 2: \_\_\_\_\_

2. Stocks, Bonds, Mutual Funds

a. **STOCK:**

Name of corporation, type of shares, number of shares, exchange, face value, CUSIP number and approximate value:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

b. **BONDS:**

Issuer, face value, interest rate, maturity date and approximate value:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

c. **MUTUAL FUNDS:**

Name of fund, fund group, number of units and approximate value:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

d. **BROKER MARGIN ACCOUNTS:**

\_\_\_\_\_ \$ \_\_\_\_\_

e. OTHER

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

3. Mortgages, Notes, or Debts (owed to decedent)

List debtor's name, mortgagor, date acquired, amount and approximate balance remaining:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

4. Bank Accounts, Certificates of Deposit, etc.

a. CHECKING:

Name of bank, address, type of account, account number and approximate balance:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

b. SAVINGS:

Name of bank, address, type of account, account number and approximate balance:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

c. MONEY MARKET FUNDS, ETC.

Name of bank, address, type of account, account number and approximate balance or value:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

d. CASH on hand:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

e. OTHER:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_



B. **Jointly Owned** (list who the joint tenant is)

(Please provide a copy of the DEED)

1. Real Estate: List address, section, block, lot, improved/unimproved, and approximate value

Residence: \_\_\_\_\_ \$ \_\_\_\_\_

Other real estate: \_\_\_\_\_ \$ \_\_\_\_\_

**Please provide the names, addresses and monthly rental of all Tenants:**

Tenant 1: \_\_\_\_\_

Tenant 2: \_\_\_\_\_

2. Stocks, Bonds, Mutual Funds

a. STOCK:

Name of corporation, type of shares, number of shares, exchange, face value, CUSIP number and approximate value:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

b. BONDS:

Issuer, face value, interest rate, maturity date and approximate value:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

c. MUTUAL FUNDS:

Name of fund, fund group, number of units and approximate value:

\_\_\_\_\_ \$ \_\_\_\_\_

d. BROKER MARGIN ACCOUNTS:

\_\_\_\_\_ \$ \_\_\_\_\_

e. OTHER:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

3. Mortgages, Notes, or Debts (owed to decedent)

List debtor's name, mortgagor, date acquired, amount and approximate balance remaining:

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

4. Bank Accounts, Certificates of Deposit, etc.

a. CHECKING:

Name of bank, address, type of account, account number and approximate balance:

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

b. SAVINGS:

Name of bank, address, type of account, account number and approximate balance:

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

c. MONEY MARKET FUNDS, ETC.

Name of bank, address, type of account, account number and approximate balance or value:

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

d. CASH on hand:

|       |          |
|-------|----------|
| _____ | \$ _____ |
|-------|----------|

e. OTHER:

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

**C. Life Insurance**

a. Payable to the Estate

List the company name, face value, cash value, person insured, policy owner, policy number, beneficiary, and whether there is a loan against policy and if so, how much

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

b. Payable to a Named Beneficiary

List the company name, face value, cash value, person insured, policy owner, policy number, beneficiary, and whether there is a loan against policy and if so, how much

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**D. Miscellaneous Property- PLEASE STATE IF JOINTLY OWNED**

Household furnishings:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Motor vehicles (including boats, etc.) List make, model, year, how is it titled and value.

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Jewelry, precious objects, gold and precious metals:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Art, antiques and other valuable items:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Other assets (e.g. collections, hobbies, judgments, causes of action, patents, trademarks, copyrights, insurance held on the life of another and any other assets not itemized above):

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**E. Transfers Within Three (3) Years of Decedent's Death**

Describe, list whether joint or individual and approximate value:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**F. Annuities**

Describe and list beneficiary and approximate value:

\_\_\_\_\_ \$ \_\_\_\_\_

**G. Retirement Plans**

Describe and list beneficiary and approximate value:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**H. IRA's**

Describe and list beneficiary and approximate value:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**I. Lawsuits /Causes of Action**

Is there a possible cause of action for wrongful death or conscious pain and suffering?  Yes  No

If yes, please describe: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. SUMMARY OF DECEDENT'S LIABILITIES**

For each item, describe the liability, stating the purpose, date it was incurred, debtor, creditor, original and current amount of debt and any other relevant information. If the debt was incurred jointly with the spouse or another, you MUST indicate that fact and tell us who has what share.

**A. Accounts Payable:**

Credit cards, utilities, security agreements, chattel mortgages, broker margin accounts:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

B. Notes Payable (owed by decedent):

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

C. Mortgages payable on real estate:

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

D. Other liabilities:

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |



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