



Vickstrom Law, PC

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PROBATE/ESTATE ADMINISTRATION QUESTIONNAIRE (General)

This form is extremely important. Your accuracy and completeness in responding will help our office best represent you. Feel free to skip any sections where you don't have any information or that do not apply. **Please complete this questionnaire to the best of your ability and provide any requested documentation, if available, for our first meeting.**

CONFIDENTIALITY NOTE: As with all attorney-client communications, please note that any information you disclose to us orally, or in writing, will be held with the strictest confidence and not released to anyone without your consent.

General Documentation Request:

In some cases, it is necessary for us to review additional documents before we can assist with an Estate Administration. Such documents would include any or all of the following documents, as applied to your situation, and should provide to our office for your first meeting:

- Two (2) original certified Death Certificates.
- Decedent's original Last Will and Testament, Codicil(s), and Memorandum(s) regarding distribution of property, if any.
- Decedent's copy of their Trust(s) and Trust Amendments.
- Copies of financial statements owned solely or jointly by the Decedent showing their value as of the date of death.
- Real Estate Deeds, appraisals, or real estate tax bills. If you are unable to locate your deed(s), please notify our office **before** your first meeting. We can obtain most deeds online.
- Copies of any long-term care policies, life insurance policies, etc.
- Copy of Decedent's most recent Income Tax Return and copies of any Gift Tax Returns filed by the Decedent.
- Copies of all known bills (outstanding credit card statements, funeral expenses, medical expenses, mortgages, student loans, caregiver invoices, etc.)
- Information relative to unpaid wages of employer death benefits.

Questionnaire:

Please fill out the following pages as completely as possible.

Please skip any sections that do not apply to your situation.

Should you have any questions, concerns, or need help with this questionnaire, please call our office and we will set up a phone call to assist you.

EXECUTOR/ADMINISTRATOR INFORMATION

(Individual(s) handling the Estate)

Personal Representative (Formerly known as Executor):

Full Legal Name: _____

Also known as: _____
(Name(s) used to title accounts, property, maiden name, etc.)

Date of Birth: _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip-code: _____

Mailing Address: _____
(If different from Home Address)

City: _____ State: _____ Zip-code: _____

Home Phone #: _____ Personal Cellphone #: _____

E-mail Address: _____ Fax #: _____

Co-Personal Representative (if applicable):

Full Legal Name: _____

Also known as: _____
(Name(s) used to title accounts, property, maiden name, etc.)

Date of Birth: _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip-code: _____

Mailing Address: _____
(If different from Home Address)

City: _____ State: _____ Zip-code: _____

Home Phone #: _____ Personal Cellphone #: _____

E-mail Address: _____ Fax #: _____

DECEDENT'S PERSONAL AND FAMILY INFORMATION

(Individual who passed away)

Decedent's Name: _____
(as shown on Will or Death Certificate, if no Will)

Also known as: _____
(Name(s) used to title accounts, property, maiden name, etc.)

Social Security #: _____

Decedent's Residence at Date of Death:

Address: _____

City: _____ State: _____ Zip-code: _____

Year(s) at Residence: _____

Birth and Death Information:

Date of Decedent's Birth: _____ Place of Decedent's Birth: _____

Date of Decedent's Death: _____ Age of Decedent at Date of Death: _____

Place of Decedent's Death: _____

US Citizen: Yes No If no, Country of Birth: _____

Are there any potential lawsuits or claims for wrongful death? Yes No

Did the Decedent have a Last Will and Testament? Yes No

Spouse and/or Prior Marriages

If Decedent's spouse is different than the Executor/Personal Representative above, finish the following information:

Full Legal Name: _____

Also known as: _____
(Name(s) used to title accounts, property, maiden name, etc.)

Date of Birth: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip-code: _____

Home Phone #: _____ Personal Cellphone #: _____

Personal Email: _____

If the Decedent is a Veteran, has the Surviving Spouse applied for survivor's benefit? Yes No

Prior Marriages:

Provide the names and addresses of all other persons to whom decedent was married and date and manner in which such marriage was terminated (i.e., divorce, death, annulment):

Full Legal Name: _____

Also known as: _____
(Name(s) used to title accounts, property, maiden name, etc.)

Address: _____

City: _____ State: _____ Zip-code: _____

Home Phone #: _____ Personal Cellphone #: _____

Personal Email: _____

Dates of Marriage: _____

Marriage was Terminated by: Divorce - Date of Divorce: _____
 Death - Date of Death: _____
 Annulment - Date of Annulment: _____

Decedent's Children

Child 1:

Full Legal Name: _____

Date of Birth: _____ Social Security #: _____

Mailing Address: _____
(If different from Home Address)

City: _____ State: _____ Zip-code: _____

Home Phone #: _____ Personal Cellphone #: _____

Please circle all that apply:

Male Female Adopted Disabled Married Single Divorced

Child 2:

Full Legal Name: _____

Date of Birth: _____ Social Security #: _____

Mailing Address: _____

City: _____ State: _____ Zip-code: _____

Home Phone #: _____ Personal Cellphone #: _____

Please circle all that apply:

Male Female Adopted Disabled Married Single Divorced

Child 3:

Full Legal Name: _____

Date of Birth: _____ Social Security #: _____

Mailing Address: _____

City: _____ State: _____ Zip-code: _____

Home Phone #: _____ Personal Cellphone #: _____

Please circle all that apply:

Male Female Adopted Disabled Married Single Divorced

Child 4:

Full Legal Name: _____

Date of Birth: _____ Social Security #: _____

Mailing Address: _____

City: _____ State: _____ Zip-code: _____

Home Phone #: _____ Personal Cellphone #: _____

Please circle all that apply:

Male Female Adopted Disabled Married Single Divorced

Did any of Decedent's children predecease Decedent? Yes No

If so, please list the child's name and the child's surviving children:

Name of Deceased Children _____

Name(s) of Deceased Children's Surviving Child(ren). Indicate if they are minors and list name

of parent or legal guardian: _____

Decedent's Family and/or Others Included in Decedent's Will

(skip if no will)

List the names of any persons included in the Will, other than Decedent's spouse or children:

Person 1:

Full Legal Name: _____

Date of Birth: _____ Social Security #: _____

Mailing Address: _____

City: _____ State: _____ Zip-code: _____

Home Phone #: _____ Personal Cellphone #: _____

Please circle all that apply:

Male Female Adopted Disabled Married Single Divorced

Person 2:

Full Legal Name: _____

Date of Birth: _____ Social Security #: _____

Mailing Address: _____

City: _____ State: _____ Zip-code: _____

Home Phone #: _____ Personal Cellphone #: _____

Please circle all that apply:

Male Female Adopted Disabled Married Single Divorced

Person 3:

Full Legal Name: _____

Date of Birth: _____ Social Security #: _____

Mailing Address: _____

City: _____ State: _____ Zip-code: _____

Home Phone #: _____ Personal Cellphone #: _____

Please circle all that apply:

Male Female Adopted Disabled Married Single Divorced

Person 4:

Full Legal Name: _____

Date of Birth: _____ Social Security #: _____

Mailing Address: _____

City: _____ State: _____ Zip-code: _____

Home Phone #: _____ Personal Cellphone #: _____

Please circle all that apply:

Male Female Adopted Disabled Married Single Divorced

DECEDENT'S EMPLOYMENT

Name of Decedent's Current or Former Employer: _____

Address: _____

City: _____ State: _____ Zip-code: _____

Phone #: _____ Fax #: _____

Nature of Decedent's Former Occupation: _____

Name of Human Resources Contact (if any): _____

E-mail Address: _____ Phone #: _____

Is Decedent owed any income from employer? _____

DECEDENT'S FINANCIAL INFORMATION

Financial Advisor:

Company: _____

Advisor Name: _____

Mailing Address: _____

City: _____ State: _____ Zip-code: _____

Phone #: _____

Email: _____

Accountant:

Company: _____

Advisor Name: _____

Mailing Address: _____

City: _____ State: _____ Zip-code: _____

Phone #: _____

Email: _____

Life Insurance Agent:

Company: _____

Advisor Name: _____

Mailing Address: _____

City: _____ State: _____ Zip-code: _____

Phone #: _____

Email: _____

***We will be able to contact the decedent's advisors only with your consent once you are appointed
Personal Representative.**

Assets

Cash Accounts: Checking Accounts, Savings Accounts, Certificates of Deposits (CDs), Money Market Accounts, Cash Management Accounts, Etc.

Financial Institution (Bank, Credit Unions, etc.)	Account Type	Owners	Beneficiary/Payable on Death Designation? Y/N Who?	Estimated Balance

*If you need additional space, please continue on a separate sheet following the same format

Retirement Plans: 401K, Individual Retirement Accounts (IRAs), etc.

Financial Institution (Bank, Credit Unions, etc.)	Account Type	Owners	Beneficiary/Payable on Death Designation? Y/N Who?	Estimated Balance

*If you need additional space, please continue on a separate sheet following the same format

Broker Held Investments:

Financial Institution (Bank, Credit Unions, etc.)	Account Type	Owners	Beneficiary/Payable on Death Designation? Y/N Who?	Estimated Balance

*If you need additional space, please continue on a separate sheet following the same format

Stocks:

Stock Name	Number of Shares	Owners	Beneficiary/Payable on Death Designation? Y/N Who?	Estimated Balance

*If you need additional space, please continue on a separate sheet following the same format

Bonds: Savings Bonds, Treasury Bonds, etc.

Type of Bond	Date Purchased	Number of Bonds	Owners	Beneficiary/Payable on Death Designation? Y/N Who?	Estimated Balance

*If you need additional space, please continue on a separate sheet following the same format

Receivables: Promissory Notes, Mortgages, and Unsecured Debts

Name of Debtor	Debtor's Address	Debtor's Phone #	Debtor's Email	Amount of Receivable

*If you need additional space, please continue on a separate sheet following the same format

Life Insurance: Term Life, Whole Life, Group Life, Employer-Provided Life Insurance, etc.

Financial Institution	Policy Type	Owner	Beneficiary/Payable on Death Designation? Y/N Who?	Estimated Balance

*If you need additional space, please continue on a separate sheet following the same format

Annuity:

Company: _____	Estimated Value: _____
Owner(s): _____	Within IRA: _____
Primary Beneficiary: _____	
Contingent Beneficiary(ies): _____	

*If you need additional space, please continue on a separate sheet following the same format

Real Estate: Your Residence, Vacation Property, Rental Property, Business Property, Vacant Land, etc.

Property Address: _____	Estimated Value: _____
County/State: _____	Mortgage/Loan(s): _____
Owner(s): _____	
Year Purchased: _____ ___ Primary Residence ___ Second Home/Vacation ___ Rental Property ___ Business Property ___ Vacant Land ___ Other: _____	
Property Address: _____	Estimated Value: _____
County/State: _____	Mortgage/Loan(s): _____
Owner(s): _____	
Year Purchased: _____ ___ Primary Residence ___ Second Home/Vacation ___ Rental Property ___ Business Property ___ Vacant Land ___ Other: _____	

*If you need additional space, please continue on a separate sheet following the same format

Motor Vehicles: Car(s), Motorcycle(s), Boat(s), Snowmobile(s), etc.

Owner(s): _____	Estimated Value: _____
Type: _____ Year/Make/Model: _____	Loan Amount: _____
Owner(s): _____	Estimated Value: _____
Type: _____ Year/Make/Model: _____	Loan Amount: _____

*If you need additional space, please continue on a separate sheet following the same format

Business Interest(s): List any business interest(s) that you own (corporations, LLC, partnerships, etc.)

Company Name: _____	Estimated Value: _____
Owner(s): _____	
Type of Business: _____	
Percent of Ownership: _____ % Is there a buy/sell agreement? _____	

*If you need additional space, please continue on a separate sheet following the same format

Personal Property: Vehicles, Recreational Vehicles, Antiques, Heirlooms, Jewelry, Collections, etc.

Item	Description	Designated Beneficiary

*If you need additional space, please continue on a separate sheet following the same format

OUTSTANDING DEBT(S)

Creditor 1:

Name of Creditor: _____

Mailing Address: _____

City: _____ State: _____ Zip-code: _____

Phone #: _____ Fax: _____

Email: _____ Amount of Debt: _____

Creditor 2:

Name of Creditor: _____

Mailing Address: _____

City: _____ State: _____ Zip-code: _____

Phone #: _____ Fax: _____

Email: _____ Amount of Debt: _____

Creditor 3:

Name of Creditor: _____

Mailing Address: _____

City: _____ State: _____ Zip-code: _____

Phone #: _____ Fax: _____

Email: _____ Amount of Debt: _____

Creditor 4:

Name of Creditor: _____

Mailing Address: _____

City: _____ State: _____ Zip-code: _____

Phone #: _____ Fax: _____

Email: _____ Amount of Debt: _____

FUNERAL HOME INFORMATION

14. FUNERAL HOME

Company: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip-code: _____

Phone #: _____ Fax: _____

Email: _____

Has the Funeral Director contacted Social Security? Yes No

If the Decedent is a Veteran, has the Funeral Director applied for lump sum death benefit? Yes No

If the Decedent is a Veteran, has Funeral Director applied for Veteran's benefit for head stone? Yes No

GIFTING

Did the Decedent make any gifts of \$12,000 in a calendar year to any one individual? Yes No

If yes, please list the names and addresses of the recipients, the dates, and the amounts:

Additional Comments or Questions:

CERTIFICATION

The undersigned hereby represents to VICKSTROM LAW PC, and its staff and attorneys that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. The undersigned understands that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Executor/Personal Representative: _____

Name of Executor/Personal Representative: _____

Date: _____