ESTATE ADMINISTRATION QUESTIONNAIRE

Estate of ____

Case Number ____________________________________

Court ____

The Law Office of David Watson, LLC

500 W. Silver Spring Dr.
Suite K-200
Glendale, WI 53217

Phone (414) 491 - 3283

Web-site: www.watsonatlaw.com

E-mail: david.watson@watsonatlaw.com

General Information

Decedent's Full Legal Name	**Decedent's Date of Death**
Decedent's Street Address	**County and State of Death**
Decedent's City, State and Zip	**Surviving Spouse**
Decedent's Employer	**Spouse's Street Address**
Decedent's Work Street Address	**Spouse's City, State and Zip**
Decedent's Work State, City and Zip	**Spouse's Phone Number**
Decedent's Social Security Number	**Date of Marriage**
Decedent's Citizenship	**Did Decedent Have Any Prior Marriages?**

Executor / Trustee Information

Full Legal Name	**Home Phone**
Street Address	**Mobile Phone**
City, State and Zip Code	**Work Phone**
E-mail Address	**Fax**

Advisor Information

Financial Advisor / Trust Officer	**Phone**
Accountant / CPA	**Phone**
Other	**Phone**

Children / Beneficiaries

Full Legal Name	Street Address	Birthday and Year
Social Security Number	City, State and Zip	Share of Estate

Full legal name	Street Address	Birthday and Year
Social Security Number	City, State and Zip	Share of Estate

Full legal name	Street Address	Birthday and Year
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Summary of Assets

Assets	Sole Ownership	Joint Tenancy	Total Value
Checking and Savings	$______________	$______________	$______________
Real Estate Equity	$______________	$______________	$______________
Tangible Personal Property	$______________	$______________	$______________
Traditional IRA / 401(k)	$______________	$______________	$______________
Roth IRA / 401(k)	$______________	$______________	$______________
Non-tax deferred Brokerage Accts.	$______________	$______________	$______________
Individual Stocks and Bonds	$______________	$______________	$______________
Life Insurance *(death benefit values)*	$______________	$______________	$______________
Certificates of Deposit	$______________	$______________	$______________
Annuities	$______________	$______________	$______________
Stock Options	$______________	$______________	$______________
Closely Held Business Interests	$______________	$______________	$______________
Other__________________________	$______________	$______________	$______________
Other__________________________	$______________	$______________	$______________

GROSS TOTAL OF ASSETS: $____

Value of Gross Estate for Purposes of Estate Tax Return

Liabilities

Creditor	**Account Number**	**Amount Owed**
______________________ Creditor #1	______________________	$__________________
______________________ Creditor #2	______________________	$__________________
______________________ Creditor #3	______________________	$__________________
______________________ Creditor #4	______________________	$__________________
______________________ Creditor #5	______________________	$__________________
______________________ Creditor #6	______________________	$__________________

TOTAL LIABILITIES: $__________________

GROSS TOTAL OF ASSETS – TOTAL LIABILITIES: $__________________
Net Value of Estate

Notes

Estate / Trust Tax ID Number: ______________________________

File IRS Form 56 (Notice of Fiduciary Relationship): ______________________________

Due Date for Federal and State Estate Tax Returns (706): ______________________________

Due Date for Trust / Estate Income Tax Returns (1041): ______________________________

Final Personal Income Tax Returns Filed (1040)? ______________________________

Publication of Notice to Creditors? ______________________________

Expiration Date for 3 Months' Notice to Creditors Period: ______________________________

Memo Provided to Fiduciary? ______________________________

Verified Necessary Insurance Coverage? ______________________________

Other: ______________________________