

**ESTATE ADMINISTRATION QUESTIONNAIRE**

**PERSONAL DATA**

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Today's Date: \_\_\_\_\_ Prepared by: \_\_\_\_\_  
Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_ Dates of Military Service: \_\_\_\_\_  
Is there a Will: Yes \_\_\_\_\_ No \_\_\_\_\_ Where: \_\_\_\_\_  
Who is the Executor: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

**FAMILY**

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Was Deceased ever married: Yes \_\_\_\_\_ No \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Is spouse alive: Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_  
If Yes, address of surviving spouse: \_\_\_\_\_  
\_\_\_\_\_  
Other Spouses: \_\_\_\_\_  
Did the Deceased have any Children?

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|       |          |           |     |                             |                |       |          |
|-------|----------|-----------|-----|-----------------------------|----------------|-------|----------|
| First | MI       | Last      | DOB | Address                     | City           | State | Zip Code |
| SSN   | __-__-__ | Capacity? |     | If Deceased, Date of Death: | ____/____/____ |       |          |

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|       |          |           |     |                             |                |       |          |
|-------|----------|-----------|-----|-----------------------------|----------------|-------|----------|
| First | MI       | Last      | DOB | Address                     | City           | State | Zip Code |
| SSN   | __-__-__ | Capacity? |     | If Deceased, Date of Death: | ____/____/____ |       |          |

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|       |          |           |     |                             |                |       |          |
|-------|----------|-----------|-----|-----------------------------|----------------|-------|----------|
| First | MI       | Last      | DOB | Address                     | City           | State | Zip Code |
| SSN   | __-__-__ | Capacity? |     | If Deceased, Date of Death: | ____/____/____ |       |          |

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|       |          |           |     |                             |                |       |          |
|-------|----------|-----------|-----|-----------------------------|----------------|-------|----------|
| First | MI       | Last      | DOB | Address                     | City           | State | Zip Code |
| SSN   | __-__-__ | Capacity? |     | If Deceased, Date of Death: | ____/____/____ |       |          |

**If the deceased had no surviving spouse or children, who is the next of kin?**

**Parents:**

\_\_\_\_\_  
**Father:** First MI Last

If Deceased, Date of Death: \_\_\_\_\_

\_\_\_\_\_  
**Mother:** First MI Last

If Deceased, Date of Death: \_\_\_\_\_

**Siblings:**

\_\_\_\_\_  
First MI Last Address City State Zip Code

If Deceased, Date of Death: \_\_\_\_\_

\_\_\_\_\_  
First MI Last Address City State Zip Code

If Deceased, Date of Death: \_\_\_\_\_

\_\_\_\_\_  
First MI Last Address City State Zip Code

If Deceased, Date of Death: \_\_\_\_\_

**FINANCIAL**

Bank accounts, CD's, Brokerage Accounts, Stocks, Corporate or U.S. Bonds, and others

| <b>Description &amp; Location of Property</b> | <b>Value</b> | <b>Account No.</b> | <b>Owner</b> |
|---|--------------|--------------------|--------------|
| _____   | _____        | _____              | _____        |
| _____   | _____        | _____              | _____        |
| _____   | _____        | _____              | _____        |
| _____   | _____        | _____              | _____        |
| <b>TOTAL:</b>                                 |              |                    | _____        |

Had the deceased ever made any transfers or gifts of more than \$10,000.00 to an individual in a single calendar year? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach a copy

If yes, was a gift tax return filed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach a copy

**REAL ESTATE**

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| Description of Property Address<br>And Owner | Purchase Date | Purchase Price | Value |
|--|---------------|----------------|-------|
| _____  | _____         | _____          | _____ |
| _____  | _____         | _____          | _____ |

If there is any Real Estate income, please give amount.      \$\_\_\_\_\_ / Month / Year

**LIFE INSURANCE**

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| Company | Beneficiary | Face Value | Cash Value | Policy # |
|---------|-------------|------------|------------|----------|
| _____   | _____       | _____      | _____      | _____    |
| _____   | _____       | _____      | _____      | _____    |
| _____   | _____       | _____      | _____      | _____    |

**OTHER PROPERTY WITH DESIGNATED BENEFICIARIES:**

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Did the deceased have IRAs, Vested Pension Plans, Annuities, or other assets that passed upon death to a particular beneficiary whom the deceased had designated?

| Description | Value | Designated Beneficiary |
|-------------|-------|------------------------|
| _____       | _____ | _____                  |
| _____       | _____ | _____                  |
| _____       | _____ | _____                  |

Was the deceased entitled to an inheritance?      Yes      \_\_\_\_\_      No      \_\_\_\_\_

Was the deceased the beneficiary of any trust?      Yes      \_\_\_\_\_      No      \_\_\_\_\_

**LIABILITIES**

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Mortgages, Notes to banks, notes to others, Loans on Insurance, other

| Description | Balance Due | Monthly Payment | Maturity Date |
|-------------|-------------|-----------------|---------------|
| _____       | _____       | _____           | _____         |
| _____       | _____       | _____           | _____         |
| _____       | _____       | _____           | _____         |

**Location of Important Papers:** \_\_\_\_\_

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**PERSONAL PROPERTY**

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Autos, R.V.'s, Boats, Antiques, Heirlooms, Jewelry, Collections, etc.

| Description of Property | Location | Value |
|-------------------------|----------|-------|
| <hr/>                   | <hr/>    | <hr/> |
| <hr/>                   | <hr/>    | <hr/> |
| <hr/>                   | <hr/>    | <hr/> |

**Please bring copies of any of the following documents that apply with you to your meeting with the Attorney**

- 1) Original Will, Codicil, Trust Agreements, Memorandum regarding distribution of personal property
- 2) Any lists designating who should receive personal items and household goods
- 3) Real Estate Deeds, appraisals or real estate tax bills
- 4) Divorce Decrees, Prenuptial Agreements, Adoption Papers
- 5) Two original death certificates
- 6) Life Insurance policies
- 7) Income tax return
- 8) Statements for bank accounts owned solely or jointly by the decedent showing their value as of the date of death
- 9) For each safety deposit box, the name on the account, the name and address of the bank where located
- 10) Copy of the decedent's three (3) most recent Income Tax Returns, and copies of any Gift Tax Returns filed by the decedent.
- 11) If the decedent owned an interest in a partnership or unincorporated business, please provide documentation as to that ownership and the most current statement of assets and Liabilities
- 12) Copies of all known bills, including outstanding credit card balances, funeral expenses, expenses of last illness, mortgages, student loans, caregivers, Illinois Department of Public Aid
- 13) Information relative to unpaid wages or employer death benefits
- 14) Information and documents relative to any loans or notes receivable
- 15) Are there any potential lawsuits or claims for wrongful death?
- 16) Name and address of accountant if the decedent used such services

**CERTIFICATION**

The undersigned hereby represents to the Strohschein Law Group, LLC, and each of its 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. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

**Signature of Client or Client Representative:** \_\_\_\_\_

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