

SULLIVAN & SULLIVAN, P.C.
ATTORNEYS AT LAW

ESTATE ADMINISTRATION QUESTIONNAIRE

Your Name _____ Date _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Your Relationship to Decedent _____
Your social security # _____

A. Decedent Information:

Decedent's Full Name _____
Street Address _____
City _____ State _____ Zip _____
County _____ Date of Death _____ Date of Birth _____
Social Security # _____
Year decedent became a resident of Rhode Island _____
Citizenship _____ Occupation _____ Retired ___ no ___ yes

B. Will, Codicil

Location of Will, if any _____ Date of Will _____
Location of Codicil, if any _____ Date of Codicil _____

Executor Named in Will:

Full Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
Relationship to Decedent _____
Executor Social Security # _____

C. Beneficiaries or Heirs at Law

Decedent's Spouse (surviving: yes ___ no ___ dod _____)

Full Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
Soc Sec # _____
Date of Birth _____ Country Surviving Spouse Born In _____
Citizenship _____

Decedent's Children:

Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
Soc Sec # _____ Date of Birth, If Minor _____

Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
Soc Sec # _____ Date of Birth, If Minor _____

Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
Soc Sec # _____ Date of Birth, If Minor _____

Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
Soc Sec # _____ Date of Birth, If Minor _____

Other Beneficiaries:

Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
Soc Sec # _____ Date of Birth, If Minor _____

Relationship to Decedent _____

Name _____
Street Address _____

City _____ State _____ Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
Soc Sec # _____ Date of Birth, If Minor _____

Relationship to Decedent _____
Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
Soc Sec # _____ Date of Birth, If Minor _____

Relationship to Decedent _____

D. Assets

Note: When providing answers to "How Titled," indicate if the asset was:

- Solely owned by decedent
- In the decedent's trust
- Jointly owned with right of survivorship
- Owned with another person(s), indicating whom
- Other form of ownership

Safe Deposit Box: Yes No *If yes, location* _____

Who has access? _____

Trust: Did decedent have a trust? If yes, provide copy of trust agreement and any amendments.

Was the decedent a beneficiary of a trust? If yes, provide copy and details of the trust.

Real Estate:

Street Address _____
City _____ State _____ Zip _____
County _____ Date of Death Value \$ _____
How Titled _____

Street Address _____
City _____ State _____ Zip _____
County _____ Date of Death Value \$ _____
How Titled _____

Securities:

Are securities in certificate form or are securities held in a brokerage account? _____

Name of financial institution holding securities: _____

Name, address and phone # of financial advisor: _____

Date of Death Value of investments: _____

Name of owner(s) of the investment account(s): _____

Did the decedent have Payable on Death or POD arrangements in place: _____

Stocks (those held individually, not with a broker):

Company Name _____ Number of Shares _____

How Titled _____

Location of Stock _____

Certificates _____

Company Name _____ Number of Shares _____

How Titled _____

Location of Stock _____

Certificates _____

Bonds (those held individually, not with a broker):

Company or Government Agency _____

How Titled _____

Value of Bond _____ Location of Bond _____

Company or Government Agency _____

How Titled _____

Value of Bond _____ Location of Bond _____

U.S. Government Bonds (E, EE, H):

How Titled _____

Location _____ Date of Death Value \$ _____

To be cashed? Yes No If yes, name of transferee _____

How Titled _____

Location _____ Date of Death Value \$ _____

To be cashed? Yes No If yes, name of transferee _____

Money Market Accounts, Certificates of Deposit:

Name of Institution _____

Account # _____ Date of Death Value \$ _____

How Titled _____

Name of Institution _____

Account # _____ Date of Death Value \$ _____

How Titled _____

Bank Accounts:

Bank Name _____

Account # _____ Date of Death Value \$ _____

How Titled _____
Bank Name _____
Account # _____ Date of Death Value \$ _____
How Titled _____
Bank Name _____
Account # _____ Date of Death Value \$ _____
How Titled _____

Mortgages and Notes (Receivables):

Debtor _____
Street Address _____
City _____ State _____ Zip _____
Terms of Obligation _____
Date of Death Value _____

Insurance on Decedent's Life:

Company Name _____
Policy # _____ Date of Death Value \$ _____
Beneficiaries Named _____
Location of Policy _____
Company Name _____
Policy # _____ Date of Death Value \$ _____
Beneficiaries Named _____
Location of Policy _____

Insurance Owned by Decedent on Another Life? Yes ___ (provide policy info.) No ___

Annuities:

Company Name _____
Policy # _____ Date of Death Value \$ _____
Beneficiaries Named _____
Location of Policy _____
Company Name _____
Policy # _____ Date of Death Value \$ _____
Beneficiaries Named _____
Location of Policy _____

Refunds: Will the decedent be entitled to any refunds from any sources, including income taxes, overpayments, cancellation of services? If yes, explain source: _____

Vehicles, Recreational Vehicles, Mobile Homes:

Model _____ Year _____ Date of Death Value \$ _____
How Titled _____
Model _____ Year _____ Date of Death Value \$ _____
How Titled _____

E. Creditors

Name of Creditor _____

Street Address _____

City _____ State _____ Zip _____

Account # _____ Amount Owed \$ _____

Name of Creditor _____

Street Address _____

City _____ State _____ Zip _____

Account # _____ Amount Owed \$ _____

Name of Creditor _____

Street Address _____

City _____ State _____ Zip _____

Account # _____ Amount Owed \$ _____

Would you please tell us how you heard about Sullivan & Sullivan: _____
