



ANDERSON ELDER LAW

206 Old State Rd, Media, PA 19063 T: 610-566-4700 F: 610-566-4702

ESTATE ADMINISTRATION PLANNING QUESTIONNAIRE

This form is extremely important. Your accuracy and completeness in responding will help me represent you. Please bring this information to the appointment.

Date: _____ File No: _____

1. EXECUTOR/ADMINISTRATOR

A. Individual Executor/Administrator:

Full Name of Individual Executor/Administrator: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Social Security No.: _____

Home Phone Number: _____ Business Phone Number: _____

E-mail address: _____ Fax Number: _____

B. Co-Executor/Administrator (if applicable):

Full Name of Co-Executor/Administrator: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Social Security No.: _____

Home Phone Number: _____ Business Phone Number: _____

E-mail address: _____ Fax Number: _____

C. Corporate Executor/Administrator (if applicable):

Full Name of Institution/Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Corporate Tax ID No.: _____

Business Phone Number: _____

E-mail address: _____ Fax Number: _____



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2. DECEDENT

A. Name of Decedent (as shown on Will): _____

Also Known As: _____

B. Decedent's Domicile at Date of Death:

Street Address: _____

City: _____ State: _____ Zip: _____

Year Domicile Established: _____

C. Birth and Death Information:

Date of Decedent's Birth: _____

Place of Decedent's Birth: _____

Date of Decedent's Death: _____

Place of Decedent's Death: _____

Decedent's was a Citizen of: USA Other: _____

D. Name of Decedent's Physician:

Street Address: _____

City: _____ State: _____ Zip: _____

E. Important Numbers:

Social Security Number: _____

Veterans Administration ID Number: _____

Dates of Service: _____ Branch of Service: _____

3. DECEDENT'S SPOUSE, IF MARRIED

If Decedent's spouse is different from the Executor above, furnish the following information:

Full Name of Spouse: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Social Security No.: _____

Home Phone Number: _____ Business Phone Number: _____

E-mail address: _____ Fax Number: _____



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4. PRIOR MARRIAGES

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

Full Name of Former Spouse: _____

Current Address of Former Spouse (if known): _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Social Security No.: _____

Home Phone Number: _____ Business Phone Number: _____

E-mail address: _____ Fax Number: _____

Date of Marriage: _____

Marriage was Terminated by:

Divorce -- Date of Divorce: _____

Death -- Date of Death: _____

Annulment -- Date of Annulment: _____

5. DECEDENT'S CHILDREN (if applicable)

Name of Child: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email Address: _____

Date of Birth: _____ Social Security Number: _____

Name of Child: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email Address: _____

Date of Birth: _____ Social Security Number: _____



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Name of Child: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email Address: _____

Date of Birth: _____ Social Security Number: _____

Name of Child: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email Address: _____

Date of Birth: _____ Social Security Number: _____

Name of Child: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email Address: _____

Date of Birth: _____ Social Security Number: _____

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 Child: _____

Name(s) of Deceased Child's Surviving Child(ren): _____

If any are minors, list name of parent or legal guardian: _____

6. DECEDENT'S FAMILY AND OTHERS INCLUDED IN WILL

**List the names of any persons included in the Will, other than Decedent's spouse or children:
Attach separate paper if needed:**

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email Address: _____



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Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email Address: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email Address: _____

7. DECEDENT'S FAMILY, IF DECEDENT PASSED AWAY WITHOUT A WILL (INTESTACY)

A. **Will parent(s) inherit?** Yes No If so, list parent(s):

Name of Father: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email Address: _____

Name of Mother: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email Address: _____

B. **Will sibling(s) inherit?** Yes No If so, list sibling(s):

Name of Sibling: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email Address: _____

Name of Sibling: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email Address: _____



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Name of Sibling: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email Address: _____

C. If no parent or sibling, who will inherit?

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email Address: _____

Relationship to Decedent: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email Address: _____

Relationship to Decedent: _____

8. EMPLOYMENT

Full Name of Decedent's Current or Former Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail address: _____

Nature of Decedent's Former Occupation: _____



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9. EXPENSES OF DECEDENT'S LAST ILLNESS

Please provide a list of decedent's expenses, including the name and address of the provider, the amount, and the date paid, or provide copies of invoices or cancelled checks.

Name of Provider	Address of Provider	Amount	Date Paid

10. DECEDENT'S ACCOUNTANT

Name of Accountant: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Fax Number: _____

Email Address: _____

11. DECEDENT'S INSURANCE AGENT

Name of Insurance Agent: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Fax Number: _____

Email Address: _____

12. DECEDENT'S STOCK BROKER

Name of Brokerage: _____

Name Account Representative: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Fax Number: _____

Email Address: _____



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13. OTHER PROFESSIONAL ADVISORS

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email Address: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email Address: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email Address: _____

14. OUTSTANDING DEBT

Name of Creditor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Fax Number: _____

Email Address: _____

Amount of Debt: \$ _____

Name of Creditor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Fax Number: _____

Email Address: _____

Amount of Debt: \$ _____



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Name of Creditor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Fax Number: _____

Email Address: _____

Amount of Debt: \$ _____

15. REAL ESTATE

Addresses of All Real Estate Owned by Decedent:

A. Street Address: _____

City: _____ State: _____ Zip: _____

Folio Number: _____ (obtained from tax bill)

Joint Ownership? Is property owned with someone else? Yes No

B. Street Address: _____

City: _____ State: _____ Zip: _____

Folio Number: _____ (obtained from tax bill)

Joint Ownership? Is property owned with someone else? Yes No

C. Street Address: _____

City: _____ State: _____ Zip: _____

Folio Number: _____ (obtained from tax bill)

Joint Ownership? Is property owned with someone else? Yes No

16. FUNERAL HOME

Name of Funeral Home: _____

Name of Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Fax Number: _____



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17. RECEIVABLES

List any receivables to which the Decedent was entitled (e.g., Notes, Mortgages, Unsecured Debts):

Full Name of Debtor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail address: _____

Amount of Receivable: \$ _____

Full Name of Debtor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail address: _____

Amount of Receivable: \$ _____

18. PRIOR INHERITANCES

Did Decedent inherit any assets in the past 10 years? Yes No

If yes, from whom and when? _____

19. PRIOR GIFTS

Did Decedent make any gifts in excess of \$13,000 (or other large gifts) in any calendar year to any one individual?

Yes No

If yes, please attach a list of the names and addresses of the recipients, the dates, and the amounts.

20. SAFE DEPOSIT BOX

Name of Bank: _____

Name of Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Name(s) in Which Box Was Held: _____



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21. SOCIAL SECURITY AND VETERAN'S BENEFITS

- Has Funeral Director applied for lump-sum death benefit? Yes No
- Has Surviving Spouse applied for survivor's benefit? Yes No
- Is Decedent a Veteran? Yes No
- If yes, has Funeral Director applied for Veteran's benefit for head stone? Yes No

22. MISCELLANEOUS

Have you visited our Website at www.AndersonElderLaw.com? Yes No

Do you have any ideas for improving our Website? If so, please discuss.

23. CERTIFICATION

The undersigned hereby represents to Anderson Elder Law that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law 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 Executor/Administrator

Date