



ELIZABETH MORGAN AND ASSOCIATES

Confidential Estate Administration Questionnaire

Decedent (all forms of name): _____

Address: _____

Date of Death: _____

Place of Death: _____

Date of Birth: _____

Place of Birth: _____

(City)

(State)

Domicile: _____

Date Established: _____

Social Security Number: _____

Citizenship: _____

Veteran – Branch of Service: _____

I.D. Number: _____

Employer: _____

Occupation: _____

Name of Spouse: _____

Address: _____

SSN: _____

Date of Birth: _____

Was marriage terminated prior to decedent's death? _____

Date of Termination: _____

By Death or Divorce? _____

If decedent married more than once:

Name of Spouse: _____

Date of Marriage: _____

Place of Marriage: _____

Domicile at Date of Marriage: _____

Date of Termination of Marriage: _____

By Death or Divorce? _____

Name of Spouse: _____

Date of Marriage: _____

Place of Marriage: _____

Domicile at Date of Marriage: _____

Date of Termination of Marriage: _____

By Death or Divorce? _____

Number of Children: _____

Number of Children Surviving: _____

CHILDREN:

1. _____ (Name) _____ (Address)

_____ (Date of Birth) _____ (Social Security Number)

2. _____ (Name) _____ (Address)

_____ (Date of Birth) _____ (Social Security Number)

3. _____ (Name) _____ (Address)

_____ (Date of Birth) _____ (Social Security Number)

4. _____
(Name) (Address)

(Date of Birth) (Social Security Number)

HEIRS OR LEGATEES: (persons entitled to the Estate)

1. _____
(Name) (Address)

(Date of Birth) (Social Security Number)

2. _____
(Name) (Address)

(Date of Birth) (Social Security Number)

3. _____
(Name) (Address)

(Date of Birth) (Social Security Number)

4. _____
(Name) (Address)

(Date of Birth) (Social Security Number)

Location of Safe Deposit Box: _____

EXECUTOR:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

TRUSTEE:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Name of Trust Officer: _____

Title of Trust Officer: _____

STOCK BROKER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

BANKER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

ACCOUNTANT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

OTHER PROFESSIONAL ADVISORS

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Documents to bring to first meeting with attorney:

Will and Codicils

Death Certificate