

PROBATE & ESTATE ADMINISTRATION QUESTIONNAIRE/CHECKLIST

Thank you for choosing Burke & Casserly, P.C. to assist you with the legal issues involved in administering an estate. Probate is the legal process through which the Last Will and Testament of a deceased person (the Decedent) is offered to the Surrogate's Court in the county where the Decedent lived at the time of his or her death and is determined to be valid. If the Decedent has a Will, the Executor is the person nominated in the Will to manage the affairs of the Estate and distribute the estate assets according to the terms of the Will. If the Decedent did not have a Will, he or she is considered to have died "intestate." The laws of New York State will govern how the estate assets are to be distributed, and an Administrator will be appointed. Though the actual responsibilities of an Executor and an Administrator are the same, and the process is similar in both a Probate and an Administration proceeding, the importance of having a Will is imperative to ensure that a decedent's wishes are followed. The first step in starting a Probate or Administration proceeding is gathering relevant information. The questions or checklist items below will assist us in having the necessary information to begin the process. Your attention to detail in completing this questionnaire will enable us to move quickly in preparing the needed paperwork. Should you have any questions, please do not hesitate to ask the attorney or paralegal on your legal team.

I. Decedent's Personal Information

Decedent Name: _____ a/k/a (if applicable) _____

Address: _____ Date of Death: _____

Spouse Name: _____ Date of Death: _____
(If applicable)

Address: _____
(if living) _____

II. Executor/Administrator Information (please attach additional pages if necessary)

Primary Executor/Administrator

Full Name: _____ Phone Number: _____

Address: _____ Social Security #: _____
(Required because the Estate will need to secure a federal tax identification number (EIN))

Co-Executor/Co-Administrator (if applicable)

Full Name: _____ Phone Number: _____

Address: _____ Social Security #: _____
(Required because the Estate will need to secure a federal tax identification number (EIN))

Alternate Executor/Administrator

Full Name: _____ Phone Number: _____

Address: _____ Social Security #: _____
(Required because the Estate will need to secure a federal tax identification number (EIN))

Alternate Co-Executor/Administrator (if applicable)

Full Name: _____ Phone Number: _____

Address: _____ Social Security #: _____
(Required because the Estate will need to secure a federal tax identification number (EIN))

III. Family Information (please attach additional pages if necessary)

A. Is Decedent survived by any children? If yes, please complete:

Full Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____
_____ Relationship: _____

Full Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____
_____ Relationship: _____

Full Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____
_____ Relationship: _____

B. Is Decedent pre-deceased by any children? If yes, please complete:

Pre-Deceased Child's Name: _____

Pre-Deceased Child's Date of Death: _____

And if so, is the pre-deceased child survived by any of their own children (i.e., Decedent's grandchildren)? If yes, please complete:

Full Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____
_____ Relationship: _____



Full Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____

Relationship: _____

C. If Decedent is not survived by a spouse, children, or grandchildren, does Decedent have any living parents and/or siblings? If yes, please complete:

Full Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____

Relationship: _____

Full Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____

Relationship: _____

Full Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____

Relationship: _____

IV. Other Persons or Entities Named in Will as Beneficiaries *(please attach additional pages if necessary)*

Full Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____

Relationship: _____

Bequest: _____

Full Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____

Relationship: _____

Bequest: _____



V. Have the following documents been located/obtained for submission to the Court?

_____ Original Death Certificates of Decedent *(and a copy of spouse death cert, if appl)*
_____ Original Last Will and Testament
_____ Funeral Home Bill *(and receipt, if already paid)*

VI. Have the following entities been notified of Decedent's passing?

_____ Social Security Administration *(if applicable)*
_____ Retirement *(if applicable)*

VII. It is going to be the responsibility of the Executor/Administrator to provide statements showing the date of death values of all the assets of the Decedent, even those that are not subject to the Court's oversight. For example, life insurance policies and any other asset that has a named beneficiary will not be part of the probate estate, but we must still itemize the date of death values for these assets in a report to the Court. Therefore, please gather information on all assets, regardless of whether they are jointly owned, have a named beneficiary, or were owned individually by the Decedent.

A. Financial Information

_____ Information concerning income *(i.e., pensions, annuities, stock dividends, mortgage income, interest income, etc.)*
_____ Veteran's Benefits *(if applicable)*
_____ Most recent Federal Income Tax Return
_____ Any Federal Gift Tax Return
_____ Contact information for Decedent's accountant *(if any)* who could assist in the preparation of a Final Tax Return
_____ A list of all unpaid debts of Decedent's estate *(if applicable)*

B. Financial Statements Showing Account Values on Decedent's Date of Death

(Including titles on accounts and any beneficiary designations, etc.)

_____ All bank accounts
_____ Life insurance policies
_____ 401Ks
_____ IRAs
_____ Mutual Funds

C. Additional Resources *(if applicable)*

_____ Savings bonds
_____ Stock certificates
_____ Title to automobiles/recreation vehicles *(campers, boats, trailers, etc.)*
_____ Safety deposit box *(please include location and contents)*



D. Real Property/Residency *(if applicable)*

- _____ Deed for family residence
- _____ Deed(s) for any other real property owned
- _____ Tax Bills for any real property owned
- _____ Mortgage information
- _____ Tenant information

Please use this space to add any additional relevant information:

