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***** C O N F I D E N T I A L *****

ESTATE ADMINISTRATION QUESTIONNAIRE

Today's Date: _____

Petitioner Information:

Name: _____

Telephone Number: _____

Address: _____

Date of Birth: _____

Social Security Number: _____

Relationship to Decedent: _____

Driver's License Number: _____

Decedent Information (at time of death):

Name: _____

Date of Birth: _____

Address: _____

Date of Death: _____

Social Security Number: _____

Veteran: Yes _____ No _____

Dates of Military Service: _____

Did Decedent have a Last Will and Testament:

Yes _____ No _____

Were there any Codicils to the Will:

Yes _____ No _____

If yes, please provide the date(s) of any Codicils: _____

Decedent Family Information:

Was Decedent ever married: Yes _____ No _____

Spouse's name: _____

Spouse's address: _____

Is spouse alive: Yes _____ No _____

If no, spouse's date of death: _____

Decedent's prior marriages: Name: _____

Address: _____

Did Decedent have any children: Yes _____ No _____

If yes, please provide:

NAME	ADDRESS	SOCIAL SECURITY NUMBER	AGE (if minor)	DATE OF DEATH (if deceased)

If Decedent had no surviving spouse or children, who is the next of kin:

Father: _____
First MI Last If deceased, date of death

Address _____

Mother: _____
First MI Last If deceased, date of death

Address _____

Siblings: (1) _____
First MI Last If deceased, date of death

Address _____

(2) _____
First MI Last If deceased, date of death

Address

(3)

First

MI

Last

If deceased, date of death

Address

(4)

First

MI

Last

If deceased, date of death

Address

Heirs with legal disabilities: Of the above-listed heirs, the following have legal disabilities:

NAME	LEGAL DISABILITY	REPRESENTED BY: Name, address and capacity

Personal Representative:

Is the Personal Representative the same as the Petitioner? Yes _____ No _____

If no, please provide the following for the Personal Representative:

Name: _____

Telephone Number: _____

Address: _____

Date of Birth: _____

Social Security Number: _____

Relationship to Decedent: _____

Driver's License Number: _____

Financial:

Please provide the following information for all bank accounts (savings and checking); CD's, brokerage accounts, stock, Corporate or U.S. bonds, etc.:

Description	Location	Value	Account Number	Owner

Has Decedent 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:

Address	Owner	Purchase Date	Purchase Price	Value	Legal Description

If there is any real estate income, please provide amount: \$ _____ per month

Life Insurance:

Company Name and Address	Beneficiary	Face Value	Cash Value	Policy Number

Did Decedent have IRAs, vested pension plans, annuities, or other assets that passed upon death to a particular beneficiary whom Decedent had designated? Yes _____ No _____

If yes, please provide:

Description	Value	Designated Beneficiary

Was Decedent entitled to an inheritance? Yes _____ No _____

Was Decedent the beneficiary of any trust: Yes _____ No _____

Liabilities:

Did Decedent have any outstanding liabilities; i.e., mortgages, notes to banks, notes to others, loans on insurance, etc.?

If so, please provide:

Description	Balance Due	Monthly Payment	Maturity Date

Location of Decedent's important papers: _____

Personal Property:

Please list all of Decedent’s personal property; i.e., vehicles, boats, antiques, heirlooms, jewelry, collections, etc.:

Description of Property	Location of Property	Value

Please provide our office with copies of the following documents that apply with you to the appointment with Mr. Menna:

1. Original Last Will and Testament of Decedent, as well as any Codicils, Trust Agreements, and Memorandum regarding distribution of personal property.
2. Any lists designating who should receive personal items and household goods.
3. Real estate deeds, appraisals, and most current estate tax bills indicating the State Equalized Value (SEV) for any properties.
4. Judgment of Divorce, prenuptial agreements, and adoption documents.
5. Two certified Death Certificates.
6. Paid funeral bill.
7. Paid cemetery bill.
8. Life insurance policies.
9. Copies of Decedent’s three (3) most recent income tax returns and copies of any Gift ax Returns filed by Decedent.
10. Bank account statements for accounts owned solely or jointly by Decedent, showing values of the accounts as of Decedent’s date of death.
11. Safety deposit box information, including the name on the account, and the name and address of where the safety deposit box is located.
12. Documentation as to Decedent’s interest in any partnerships or unincorporated businesses, including the most current statement of assets and liabilities.
13. Copies of all known bills; i.e., outstanding credit card balances, funeral expense, expenses of last illness, mortgages, student loans, caregivers, monies owed to the State of Michigan, etc., including addresses, telephone numbers, and account numbers.
14. Information and documents regarding unpaid wages or employer death benefits.
15. Information and documents regarding all loans or notes receivable.
16. Name, address and telephone number of Decedent’s accountant.

CERTIFICATION

The undersigned hereby represents to the Law Office of James Menna, P.C., 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 and staff will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendation made by the law firm may not be appropriate.

Signature of Client: _____