

**JAMES M. MENNA, P.C.**

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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:**

<b>NAME</b>	<b>LEGAL DISABILITY</b>	<b>REPRESENTED BY: Name, address and capacity</b>

**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:**

<b>Company Name and Address</b>	<b>Beneficiary</b>	<b>Face Value</b>	<b>Cash Value</b>	<b>Policy Number</b>

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:

<b>Description</b>	<b>Value</b>	<b>Designated Beneficiary</b>

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:

<b>Description</b>	<b>Balance Due</b>	<b>Monthly Payment</b>	<b>Maturity Date</b>

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:** \_\_\_\_\_