

**Estate Questionnaire**

Today's Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

**Decedent's Name:** \_\_\_\_\_

Date of death: \_\_\_\_\_

Address: \_\_\_\_\_

Place of death: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Year moved into Connecticut? \_\_\_\_\_

Was the Decedent a U.S. Citizen? \_\_\_\_\_

If not, country of citizenship \_\_\_\_\_

**Spouse:**

Name and address of spouse: \_\_\_\_\_

Email address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home telephone #: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Work telephone #: \_\_\_\_\_

If deceased, date of passing: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Is the spouse a U.S. Citizen? \_\_\_\_\_

If not, country of citizenship: \_\_\_\_\_

**Last Will & Testament:** YES \_\_\_ NO \_\_\_

Dated: \_\_\_\_\_

**Executor/Executrix:**

Name of Executor/Executrix: \_\_\_\_\_

Address of Executor/Executrix: \_\_\_\_\_

Email address: \_\_\_\_\_

Home telephone #: \_\_\_\_\_

Work telephone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Do you prefer calls on your home phone or cell phone? \_\_\_\_\_

**Decedent's Employment:**

Employer's name and address: \_\_\_\_\_

Active or Retired? \_\_\_\_\_

If retired, date of retirement: \_\_\_\_\_

**Other Family Members: (Children)**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

**Any deceased children:** YES \_\_\_ NO \_\_\_

Any other Beneficiaries named in Will:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Did decedent marry/divorce/have children after execution of Will: YES \_\_\_ NO \_\_\_

Did decedent, spouse, or children of the decedent ever receive aid or care from the State of Connecticut? YES \_\_\_ NO \_\_\_

Was the decedent a beneficiary of a Trust in which he/she had withdrawal rights? If yes, obtain copies of the Trust Agreement and Crummey Letters to determine if the decedent made any "hanging" withdrawal rights.

Does the decedent have any assets (i.e, bank/brokerage accounts), credit card accounts, e-mail accounts, social networking accounts (i.e., Facebook), sites at which you store photos or documents, domain names and/or any other assets which you maintain on the Internet?

--Have family members been provided with computer passwords, on-line passwords, user IDs?

Did decedent have a safe deposit box? If so, please indicate location and joint owner(s)

Insurance Agent & Phone #: \_\_\_\_\_

Accountant & Phone #: \_\_\_\_\_

Decedent's physician(s): \_\_\_\_\_

Financial Advisor & Phone #: \_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_