

Kahan Kerensky Capossela, LLP

(Please include middle initials and aka's on all names.)

Estate Questionnaire

Today's Date: _____

Decedent's Name: _____

Address: _____

Year moved into Connecticut? _____

Spouse's Name: _____

Address: _____

Social Security #: _____

Date of birth: _____

If deceased, date of passing: _____

Last Will & Testament: YES ___ NO ___

Executor/Executrix: _____

Address: _____

Email address: _____

Work telephone #: _____

Social Security #: _____

Decedent's Employment: _____

Address: _____

Active or Retired? _____

Other Family Members: (Children)

Name: _____

Address: _____

Date of birth: _____

Name: _____

Address: _____

Date of birth: _____

Name: _____

Address: _____

Date of birth: _____

Date of death: _____

Place of death: _____

Date of birth: _____

Place of birth: _____

Social Security #: _____

Was the Decedent a U.S. Citizen? _____

If not, country of citizenship _____

Email address: _____

Home telephone #: _____

Work telephone #: _____

Cell phone #: _____

Fax #: _____

Is the spouse a U.S. Citizen? _____

If not, country of citizenship: _____

Dated: _____

Home telephone #: _____

Cell phone #: _____

Fax #: _____

If retired, date of retirement: _____

Email: _____

Phone: _____

Social Security #: _____

Email: _____

Phone: _____

Social Security #: _____

Email: _____

Phone: _____

Social Security #: _____

Name: _____

Email: _____

Address: _____

Phone: _____

Date of birth: _____

Social Security #: _____

Any deceased children: YES ___ NO ___

Any other Beneficiaries named in Will:

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 #: _____

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? YES ___ NO ___

-Have family members been provided with computer passwords, online passwords, user IDs? YES ___ NO ___

If decedent has a safe deposit box, please indicate location and joint owner(s): _____

Insurance Agent & Phone #: _____

Accountant & Phone #: _____

Decedent's physician(s): _____

Financial Advisor & Phone #: _____

Other information: _____
