



**Wilson McLean**  
Law Firm

1 Union Avenue  
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Phone: (484) 469-8435  
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## **ESTATE ADMINISTRATION QUESTIONNAIRE**

**Attorney Client Privileged/Confidential**



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## **DOCUMENT REQUEST**

At your first appointment with us, please provide us with copies of the following documents:

1. A copy of the death certificate for the Deceased.
2. Any existing Wills or Trusts or other estate planning documents, including "Living Wills" or "Living Trusts," created by the Deceased.
3. Any Will or Trust or other estate planning document created by someone else, that you are aware of, under which the Deceased had an interest.
4. Beneficiary designations for life insurance policies and for IRAs and employer retirement plans
5. Long Term Care insurance policies
6. Any divorce decree or marital property settlement agreement entered into by the Deceased
7. Any pre-nuptial or post-nuptial agreements entered into by the Deceased
8. Any Power of Attorney executed and granted by the Deceased
9. Any Retirement Plan, Buy-Sell Agreement, Stock Option Plan, Salary Continuation Plan, or other deferred compensation plan under which the Deceased had an interest.
10. The Deceased's most recent personal Federal Income Tax Return
11. All Federal Gift Tax Returns which the Deceased may have filed
12. Most recent Federal Income Tax Return of any business in which the Deceased had an ownership interest
13. Financial statements sent to the Deceased related to bank accounts, stocks, bonds, mutual funds, government securities, etc.
14. Prepaid burial contract or insurance







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Reason for Lawsuit: \_\_\_\_\_

**B. DECEDENT'S FAMILY INFORMATION**

Please list all of the decedent's children. Please indicate in the relationship section, whether the child is the decedent's biological child, legally adopted child, or stepchild. Also, indicate whether they are alive or deceased. Use additional sheets of paper, if necessary.

Child's Name		Deceased? __Yes__No Date of Death: _____
Address		Special Needs? __Yes__No
Relationship		
Birthdate		
Age		
Phone Number		
Child's Spouse's Name		

Child's Name		Deceased? __Yes__No Date of Death: _____
Address		Special Needs? __Yes__No
Relationship		
Birthdate		
Age		
Phone Number		
Child's Spouse's Name		

Child's Name		Deceased? __Yes__No Date of Death: _____
Address		Special Needs? __Yes__No



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Relationship	
Birthdate	
Age	
Phone Number	
Child's Spouse's Name	

Please list all of the decedent's grandchildren. Please indicate in the relationship section, whether the grandchild is the decedent's biological grandchild, legally adopted grandchild, or step-grandchild. Also, indicate whether they are alive or deceased. Use additional sheets of paper, if necessary.

Grandchild's Name		Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Death: _____
Address		Special Needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship		
Birthdate		
Age		
Phone Number		
Grandchild's parents' names		

Grandchild's Name		Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Death: _____
Address		Special Needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship		
Birthdate		
Age		
Phone Number		
Grandchild's parents' names		

Has any child or grandchild received an advance on their inheritance or are any child or grandchild financially indebted to the Deceased?  Yes  No

If yes, please explain:

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Please list the Decedent's parents' names and information. Please indicate in the relationship section, whether the Decedent is the biological child, legally adopted child, or stepchild of their parents. Indicate whether they are alive or deceased. Use additional sheets of paper, if necessary.

Decedent's Parent's Name	
Address	
Relationship	
Phone Number	
Birthdate	
Alive or Deceased? If deceased, please give date of death.	Date:            ___ Alive    ___ Deceased

Decedent's Parent's Name	
Address	
Relationship	
Phone Number	
Birthdate	
Alive or Deceased? If deceased, please give date of death.	Date:            ___ Alive    ___ Deceased

Please list the Decedent's siblings' names and information. Please indicate in the relationship section, whether the sibling is the biological sibling, legally adopted sibling, or step-sibling of the Decedent. Indicate whether they are alive or deceased. Use additional sheets of paper, if necessary.

Decedent's Sibling's Name	
Relationship	
Address	
Phone Number	
Alive or Deceased? If deceased, please give date of death.	Date:            ___ Alive    ___ Deceased



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Decedent's Sibling's Name	
Relationship	
Address	
Phone Number	
Alive or Deceased? If deceased, please give date of death.	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased Date:

Please list the names and information of Decedent's nieces and nephews. Please indicate in the relationship section, whether the niece or nephew is the biological niece or nephew, legally adopted niece or nephew, or step-niece or -nephew of the Decedent. Indicate whether they are alive or deceased. Use additional sheets of paper, if necessary.

Decedent's Niece/Nephew's Name	
Relationship	
Address	
Phone Number	
Alive or Deceased? If deceased, please give date of death.	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased Date:
Niece/Nephew's Parents' Names	

Decedent's Niece/Nephew's Name	
Relationship	
Address	
Phone Number	
Alive or Deceased? If deceased, please give date of death.	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased Date:
Niece/Nephew's Parents' Names	

**C. DECEDENT'S EXECUTOR / TRUSTEE / GUARDIAN**

Does the will or any other communication from the Deceased state who should be the Executor of the Deceased's estate? The Executor is responsible for probating the will, paying debts, collecting the assets,





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and settling the estate.

Yes: \_\_\_ No: \_\_\_

If there is more than one executor, please use additional sheets of paper to provide this information.

Executor Name	
Address	
Phone Number	
Relationship to Decedent	
Date of Birth	
Has this person	___ filed for bankruptcy? ___ ever been convicted of a felony?
Is this person a US citizen?	___ yes ___ no If not, state immigration status: _____

Does the will or any other communication from the Deceased state who should be the Trustee of the Deceased's estate? The Trustee is responsible for holding, investing and distributing assets in a trust.

Yes: \_\_\_ No: \_\_\_

If there is more than one Trustee, please use additional sheets of paper to provide this information.

Trustee Name	
Address	
Phone Number	
Relationship to Decedent	
Date of Birth	
Has this person	___ filed for bankruptcy? ___ ever been convicted of a felony?
Is this person a US citizen?	___ yes ___ no If not, state immigration status: _____

Does the will or any other communication from the Deceased state who should be the Guardian of the Deceased's minor children? The Guardian is responsible for the physical care and custody of the Deceased's minor children until they reach the age of 18.

Yes: \_\_\_ No: \_\_\_



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If there is more than one Guardian, please use additional sheets of paper to provide this information.

Guardian Name	
Address	
Phone Number	
Relationship to Decedent	
Date of Birth	
Has this person	<input type="checkbox"/> filed for bankruptcy? <input type="checkbox"/> ever been convicted of a felony?
Is this person a US citizen?	<input type="checkbox"/> yes <input type="checkbox"/> no If not, state immigration status: _____

**D. DECEDENT'S ASSETS & LIABILITIES**

Estimated net worth of estate: \$ \_\_\_\_\_

Did the Decedent own a business or was he/she a partner in a business?  yes  no

If yes, please provide the name of the business: \_\_\_\_\_

Is the Decedent owed any money under contract?  yes  no

Promissory note(s) secured by real estate. Amount owed: \_\_\_\_\_

Installment contract for sale of personal property. Amount owed: \_\_\_\_\_

Unsecured promissory note. Amount owed: \_\_\_\_\_

Regular or Tax-deferred Annuities. Amount owed: \_\_\_\_\_

Other. Amount owed: \_\_\_\_\_

Please provide information for Decedent's individual or employer provided retirement accounts, such as Individual Retirement Accounts (IRAs), Pension Plans, Profit Sharing plans, 401(k) plans, 403(b) plans, etc. Use additional sheets of paper, if necessary.

1. Account Type:	
Designated Beneficiary:	
Company Name:	
Individual Broker Name:	
Address:	



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Phone Number:	
Current Value:	
Loan Balance as of ___/___/____ :	

2. Account Type:	
Designated Beneficiary:	
Company Name:	
Individual Broker Name:	
Address:	
Phone Number:	
Current Value:	
Loan Balance as of ___/___/____ :	

Please list Decedent's life insurance policies. Use additional sheets of paper, if necessary.

Policy #1 Policy Number	
Named Beneficiaries	
Death Benefit	
Accidental Death Benefit, if any	
Type of Policy	
Company/Agent	

Policy #2 Policy Number	
Named Beneficiaries	
Death Benefit	
Accidental Death Benefit, if any	
Type of Policy	
Company/Agent	



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Please provide information related to Decedent's ownership of real property. Please include personal home(s), vacation homes, and rental properties. Use additional sheets of paper, if necessary.

Address	
Lender/Mortgage Company Contact Information	
Purchase Date	
Fair Market Value	
Loan Balance	
Name(s) on the Deed	

Address	
Lender/Mortgage Company Contact Information	
Purchase Date	
Fair Market Value	
Loan Balance	
Name(s) on the Deed	

Please provide information related to the Decedent's personal property. Use additional sheets of paper, if necessary. If any of the items below are jointly owned, please circle the 'Y.'

	Description & Location	Fair Market Value
Household furniture and appliances		Y
Collections, art, antiques, and valuable jewelry		Y
Guns		Y
Automobiles		Y
Boats		Y
Recreational Vehicles		Y



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Motor Home/Trailer		Y
Business Equipment and Machinery		Y
Personal Equipment and Tools		Y
Livestock		Y

Please make a list of the Decedent's known debts and liabilities. If any of the liabilities are jointly owned, please circle the 'Y.' Use additional sheets of paper, if necessary.

Name & Address of Financial Institution or Creditor	Loan Balance
1	Y
2	Y
3	Y
4	Y
5	Y
6	Y
7	Y
8	Y
9	Y
10	Y



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Please provide information related to the Decedent's financial accounts. If any of the accounts are jointly owned, please circle the 'Y.' Use additional sheets of paper, if necessary.

Account Type	Name & Address of Financial Institution	Account Balance As of ____ / ____ / ____
1 Cash Y		
2 Money Market Accounts Y		
3 Certificates of Deposit Y		
4 Stocks, Bonds Y		
5 Mutual Funds Y		
6 US Savings Bonds Y		
7 Treasury Bills or other government securities Y		
8 Safe Deposit Box Y		
9 Other Y		

**E. DECEDENT'S ADVISOR INFORMATION**

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

Office: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

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



