

DECEDENT'S ESTATE QUESTIONNAIRE

This form *must* be returned before we will schedule your appointment
Please include a *clear copy* of the Decedent's death certificate

Who referred you to us? _____

DECEDENT'S INFORMATION

Legal name		U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth	Date of death	Age at death	
Social Security Number		Received TennCare?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address			
City, State, Zip Code		County of residence at death	
Did the decedent have the following documents: (bring them to our meeting) <input type="checkbox"/> Last Will and Testament <input type="checkbox"/> Trust (ex. Living, Revocable, Irrevocable, Life Insurance)		U.S. Military Service Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	

YOUR INFORMATION

Your legal name	Your Social Security Number	U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to the decedent: <input type="checkbox"/> Spouse Date of Marriage:	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild	<input type="checkbox"/> Sibling <input type="checkbox"/> Parent	<input type="checkbox"/> Other - Explain:
Your address			
City, State, Zip Code		County of residence	
Home phone	Cell phone	Email	
Have we worked with you previously? <input type="checkbox"/> Yes - Explain: <input type="checkbox"/> No			

DECEDENT'S SPOUSE'S INFORMATION (Skip *if* you are the spouse)

Legal name of Decedent's Spouse		U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth	Date of death (if deceased)	Age at death (if deceased)	
Social Security Number		Received TennCare?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address			
City, State, Zip Code		County of residence at death	
Did the decedent's spouse have the following documents: <input type="checkbox"/> Last Will and Testament <input type="checkbox"/> Trust (ex. Living, Revocable, Irrevocable, Life Insurance)		U.S. Military Service Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DECEDENT'S CHILDREN, living and deceased (use a separate page if necessary)

<i>Full</i> Legal Name	<i>Full</i> Address	Date of Birth	Phone Number	Number of Children
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

DECEDENT'S ASSETS – Do NOT leave this section blank. If you have questions, contact us.

Please provide us with an estimate of the value of the decedent's estate. Use your **best estimate** of each asset's value, assuming a fair price for it today. Disregard the original price paid for the asset.

ASSET	VALUE IN DECEDENT'S NAME ALONE	VALUE IN JOINT NAMES	AMOUNT OF DEBT ON THE ASSET
Real Estate			-
Checking Accounts			-
Savings Accounts			-
Annuities and Certificates of Deposit			-
Individually-held Stocks and Bonds			-
Brokerage Accounts/Mutual Funds			-
Retirement Accounts (IRA, 401k, etc)			-
Death Benefit of Life Insurance			-
Automobiles, Boats and Planes			-
Valuable Collections			-
Other: _____			-
Debts Owed <i>to</i> Decedent in writing			-
Totals			-

THIS INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Signature: _____	Date: _____
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