K P LAW
ATTORNEY AT LAW

13710 US HIGHWAY 441
SUITE 500
THE VILLAGES, FL 32159

KATINA H. PANTAZIS
(352) 600-2987
OFFICE@LAWKPPA.COM

Estate Administration Questionnaire

Decedent Information

Legal Name: _____

Date of Death: _____ Marital Status at Time of Death: _____

Address of Permanent Residence at Time of Death (prior to nursing home):

_____

County of Residence: _____

Social Security Number (REQUIRED): _____

Please provide 1 Certified Copy of the Decedent's Death Certificate (Short Form)*

Proposed Personal Representative/Trustee Information

Name: _____

Address: _____

Phone Number: _____ Email: _____

Social Security Number/EIN (required to obtain EIN):_____

Relationship to Decedent: _____

Do you wish to be compensated for your services as P.R./Trustee, if possible? ☐ Yes ☐ No

If any of the beneficiaries are difficult or may have an objection to your claiming Reasonable Compensation, please request a copy of the P.R. Time Sheet as you may wish to document time spent carrying out P.R. duties. You should retain receipts for estate expenses.

Proposed Alternate Personal Representative/Trustee Information (if any)

Name: _____

Address: _____

Phone Number: _____ Email: _____

Social Security Number/EIN (required to obtain EIN):_____

Relationship to Decedent: _____

Beneficiaries or Heirs at Law Information

Surviving Spouse's Name (if any): _____

Address: _____

Phone: _____ E-mail: _____

Social Security Number/EIN (required for distribution of assets): _____

Decedent's Child #1 Name (if any): _____

Address: _____

Phone: _____ E-mail: _____

Social Security Number/EIN (required for distribution of assets): _____

If Child #1 is a minor, please provide his/her date of birth: _____

Decedent's Child #2 Name (if any): _____

Address: _____

Phone: _____ E-mail: _____

Social Security Number/EIN (required for distribution of assets): _____

If Child #2 is a minor, please provide his/her date of birth: _____

Decedent's Child #3 Name (if any): _____

Address: _____

Phone: _____ E-mail: _____

Social Security Number/EIN (required for distribution of assets): _____

If Child #3 is a minor, please provide his/her date of birth: _____

Other Name #1: _____

Relationship to Decedent: _____

Address: _____

Phone: _____ E-mail: _____

Social Security Number/EIN (required for distribution of assets): _____

If Other #1 is a minor, please provide his/her date of birth: _____

Other Name #2: _____

Relationship to Decedent: _____

Address: _____

Phone: _____ E-mail: _____

Social Security Number/EIN (required for distribution of assets): _____

If Other #2 is a minor, please provide his/her date of birth: _____

*****If more beneficiaries, please attach an additional sheet with the above information*****

Miscellaneous Information

1. Did the decedent have a will? ☐ Yes ☐ No

*****Please provide the Original Last Will & Testament*****

2. Were there any codicils to the will? ☐ Yes ☐ No

*****Please provide the Original Codicil to the Last Will & Testament*****

3. Are any of the Decedent's children disabled? ☐ Yes ☐ No

If yes, please identify and provide information regarding the nature of disability:

_____

_____

Decedent's Assets

1. Did the decedent own homestead property at the time of death? ☐ Yes ☐ No

Property Address: _____

County: _____

Estimated value: _____

How Titled: _____

2. Did the decedent own any other real estate at the time of death? ☐ Yes ☐ No

Property Address: _____

County: _____

Estimated value: _____

How Titled: _____

Please provide copies of the deeds*

3. Did the decedent have a safety deposit box at the time of death? ☐ Yes ☐ No

   Location: _____

   How Titled: _____

   Do you have the keys: _____

4. Did the decedent own any vehicles at the time of death? ☐ Yes ☐ No

   Vehicle #1 Year, Make, Model:_____

   VIN: _____ Condition: _____ Mileage: _____

   Estimated value: _____ How Titled: _____

   Vehicle #2 Year, Make, Model:_____

   VIN: _____ Condition: _____ Mileage: _____

   Estimated value: _____ How Titled: _____

Please provide the original vehicle titles*

5. Did the decedent have any bank accounts at the time of death? ☐ Yes ☐ No

   Bank/Institution Name: _____

   Account Number: _____

   Date of Death Value: _____

   How Titled: _____

   Bank/Institution Name: _____

   Account Number: _____

   Date of Death Value: _____

   How Titled: _____

   Bank/Institution Name: _____

   Account Number: _____

   Date of Death Value: _____

How Titled: _____

Bank/Institution Name: _____

Account Number: _____

Date of Death Value: _____

How Titled: _____

Please provide statements showing the date of death value*

6. Did the decedent have any other financial or retirement accounts at the time of death (IRA, 401k, brokerage accounts, investment accounts, etc)? ☐ Yes ☐ No

Bank/Institution Name: _____

Account Number: _____

Date of Death Value: _____

How Titled: _____

Bank/Institution Name: _____

Account Number: _____

Date of Death Value: _____

How Titled: _____

Bank/Institution Name: _____

Account Number: _____

Date of Death Value: _____

How Titled: _____

Please provide statements showing the date of death value*

7. Did the decedent own any stocks or bonds at the time of death? ☐ Yes ☐ No

Name of Company: _____

Type of Security: _____ Date of Death Value: _____

How Titled: _____

Please provide statements showing the date of death value*

8. Did the decedent own any money market accounts or certificates of deposit at the time of death? ☐ Yes ☐ No

Bank/Institution Name: _____

Account Number: _____

Date of Death Value: _____

How Titled: _____

Please provide statements showing the date of death value*

9. Did the decedent own any US Government Savings Bonds (E, EE, H) at the time of death? ☐ Yes ☐ No

To Be Cashed: ☐ Yes ☐ No

If Yes, Name of Transferee: _____

Date of Death Value: _____

How Titled: _____

Please provide the original bond(s)*

10. Did the decedent hold paper on any notes or mortgages (receivable) at the time of death? ☐ Yes ☐ No

Mortgagor/Borrower: _____

Address: _____

Terms of Obligation: _____

Date of Death Value: _____

11. Did the decedent have any insurance on his/her life at the time of death? ☐ Yes ☐ No

Company Name: _____

Policy Number: _____

Beneficiaries Named: _____

Date of Death Value: _____

12. Did the decedent own any annuities at the time of death? ☐ Yes ☐ No

Company Name: _____

Policy Number: _____

Beneficiaries Named: _____

Date of Death Value: _____

*****Please provide a statement showing the date of death value*****

13. Did the decedent own any other miscellaneous personal property at the time of death?

☐ Yes ☐ No

_____

_____

Liabilities

Did the decedent owe any business or individual money as of the date of death? ☐ Yes ☐ No

Creditor Name: _____

Address: _____

Account Number (if known): _____

Amount Owed: _____

Creditor Name: _____

Address: _____

Account Number (if known): _____

Amount Owed: _____

Creditor Name: _____

Address: _____

Account Number (if known): _____

Amount Owed: _____

Creditor Name: _____

Address: _____

Account Number (if known): _____

Amount Owed: _____

*****If more creditors, please attach an additional sheet with the above information*****

Please provide most recent invoice/bill/statements for all creditors*

Additional Proposed Personal Representative/Trustee Information

1. Has the proposed Personal Representative/Trustee ever been charged with, arrested for, or convicted of a felony or any other crimes? ☐ Yes ☐ No

   If yes, please provide the date and a brief explanation: _____

   _____

2. Does the proposed Personal Representative/Trustee have any physical disabilities?

   ☐ Yes ☐ No

   If yes, please explain and advise whether this disability will affect the ability to serve as Personal Representative/Trustee: _____

   _____

3. Has the proposed Personal Representative/Trustee ever been treated for a mental condition, alcohol abuse, drug abuse, or other similar condition? ☐ Yes ☐ No

   If yes, please provide the date and a brief explanation (location of treatment, name of physician or professional involved): _____

   _____

****the remainder of this page has been intentionally left blank****

Acknowledgement

UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY INFORMATION AND BELIEF.

NOTICE OF NON-REPRESENTATION.

It is hereby understood that the information contained in this questionnaire is for consultation ONLY and that no further obligation is incurred by either party as a result of same. It is further understood that Katina Pantazis, P.A. has not yet been retained to represent the above named individual(s) and will take no further action on behalf of said individual(s), unless and until a separate Retainer/Fee Agreement has been executed. If and when Katina Pantazis, P.A. is retained in the above matter, a formal Retainer/Fee Agreement shall be executed by all parties.

Any fee quotes provided at your consult will expire 30 days from the date of your consultation.

DATED THIS _____ DAY OF _____, 202__.

_____
Signature

Name: _____