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**PROBATE/TRUST ADMINISTRATION QUESTIONNAIRE**

*Please accept our sincere condolences on the passing of your loved one.*

*One major task in estate and trust administration is to promptly gather accurate information and it is one in which you will actively participate. This task is typically an ongoing project throughout the administration. This form indicates some of that information which is required initially for the attorney to prepare the petition for administration and other papers that must be filed with the court to "open" the estate or administer the trust. Also, each item of information provided may alert the attorney to special issues that may be dealt with at the outset to avoid future problems. Please complete as much information as possible as soon as possible, leaving blanks as required to be completed later, and return a copy of this document to the attorney. This information can be supplemented or changed later if more accurate or more complete information becomes available. It is important initially to provide as much information as possible, as soon as possible.*

*We also ask that you provide the documents listed at the end of this questionnaire with you to the first meeting.*

If any information does not apply, please so indicate "NA". If you have questions, please call the attorney. If additional space is required, attach a separate sheet.

CAUTION: It is STRONGLY recommended that you not enter the safe-deposit box unless a representative of this office is present, and a complete inventory should then be made and signed by all who are present.

I understand that this questionnaire is designed to provide important information for estate and/or trust administration purposes and that the ability of The Law Offices of Patrick McNally to advise me with respect to the administration of assets with accuracy and efficiency depends on the completeness of such information. I hereby confirm that such information is substantially correct and complete.

Dated:

DATE: \_\_\_\_\_

Signed: \_\_\_\_\_

**DECEASED INFORMATION:**

Deceased's Full Name (include middle initial) \_\_\_\_\_

Other names used: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

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

Citizenship: \_\_\_\_\_

If not, what nationality? \_\_\_\_\_

Address at date of death: \_\_\_\_\_  
\_\_\_\_\_

County of residency at time of death: \_\_\_\_\_

Usual Occupation: \_\_\_\_\_

Was deceased retired at time of death Yes  No

Most recent US income tax return filed: \_\_\_\_\_

Address on tax return (if different from above) \_\_\_\_\_  
\_\_\_\_\_

If you have not already given us a certified copy of the Certificate of Death, please attach one.

**HEIRS AND DISTRIBUTEES** - Please check all that apply.

**Heirs:** Heirs are defined under California intestate law to include spouse, children (including legally adopted children), parents (if no children) and siblings (if no surviving children and parents) regardless of whether such persons are named in deceased's will. Please print out additional copies of this form if additional space is needed.

Deceased is survived by:

1.  **Spouse.** Name \_\_\_\_\_ SSN \_\_\_\_\_  
Date of marriage : \_\_\_\_\_ Place : \_\_\_\_\_  
U. S. Citizen? (Y/N) \_\_\_\_\_ Birthdate: \_\_\_\_\_

No spouse, as follows:

Never Married.

Divorced in \_\_\_\_\_ . Name of prior spouse: \_\_\_\_\_

Spouse died in \_\_\_\_\_ . Name of predeceased spouse: \_\_\_\_\_

• Did predeceased spouse die within the last 15 years owning real property that passed to the deceased? Yes  No

• Did that spouse die within the last 5 years owning personal property worth \$10,000 or more that passed to the deceased? Yes  No

2.  **Children.** List all children *[note if a stepchild or adopted, or if deceased]*:

	<u>Name:</u>	<u>Address:</u>	<u>Under 18?</u>
1.	_____	_____	_____
		_____	
2.	_____	_____	_____
		_____	
3.	_____	_____	_____
		_____	
4.	_____	_____	_____
		_____	
5.	_____	_____	_____
		_____	
6.	_____	_____	_____
		_____	

3. Are any of deceased's children deceased? Yes  No . If so, please state:

Deceased child's name: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Deceased child's name: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Did any of the above deceased children die leaving any children of their own i.e. grandchildren of the deceased? Yes  No . If so, please state:

<u>Name of deceased child:</u>	<u>Name of deceased's child's children</u>	<u>Is Grandchild a minor (under 18)</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	_____	
	_____	
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	_____	
	_____	

4. Did deceased die **WITHOUT** a surviving spouse or children? If yes, please complete the following information; if not, please put line through the following:

	Name:	Address:	Alive?
Father	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
		_____	
Mother	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
		_____	
Brother/Sister	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
		_____	
Brother/Sister	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
		_____	
Brother/Sister	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
		_____	
Brother/Sister	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
		_____	

If NONE of the above people are alive, please complete the information on the attached sheet titled “2<sup>nd</sup> Generation Relatives”:

**Distributees:** Distributees are those persons/entities OTHER THAN HEIRS who are named in the deceased’s will or trust to receive assets

<u>Name:</u>	<u>Address</u>	<u>Relationship to Deceased</u>	<u>Contact No.</u>
_____	_____	_____	_____
	_____		
_____	_____	_____	_____
	_____		
_____	_____	_____	_____
	_____		
_____	_____	_____	_____
	_____		
_____	_____	_____	_____
	_____		

**CAPACITY OF HEIRS/DISTRIBUTEES**

1. Are any of the heirs/distributes incapacitated (i.e. under the age of minority i.e. 18; or under a legal conservatorship)? Yes  No

2. If yes, identify the heir/distributee and the individual who has legal authority to make decisions:

<u>Heir/Distributee Name:</u>	<u>Person with Authority to Make Decision</u>	<u>Contact No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PUBLIC ASSISTANCE**

1. Are any trust beneficiaries receiving (or have applied for) public assistance from the government (i.e. Medicaid; Food Stamps; supplemental security income; subsidized housing)? Yes  No

2. If yes, identify the beneficiary, the government program (i.e. Medi-Cal; Supplemental Security Income (SSI); Social Security Disability Income (SSDI); food stamps; HUD housing), and type of benefits received:

<u>Name: Heir/Distributee Name:</u>	<u>Government Program</u>
_____	_____
_____	_____

**SAFE DEPOSIT BOX**

3. Did the deceased have a safe deposit box? Yes  No  If yes, please indicate location:

Persons other than Deceased with right of access: Yes  No

Names of persons with access: \_\_\_\_\_

**IMPORTANT QUESTIONS:** Please check yes or no for your answer. If you don't know the answers to any of these questions, please mark your answer as "D/K" i.e. don't know.

	<u>Yes</u>	<u>No</u>	<u>D/K</u>
Was the Deceased the beneficiary of any trust at the date of death?	_____	_____	_____
Did the Deceased hold a power of appointment (general or limited) over a trust or an estate?	_____	_____	_____
Did Deceased leave written instructions regarding cremation, funeral, disposition of remains or anatomical donation?	_____	_____	_____
Did the Deceased's or a descendant of the Deceased ever have parental rights terminated as to any person or have a child that was adopted by another person?	_____	_____	_____
Did the Deceased inherit any property within the past 10 years?	_____	_____	_____
Was the Deceased or the Deceased's spouse, if any, receiving, or ever receive, social security, disability or other governmental benefits such as Medi-Cal?	_____	_____	_____
Did the Deceased provide primary or other major financial support to children or any other person?	_____	_____	_____
Does the Deceased have an obligation to make payments pursuant to a divorce or property agreement?	_____	_____	_____
Did the Deceased ever sign a pre-marriage or post-marriage contract? (Please furnish a copy.)	_____	_____	_____
Did the Deceased ever file a Federal or State gift tax return?	_____	_____	_____
Did the Deceased have previous wills, trusts or estate planning? (Please furnish copies of these documents.)	_____	_____	_____
Did the Deceased own any assets in another state or country?	_____	_____	_____
Did the Deceased, or his/her predeceased spouse, ever receive Medi-Cal (not Medicare) benefits?	_____	_____	_____
Do any of the Deceased's children, if any, have special education, medical or physical needs?	_____	_____	_____



**ESTATE PLAN HISTORY OF DECEASED**

**Will**

1. Did the deceased have a Will? Yes  No

Date of Will: \_\_\_\_\_ Location of Will: \_\_\_\_\_

**Names of Executor(s) named in the will:**

	<b><u>Executor #1</u></b>	<b><u>Executor #2</u></b>
a. Name	_____	_____
b. Address	_____	_____
c. Home Phone	(____) _____	(____) _____
d. Occupation	_____	_____
Fax Number.	(____) _____	(____) _____
....E-mail address	_____	_____

Is a trust the main beneficiary of the will? Yes  No  If yes, complete the information below under "Trust."

**Trust**

2. Did the deceased have a Trust(s)? Yes  No

Name of Trust: \_\_\_\_\_

Date of Trust: \_\_\_\_\_ Location of Original Trust: \_\_\_\_\_

**Names of Trustee(s) named in the will:**

	<b><u>Trustee #1</u></b>	<b><u>Trustee #2</u></b>
a. Name	_____	_____
b. Address	_____	_____
c. Home Phone	(____) _____	(____) _____
d. Occupation	_____	_____
Fax Number.	(____) _____	(____) _____
....E-mail address	_____	_____



**DECEASED'S ASSETS**

The list below is only provisional.

If an asset was owned by the Trust at date of death, indicate so.

If an asset was owned outside of the Trust, indicate how it was held e.g. J-T (joint account) etc.

Please list here all assets owned by the Deceased personally or jointly with another. List below under "Retirement, Disability and Death Benefits" assets owned by an IRA, 401, or other plans.

• **Real Estate**

1. Address: \_\_\_\_\_

Description (Residence/Rental/Vacation): \_\_\_\_\_

Purchase Date: \_\_\_\_\_ In Whose Name: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Cost: \$ \_\_\_\_\_ Equity: \$ \_\_\_\_\_

2. Address: \_\_\_\_\_

Description (Residence/Rental/Vacation): \_\_\_\_\_

Purchase Date: \_\_\_\_\_ In Whose Name: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Cost: \$ \_\_\_\_\_ Equity: \$ \_\_\_\_\_

3. Address: \_\_\_\_\_

Description (Residence/Rental/Vacation): \_\_\_\_\_

Purchase Date: \_\_\_\_\_ In Whose Name: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Cost: \$ \_\_\_\_\_ Equity: \$ \_\_\_\_\_

• **Bank & Savings and Loan Accounts**

Indicate the type of account as follows: (S) Savings; (C) Checking; (CD) Certificate of Deposit; (AS) All Savers Certificate; and (O) Other.

Institution and Branch	Type	Value	Account No.	In Whose Name (Trust? Non-Trust?)
<b>Total:</b>				

• **Money Market Accounts/Mutual Funds and/or Similar Accounts:**

Brokerage Firm & Branch	In Whose Name (Trust? Non-Trust?)	Value
<b>Total:</b>		

◆ **Stocks & Bonds:**

Company	Type & #	In Whose name (Trust? Non-Trust?)	Purchase Date	Value
<b>Total:</b>				

• **Personal Property** (Autos, RVs, boats, antiques, heirlooms, jewelry, collections, etc.)

Description of Property	In Whose Name (Trust? Non-Trust?)	Value
<b>Total:</b>		

• **Miscellaneous Property.** (Includes Cash & negotiables in Safe Deposit Box; accounts receivable; Leases Franchises held; Royalty Income; Patents, trademark, and copyrights held; Stock Options; Oil, gas or mineral rights; livestock etc.)

Description of Property	In Whose Name (Trust? Non-Trust?)	Value
<b>Total:</b>		

• **Promissory Notes Owed to Deceased**

Debtor	Note Value	Amount Still Owing	Is It Secured?
			Yes <input type="checkbox"/> / No <input type="checkbox"/>
			Yes <input type="checkbox"/> / No <input type="checkbox"/>
<b>Total:</b>			

• **Retirement, Disability and Death Benefits**

Do you have IRAs, vested pension plans, profit-sharing, stock bonus, retirement plan, or deferred compensation plan, or any other similar type of benefit? :  Yes /  No

Description	Company	Designated Beneficiary	Value
<b>Total:</b>			

• **Business Interests**

Name	Address	Type of Entity	Percent Interest (%)	Value of Interest	Date Interest Acquired
<b>Total:</b>					

• **Life Insurance/Annuities**

Whose Life	Company	Policy No	Beneficiary	Face Value.	Cash Value
<b>Total</b>					

**MISCELLANEOUS ASSETS**

- How much cash was in the house, purse, wallet, pocket, or otherwise loose at the time of death?  
\$\_\_\_\_\_
- List any foreign currency the deceased had at time of death: \_\_\_\_\_  
\_\_\_\_\_
- Check if any monies were due the decedent at time of death, but unpaid, for :
  - Last Paycheck
  - Insurance Claim refund
  - Medicare/Medi-cal refunds
  - Checks payable, but not cashed at date of death
  - Tax refund
  - Insurance premium refund
  - Utility refund

**DECEASED'S LIABILITIES**

- **Liabilities** (mortgages, notes to banks, notes to others, loans on insurance, other)

Description	Maturity Date	Balance Due	Monthly Payment
<b>Total:</b>			

• ***Last Illness / Funeral Expenses***

1. Attach copies of bills for all expenses relating to the last illness (including hospital, doctor, radiology, pharmacy, nursing care), funeral (including flowers, travel, music, donations for clergy), and burial of the Deceased, and provide information as to what has been, or will be, reimbursed by insurance (the amounts not reimbursed by insurance will be a tax deduction). If not available, list:

<b>Payer</b>	<b>Item/Purpose</b>	<b>Date Paid</b>	<b>Paid by Whom</b>	<b>Amount Reimbursed. by Insurance</b>

2. For all charge accounts, utility bills, tax bills, and other bills due but unpaid or not billed at the date of death, please provide copies of each bill. For any copy not available, please provide the following:

<b>Company Name &amp; Address</b>	<b>Account Number</b>	<b>Balance</b>	<b>Payment. Due at Death</b>

**MISCELLEANOUS INFORMATION:**

Provide the names, addresses, telephone numbers, and capacities of any other advisors or professionals the deceased or you have used in the past which you would like our office to-work with on this estate.

	<b><i>Advisor</i></b>	<b><i>Name/Address</i></b>	<b><i>Tel. Number</i></b>
1.	CPA	_____	_____
2.	Financial Planner	_____	_____
3.	Other	_____	_____

**DOCUMENTS TO BRING TO THE FIRST MEETING:**

**Please see attached list of documents which you should bring with you to our first meeting:**

The most important documents are the following:

- Any current will(s), codicil(s), living trust or other trust agreements.
- Copy of death certificate.
- Copies of bank accounts/life insurance/annuity/brokerage statements.
- Copies of real estate deeds, if available.
- Copies of statements of retirement benefits (401k; IRA; SEP; Keogh)
- Individual and business tax returns for past 3 years.