



**GOLDSTEIN LAW FIRM, LLC  
ATTORNEYS AT LAW  
92 EAST MAIN STREET, SUITE 308  
SOMERVILLE, NJ 08876  
(908) 450-7250**

## **ESTATE ADMINISTRATION QUESTIONNAIRE**

**This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Bring this information with you to the appointment.**

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Date \_\_\_\_\_ File No. \_\_\_\_\_ File Name \_\_\_\_\_

### **1. EXECUTOR/ADMINISTRATOR**

**A. Full Name of Individual Executor/Administrator** \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Fax No. \_\_\_\_\_

**B. Full Name of Corporate Executor/Administrator (if applicable)**

\_\_\_\_\_  
Name of Trust Officer \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_

C. Full Name of Co-Executor/Administrator (if applicable)

\_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_

2. DECEDENT

A. Name of Decedent (as shown on Will) \_\_\_\_\_  
Also known as \_\_\_\_\_

B. Decedent's Domicile at Date of Death:  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

C. Decedent's Birth and Death Information:  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Date of Death \_\_\_\_\_ Age at Date of Death \_\_\_\_\_  
Place of Death \_\_\_\_\_  
Approximate Date Decedent Became a [Name of State] Resident \_\_\_\_\_  
Decedent was a Citizen of: USA Other \_\_\_\_\_

D. Name of Decedent's Physician \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E. Important Numbers:  
Social Security Number \_\_\_\_\_ Medicare Number \_\_\_\_\_  
VA ID Number \_\_\_\_\_ Military ID Number \_\_\_\_\_  
Dates of Service \_\_\_\_\_ Branch of Service \_\_\_\_\_

3. DECEDENT'S SPOUSE

If Decedent's spouse is different from the Executor above, furnish the following information:

Full Name of Spouse \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Fax No. \_\_\_\_\_

**4. PRIOR MARRIAGES**

Provide the names and addresses of all other persons to whom decedent was married, and the date and manner in which such marriage was terminated (i.e., divorce, death, annulment):

Name of Former Spouse \_\_\_\_\_  
Current Address of Former Spouse (if known): \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Fax No. \_\_\_\_\_

Dates of Marriage \_\_\_\_\_  
Marriage was Terminated by:  
Divorce - Date of Divorce \_\_\_\_\_  
Death - Date of Death \_\_\_\_\_  
Annulment - Date of Annulment \_\_\_\_\_

**5. DECEDENT'S CHILDREN (if applicable)**

**A.** Name of Child \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**B.** Name of Child \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**C.** Name of Child \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**D.** Name of Child \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E. Name of Child \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

F. Name of Child \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Did any of Decedent's children predecease Decedent?

Yes No

If yes, please list the child's name and the child's surviving children:

Name of Deceased Child \_\_\_\_\_  
Name(s) of Deceased Child's Surviving Child(ren):

\_\_\_\_\_

\_\_\_\_\_

If any are minors, list name of parent or legal guardian

\_\_\_\_\_

\_\_\_\_\_

## 6. DECEDENT'S FAMILY AND OTHERS DECEDENT INCLUDED IN WILL

A. List the names of any persons included in the Will other than Decedent's spouse or children:

(1) Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

(2) Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

(3) Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

- (4) Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_
- (5) Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

**B. If Decedent died without a Will:**

- (1) Will parent(s) inherit?    Yes    No  
 If so, list parent(s):
- (a) Name of Father \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_
- (b) Name of Mother \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_
- (2) Will sibling(s) inherit?    Yes    No  
 If so, list sibling(s):
- (a) Name of Sibling \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_
- (b) Name of Sibling \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_
- (c) Name of Sibling \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

**7. EMPLOYMENT**

Name of Decedent's Current or Former Employer \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Nature of Decedent's Former Occupation \_\_\_\_\_  
Name of Human Resources Contact (if any) \_\_\_\_\_

**8. MEMBERSHIPS**

List Decedent's Fraternal, Club, or Lodge Memberships Where Decedent May Have Had Benefits (i.e., Life Insurance):

A. Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Contact Person \_\_\_\_\_

B. Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Contact Person \_\_\_\_\_

C. Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Contact Person \_\_\_\_\_

**9. EXPENSES OF DECEDENT'S LAST ILLNESS**

Name of Provider	Address of Provider	Amount	Date Paid

**10. DECEDENT'S ACCOUNTANT**

Name of Accountant \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**11. DECEDENT'S INSURANCE AGENT**

Name of Insurance Agent \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**12. DECEDENT'S STOCKBROKER**

Name of Stockbroker \_\_\_\_\_  
Name of Account Representative \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**13. OTHER PROFESSIONAL ADVISERS**

**A.** Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**B.** Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**C.** Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**14. OUTSTANDING DEBT**

**A.** Name of Creditor \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_

**B.** Name of Creditor \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_

**C.** Name of Creditor \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_

**D.** Name of Creditor \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_

**E.** Name of Creditor \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_

**F.** Name of Creditor \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_



**15. REAL ESTATE**

Addresses of All Real Estate Owned by Decedent:

- A. Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (obtained from tax bill)
- B. Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (obtained from tax bill)
- C. Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (obtained from tax bill)
- D. Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (obtained from tax bill)
- E. Joint Ownership - Is property owned with someone else?  
Yes          No

**16. FUNERAL HOME**

Name of Funeral Home \_\_\_\_\_  
Name of Contact Person \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**17. RECEIVABLES**

List any receivables to which the decedent was entitled (i.e., Notes, Mortgages, Unsecured Debts):

- A. Name of Debtor \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Amount of Receivable: \$ \_\_\_\_\_

**B.** Name of Debtor \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Amount of Receivable: \$ \_\_\_\_\_

**C.** Name of Debtor \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Amount of Receivable: \$ \_\_\_\_\_

**D.** Name of Debtor \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Amount of Receivable: \$ \_\_\_\_\_

**E.** Name of Debtor \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Amount of Receivable: \$ \_\_\_\_\_

**18. PRIOR INHERITANCES**

Did Decedent inherit any assets in the past 10 years?  
Yes No

If yes, from whom and when? \_\_\_\_\_

**19. PRIOR GIFTS**

Did Decedent make any gifts in excess of \$10,000 in any calendar year to any one individual? Yes No

If yes, please indicate the name and address of the recipient, the date, and the amount:

- A.** Name of Recipient \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Date of Gift \_\_\_\_\_ Amount of Gift: \$ \_\_\_\_\_
- B.** Name of Recipient \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Date of Gift \_\_\_\_\_ Amount of Gift: \$ \_\_\_\_\_
- C.** Name of Recipient \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Date of Gift \_\_\_\_\_ Amount of Gift: \$ \_\_\_\_\_

**20. SAFE DEPOSIT BOX**

Name of Bank \_\_\_\_\_  
Name of Contact Person \_\_\_\_\_  
Branch - Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Name(s) in Which Box Was Held \_\_\_\_\_

**21. SOCIAL SECURITY AND VETERAN'S BENEFITS**

Decedent's Social Security No. \_\_\_\_\_  
Has Funeral Director applied for lump-sum death benefit?  
Yes No  
Has Surviving Spouse applied for survivor's benefit?  
Yes No  
Is Decedent a Veteran?  
Yes No  
If yes, has Funeral Director applied for Veteran's benefit for  
head stone? Yes No

**22. CERTIFICATION**

The undersigned hereby represents to Goldstein Law Firm, LLC, and each of its attorneys that the information contained in this intake form is accurate and complete and that the undersigned understands that the law firm and its individual lawyers will rely on this information, but will **not** independently verify its accuracy. The undersigned understands that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Executor/Administrator:

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