



**KRISTINA R. VICKSTROM, ESQ.**

**PROBATE/ESTATE ADMINISTRATION QUESTIONNAIRE**

**This form is extremely important. Your accuracy and completeness in responding will help our office best represent you. Please bring this completed questionnaire, along with any other requested information, to your consultation. Feel free to skip any sections where you don't have any information or that do not apply.**

Date\_\_\_\_\_

**1. EXECUTOR/ADMINISTRATOR**

A. Full Name of Individual Executor/Personal Representative\_\_\_\_\_

Relationship\_\_\_\_\_

Street Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone No.\_\_\_\_\_ Business Phone No.\_\_\_\_\_

E-mail Address\_\_\_\_\_ Fax No.\_\_\_\_\_

Social Security No.\_\_\_\_\_

B. Full Name of Co-Executor/Personal Representative (if applicable)\_\_\_\_\_

Relationship\_\_\_\_\_

Street Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone No.\_\_\_\_\_ Business Phone No.\_\_\_\_\_

E-mail Address\_\_\_\_\_ Fax No.\_\_\_\_\_

Social Security No.\_\_\_\_\_

2. **DECEDENT** (Person who has passed away)

A. Decedent's Name (as shown on Will or Death Certificate, if no Will) \_\_\_\_\_

Also Known As \_\_\_\_\_

B. Decedent's Residence at Date of Death

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Year at Residence \_\_\_\_\_

C. Birth and Death Information:

Date of Decedent's Birth \_\_\_\_\_ Place of Decedent's Birth \_\_\_\_\_

Date of Decedent's Death \_\_\_\_\_ Age of Decedent at Date of Death \_\_\_\_\_

Place of Decedent's Death \_\_\_\_\_

Decedent's was a Citizen of:  USA or  Other \_\_\_\_\_

D. Important Numbers:

Social Security Number \_\_\_\_\_

E. Are there any potential lawsuits or claims for wrongful death?  Yes  No

F. Did Decedent have a will?  Yes  No

3. **DECEDENT'S SPOUSE**

If Decedent's spouse is different than the Executor/Personal Representative 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 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. Attach another sheet as necessary)**

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. Did any of Decedent's children predecease Decedent? Yes No

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

Name of Deceased Children \_\_\_\_\_

Name(s) of Deceased Children's Surviving Child(ren). Indicate if they are minors and list name of parent or legal guardian \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. **DECEDENT'S FAMILY AND OTHERS DECEDENT INCLUDED IN WILL** (skip if no 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 \_\_\_\_\_

7. **EMPLOYMENT** (Attach another sheet as necessary)

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) \_\_\_\_\_

Is Decedent owed any income from employer? \_\_\_\_\_

8. **DECEDENT'S ACCOUNTANT**

Name of Accountant \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

9. **DECEDENT'S INSURANCE AGENT**

Name of Insurance Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

**10. DECEDENT'S STOCK BROKER**

Name of Stock Broker \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

**11. OTHER PROFESSIONAL ADVISORS**

A. Name \_\_\_\_\_ Type \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

B. Name \_\_\_\_\_ Type \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

C. Name \_\_\_\_\_ Type \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

**12. OUTSTANDING DEBT (Attach another sheet as necessary)**

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: \$ \_\_\_\_\_



**13. REAL ESTATE**

Addresses of All Real Estate Owned by Decedent (Attach another sheet as necessary):

A. Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Jointly Held with someone else? \_\_\_\_\_

\_\_\_\_\_

Book # \_\_\_\_\_, Page # \_\_\_\_\_ (obtained from tax bill)

B. Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Book # \_\_\_\_\_, Page # \_\_\_\_\_ (obtained from tax bill)

Jointly Held with someone else? \_\_\_\_\_

**14. FUNERAL HOME**

Name of Funeral Home \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

**15. RECEIVABLES**

List any receivables to which the decedent was entitled (i.e., Notes, Mortgages, and 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: \$ \_\_\_\_\_

**16. PRIOR GIFTS**

Did Decedent make any gifts in excess of \$12,000 in any calendar year to any one individual?

Yes       No       Not Sure

If yes, please attach a list of the names and addresses of the recipients, the dates, and the amounts.

**17. 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 \_\_\_\_\_

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

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

**19. LIFE INSURANCE**

Company	Beneficiary	Face Value	Cash Value	Policy #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**20. OTHER PROPERTY WITH DESIGNATED BENEFICIARIES:**

Did the deceased have IRAs, Vested Pension Plans, Annuities, or other assets that passed upon death to a particular beneficiary whom the deceased had designated?

Description	Value	Designated Beneficiary
_____	_____	_____
_____	_____	_____
_____	_____	_____

**21. LIABILITIES**

Mortgages, Notes to banks, notes to others, Loans on Insurance, other

Description	Balance Due	Monthly Payment	Maturity Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**22. PERSONAL PROPERTY**

Autos, R.V.s, Antiques, Heirlooms, Jewelry, Collections, etc.

Description of Property	Location	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please bring copies of any of the following documents that apply with you to your meeting with the attorney** (if available)

- Original Will, Codicil, Trust Agreements, Memorandum regarding distribution of personal property
- Any lists designating who should receive personal items and household goods
- Real Estate Deeds, appraisals or real estate tax bills
- Divorce Decrees, Prenuptial Agreements, Adoption Papers
- Two original death certificates
- Copies of Life Insurance policies
- Statements for bank accounts owned solely or jointly by the decedent showing their value as of the date of death
- For each safety deposit box, the name of the account, the name and address of the bank where located
- Copy of the decedent's most recent Income Tax Return, and copies of any Gift Tax Returns filed by the decedent
- If the decedent owned an interest in a partnership or incorporated business, please provide documentation as to that ownership and the most current statement of assets and Liabilities

- Copies of all known bills, including outstanding credit card balances, funeral expenses, expenses of last illness, mortgages, student loans, caregivers, Massachusetts Department of Public Assistance
- Information relative to unpaid wages or employer death benefits
- Information and documents relative to any loans or notes receivable.

Additional Comments or questions for Vickstrom Law:

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**CERTIFICATION**

The undersigned hereby represents to VICKSTROM LAW, and its staff and 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. 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/Personal Representative \_\_\_\_\_

Date \_\_\_\_\_