

**BIVINS & HEMENWAY, P.A.**

**INITIAL ESTATE ADMINISTRATION  
QUESTIONNAIRE**

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**I. Decedant.**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Other Names Used: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Address at Date of Death: \_\_\_\_\_  
Domicile at Death (County and State): \_\_\_\_\_  
Year Domicile Established: \_\_\_\_\_  
Original Death Certificate: Yes [ ] / No [ ]

**II. If Testate**

**A. Information regarding Will:**

Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Personal Representative(s) Named: \_\_\_\_\_  
Address of Personal Representative(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number(s) of Personal Representative(s):  
Home: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Work: \_\_\_\_\_  
Relationship and interest in estate, if any: \_\_\_\_\_  
Age: \_\_\_\_\_ SSN: \_\_\_\_\_  
Witnesses to Will:  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Who will prove the Will, if not self-proving? \_\_\_\_\_  
Original Will filed with court? Yes [ ] / No [ ]

**B. Information regarding Codicil, if any:**

Date: \_\_\_\_\_ Location: \_\_\_\_\_

If Codicil changes Personal Representative, give name, address, telephone number, relationship, and interest in estate, if any:

\_\_\_\_\_  
\_\_\_\_\_

Witnesses to Codicil:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will prove the Codicil, if not self-proving? \_\_\_\_\_  
Original Codicil filed with court? Yes [ ] / No [ ]

**III. Safe Deposit Box**

Number: \_\_\_\_\_ Name and Location of Bank: \_\_\_\_\_

In the name(s) of: \_\_\_\_\_

**IV. Surviving Spouse, if any:**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Marriage to Decedent: \_\_\_\_\_  
Has spouse been married continuously to decedent since the date of marriage indicated above? Yes [ ] / No [ ]

**V. Beneficiaries**

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Age*</u>	<u>SSN</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*= birthdate if minor

If the decedent died leaving a Will, are any of the decedent's children, or children of a deceased child, not named as a beneficiary in the Will? Yes [ ] / No [ ]

If yes, list those parties not named, giving the name, address, relationship, age and social security number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**VI. Additional Information**

A. Is there sufficient insurance coverage of all assets in which decedent had an interest at the time of death? (This includes real property and contents, tangible personal property, automobiles, and excess liability coverage.) Yes  / No

B. Have the homestead and other exemptions applications and applications for "greenbelt" been filed with the property appraiser in the appropriate county where the decedent owned an interest in real property? Yes  / No

C. Are any of the following due for decedent: Yes  / No   
1. Income or gift tax return? Yes  / No   
2. Estimated tax payment? Yes  / No   
3. Reports or withholding payments re employees of decedent? Yes  / No   
4. Intangible Tax Return? Yes  / No   
5. Tangible Personal Property Return? Yes  / No

D. Are any benefits due from the Social Security Administration, the Veteran's Administration or any branch of the armed forces of the United States? Yes  / No

If yes, give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

E. If decedent was medically discharged or retired from any branch of the armed forces, was the decedent's death the result of a service-connected disability? Yes  / No

List Branch of Service and Benefit: \_\_\_\_\_

F. Have appropriate claims been filed on all policies, including Medicare, for medical care and hospitalization benefits for decedent? Yes  / No

**VII. Property Decedent Owned in Sole Name at Date of Death:**

A. Real Estate (obtain copies of deeds) Estimated Value

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

Other Real Estate: \_\_\_\_\_ \$ \_\_\_\_\_  
 (Indicate principal balances of mortgages parenthetically.)

B. Stocks and Bonds (obtain stocks or bonds) Estimated Value  
 Publicly Traded:  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Not Publicly Traded:  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

C. Mortgages and Notes Owed to Decedent and Spouse Estimated Value  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Cash (Indicate name of bank and account number):  
 Obtain copies of statements

Savings Accounts: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Checking Accounts: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Certs. of Deposit: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Mutual Funds: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Cash on Hand: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

D. Insurance on Decedent's Life: (obtain copies of policies)

<u>Company</u>	<u>Face Amount</u>	<u>Beneficiary</u>	<u>Owner</u>

E. List Any Annuities Decedent Owned at Time of Death:

<u>Company</u>	<u>Beneficiary</u>	<u>Value</u>
		\$ _____
		\$ _____

F. Debts Other Than Mortgages Indicated Above:

<u>Payee</u>	<u>Type</u>	<u>Indebtedness</u>	<u>Estimated Debt</u>
			\$ _____
			\$ _____

**VIII. Property Decedent Owned Jointly with Spouse at Date of Death:**

A. Real Estate (obtain copies of deeds) Estimated Value  
 Home: \_\_\_\_\_ \$ \_\_\_\_\_

Other Real Estate: \_\_\_\_\_ \$ \_\_\_\_\_  
 (Indicate principal balances of mortgages parenthetically.)

B. Stocks and Bonds (obtain stocks or bonds) Estimated Value  
 Publicly Traded:  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Not Publicly Traded:  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

C. Mortgages and Notes Owed to Decedent and Spouse Estimated Value  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Cash (Indicate name of bank and account number):  
 Obtain copies of statements

Savings Accounts: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Checking Accounts: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Certs. of Deposit: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Mutual Funds: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Miscellaneous (motor vehicles, jewelry, art works, business, or partnership interests, etc.)

	Estimated Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

**IX. Property Decedent Owned Jointly With Anyone Other Than Spouse  
(Indicate names and addresses of each surviving co-tenant)**

A. Real Estate	Value	Decedent's Percent of Contribution
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

B. Stocks and Bonds		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

C. Mortgages and Notes Owed to Decedent and Surviving Co-Tenant		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

D. Cash (Indicate name of bank and account number):	Estimated Value
Obtain copies of statements	
Checking Accounts: _____	\$ _____
Certs. of Deposit: _____	\$ _____
Mutual Funds: _____	\$ _____

E. Miscellaneous: _____	\$ _____
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**X. Gifts**

A. Persons to whom decedent made gifts of over \$11,000 (\$3,000 prior to 1982 \$10,000.00 from 1982 - 2002)

Name of Donee	Amount	Year
_____	\$ _____	_____
_____	\$ _____	_____

Were gift tax returns filed? Yes  / No

Obtain Copies of all returns? Yes  / No

B. Did decedent make any "strings-attached" transfers described in Sections 2035 through 2038 of the Code?

If yes, describe: \_\_\_\_\_

C. Did decedent possess any general power "appointment" Yes  / No

If yes, describe: \_\_\_\_\_

**XI. Other Pertinent Information:**

A. List Any Employee Benefits Due Upon Death of Decedent:

Company Name and Address	Description of Benefit
_____	_____
_____	_____

B. Did decedent inherit property from anyone who died within the last ten years? Yes  / No

If yes, describe: \_\_\_\_\_

C. Was decedent a party to any contract or litigation at the time of death? Yes  / No

D. Was decedent beneficiary under the will of another at the time of decedent's death? Yes  / No

If yes, complete the following:

Testator: \_\_\_\_\_

Style of Probate Case: \_\_\_\_\_

Description of Beneficiary's Interest: \_\_\_\_\_

E. Was decedent beneficiary of a trust at the time of decedent's death? Yes  / No

If yes, complete the following:

Description of Trust: \_\_\_\_\_

Trustee: \_\_\_\_\_

Interest: \_\_\_\_\_

F. Obtain copies of last three federal income tax returns filed by decedent.

G. Hospitalization Policies (Including Medicare):

Company	Policy Number	Location of Policy
_____	_____	_____
_____	_____	_____

H. Did decedent own any Treasury Bonds redeemable at par in payment of federal estate taxes? ("Flower" Bonds) Yes  / No

I. Taxable Estate: Yes  / No   
If no, then Affidavit of No Florida Estate Tax Due

J. List of creditors and addresses

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Return by mail to Bivins & Hemenway, P.A., 1060 Bloomingdale Avenue, Valrico, Florida 33596; by facsimile to 813-643-4904; or e-mail to info@bhpallaw.com.*