

Internal Use Only  
Client No.: \_\_\_\_\_  
Matter No.: \_\_\_\_\_  
Open Date: \_\_\_\_\_  
Attorney: \_\_\_\_\_  
Assistant: \_\_\_\_\_

**MEDINA LAW GROUP, P.A.**  
ATTORNEY AT LAW

*402 South Kentucky Avenue, Suite 660*  
Lakeland, Florida 33801

PHONE: (863) 682-9730  
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**Estate Administration Questionnaire**

**Date:** \_\_\_\_\_

**Name of Decedent:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Location of Will, If Any: \_\_\_\_\_

Location of Codicil, If Any: \_\_\_\_\_

Date of Will: \_\_\_\_\_ Date of Codicil: \_\_\_\_\_

**Personal Representative Named In Will:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

**Alternate Named:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

**Beneficiaries or Heirs at Law**

**Decedent's Spouse:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Decedent's Children:**

**Child (1):** \_\_\_\_\_

Date of Birth, If Minor: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Child (2):** \_\_\_\_\_

Date of Birth, If Minor: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Child (3):** \_\_\_\_\_

Date of Birth, If Minor: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Child (4):** \_\_\_\_\_

Date of Birth, If Minor: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Child (5):** \_\_\_\_\_

Date of Birth, If Minor: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Child (6):** \_\_\_\_\_

Date of Birth, If Minor: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Other Beneficiaries:**

**Name:** \_\_\_\_\_ Date of birth, if Minor: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_ Date of birth, if Minor: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_ Date of birth, if Minor: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Assets

**Safe Deposit Box:** Yes  No  **Location:** \_\_\_\_\_

#### Real Estate:

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ DOD Value: \_\_\_\_\_  
How Titled: \_\_\_\_\_ Homestead: Yes  No

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ DOD Value: \_\_\_\_\_  
How Titled: \_\_\_\_\_ Homestead: Yes  No

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ DOD Value: \_\_\_\_\_  
How Titled: \_\_\_\_\_ Homestead: Yes  No

#### Stocks and Bonds:

Name of Company: \_\_\_\_\_  
Type of Security: \_\_\_\_\_  
How Titled: \_\_\_\_\_  
Location of Certificate: \_\_\_\_\_  
Date of Death Value: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Type of Security: \_\_\_\_\_

How Titled: \_\_\_\_\_

Location of Certificate: \_\_\_\_\_

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

Name of Company: \_\_\_\_\_

Type of Security: \_\_\_\_\_

How Titled: \_\_\_\_\_

Location of Certificate: \_\_\_\_\_

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

**Bank Accounts:**

Bank Name: \_\_\_\_\_

How Titled: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date of Death Value: \_\_\_\_\_

Bank Name: \_\_\_\_\_

How Titled: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date of Death Value: \_\_\_\_\_

Bank Name: \_\_\_\_\_

How Titled: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date of Death Value: \_\_\_\_\_

**Money Market Accounts or Certificates of Deposit:**

Name of institution: \_\_\_\_\_

How Titled: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date of Death Value: \_\_\_\_\_

Name of institution: \_\_\_\_\_

How Titled: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date of Death Value: \_\_\_\_\_

Name of institution: \_\_\_\_\_

How Titled: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date of Death Value: \_\_\_\_\_

**U.S. Government Savings Bonds (E, EE, H):**

How Titled: \_\_\_\_\_

Location of Bonds: \_\_\_\_\_

To be cashed: Yes  No  If yes, Name of Transferee: \_\_\_\_\_

Date of death Value: \_\_\_\_\_

**Mortgages and Notes (Receivable):**

Mortgagor: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Terms of Obligation: \_\_\_\_\_ Date of death Value: \_\_\_\_\_

Mortgagor: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Terms of Obligation: \_\_\_\_\_ Date of death Value: \_\_\_\_\_

**Insurance on Decedent's Life:**

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries Named: \_\_\_\_\_

Location of Policy: \_\_\_\_\_ Date of death Value: \_\_\_\_\_

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries Named: \_\_\_\_\_

Location of Policy: \_\_\_\_\_ Date of death Value: \_\_\_\_\_

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries Named: \_\_\_\_\_

Location of Policy: \_\_\_\_\_ Date of death Value: \_\_\_\_\_

**Annuities:**

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries Named: \_\_\_\_\_

Location of Policy: \_\_\_\_\_ Date of death Value: \_\_\_\_\_

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries Named: \_\_\_\_\_

Location of Policy: \_\_\_\_\_ Date of death Value: \_\_\_\_\_

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries Named: \_\_\_\_\_

Location of Policy: \_\_\_\_\_ Date of death Value: \_\_\_\_\_

**Vehicles:**

Model: \_\_\_\_\_ Year: \_\_\_\_\_

How Titled: \_\_\_\_\_

Location of Title: \_\_\_\_\_ Date of Death Value: \_\_\_\_\_

Model: \_\_\_\_\_ Year: \_\_\_\_\_

How Titled: \_\_\_\_\_

Location of Title: \_\_\_\_\_ Date of Death Value: \_\_\_\_\_

Model: \_\_\_\_\_ Year: \_\_\_\_\_

How Titled: \_\_\_\_\_

Location of Title: \_\_\_\_\_ Date of Death Value: \_\_\_\_\_

**Miscellaneous Personal Property:**

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**Documents Needed By This Office:**

- |  |  |
|--|--|
| <input type="checkbox"/> Death Certificate | <input type="checkbox"/> Copies Of Any Bills/Creditors Addresses |
| <input type="checkbox"/> Paid Funeral Bill | <input type="checkbox"/> Last Will and Testament                 |
| <input type="checkbox"/> Real Estate Deeds | <input type="checkbox"/> Vehicle Titles                          |