

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

MEDINA LAW GROUP, P.A.
ATTORNEY AT LAW

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Lakeland, Florida 33801

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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:

Documents Needed By This Office:

- Death Certificate
- Paid Funeral Bill
- Real Estate Deeds

- Copies Of Any Bills/Creditors Addresses
- Last Will and Testament
- Vehicle Titles