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ATTORNEY AT LAW
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ESTATE ADMINISTRATION QUESTIONNAIRE

Date: _____

CLIENT INFORMATION

Full name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

SSN: ____ - ____ - _____ U.S. Citizen (circle one): Yes No

Are you the named or proposed Personal Representative? Yes No

If yes, please answer the following questions:

Do you have any disabilities that would prevent you from serving as Personal Representative? _____

If yes, please explain: _____

Have you ever been convicted of a felony? If yes, please explain: _____

PROPOSED PERSONAL REPRESENTATIVE

If you are not the proposed Personal Representative, or if a Co-Personal Representative has been named, please provide their information below.

Full name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

SSN: ____ - ____ - _____ U.S. Citizen (circle one): Yes No

Are you the named or proposed Personal Representative? Yes No

If yes, please answer the following questions:

Do the proposed/co-personal representative have any disabilities that would prevent them from serving as Personal Representative? If yes, please provide explain: _____

Has the proposed or co-personal representative you ever been convicted of a felony? If yes, please explain: _____

SUCCESSOR PERSONAL REPRESENTATIVE INFORMATION

If an alternative/successor Personal Representative is named, please provide their information below.

Full name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

SSN: ____ - ____ - ____ U.S. Citizen (circle one): Yes No

Are you the named or proposed Personal Representative? Yes No

If yes, please answer the following questions:

Do the successor personal representative have any disabilities that would prevent them from serving?

If yes, please provide explain: _____

Has the successor personal representative ever been convicted of a felony?

If yes, please explain: _____

DECEDENT INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ Date of Death: _____ SSN: ____ - ____ - ____

U.S. Citizen (circle one): Yes No

Date and Location of Will, if any: _____

Date and Location of Codicil, if any: _____

Was the Decedent on Medicaid? Yes No

BENEFICIARIES OR HEIRS AT LAW

Please include all beneficiaries including the proposed Personal Representative or Successor Personal Representative. If the decedent died without a will, please provide the names of all children of the decedent. If the decedent did not have any children, please provide the names of the decedent's parents and/or siblings if living.

Decedent's Spouse: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ Social Security #: _____

Decedent's Children

Child (1): _____

Date of Birth, If Minor: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Was this child from a prior marriage? Yes No

Child (2): _____

Date of Birth, If Minor: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Was this child from a prior marriage? Yes No

Child (3): _____

Date of Birth, If Minor: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Was this child from a prior marriage? Yes No

Child (4): _____

Date of Birth, If Minor: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Was this child from a prior marriage? Yes No

Child (5): _____

Date of Birth, If Minor: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Was this child from a prior marriage? Yes No

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 OF THE DECEDENT

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: _____

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 / Lender: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Terms of Obligation: _____ Date of death Value: _____

Mortgagor / Lender: _____

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
- Trust Agreement(s)
- Copies of Account Statements
- Copies of Any Bills/Creditors Addresses
- Last Will and Testament
- Codicils to Will
- Amendments to Trust Agreement(s)
- Separate Writings

Notes:
