ZACHARIA FREY

ESTATE PLANNING | ELDER LAW | ASSET PROTECTION

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ESTATE ADMINISTRATION QUESTIONNAIRE

To ensure that we are able to properly advise you, it is important that you complete this form truthfully and provide as much information as you are able.

PART I: Your Personal Information

Name *(as it appears on important legal documents)*	Social Security Number	Relationship to Decedent	
Street Address	City	State	Zip Code
Primary Phone Number	Alternate Phone Number	Email Address	

PART II: Decedent Information *(Provide death certificate, if available)*

Name *(as it appears on important legal documents)*	Date of Birth *(mm/dd/yyyy)*	Date of Death*(mm/dd/yyyy)*	
Alias(es), if any			
Street Address	City	State	Zip Code
County of Residence	Social Security Number	Did the decedent have a Will or Trust? ☐No ☐Yes *(attach a copy)*	

PART III: Next of Kin *(Provide all known next of kin (spouse, children, step-children, siblings, etc.), even if estranged and any other individual named in the Will or Trust)*

Name *(as it appears on important legal documents)*	Relationship	Phone Number	
Street Address	City	State	Zip Code

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Street Address	City	State	Zip Code

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Street Address	City	State	Zip Code

Attach additional sheets if necessary.

PART IV: Assets

Asset Type Real Estate	Type *(house, vacant land, etc.)*			
	Co-Owner(s), if any			
	Street Address			
	City	State	Zip Code	Approximate Value
Asset Type Real Estate	Type *(house, vacant land, etc.)*			
	Co-Owner(s), if any			
	Street Address			
	City	State	Zip Code	Approximate Value

Asset Type	Bank/Company Name	Account Number	Joint Owner/Beneficiary	Balance/Value
Asset Type	Bank/Company Name	Account Number	Joint Owner/Beneficiary	Balance/Value
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PART V: Debts and Liabilities

Debt/Liability Type	Company Name	Account Number	Amount
Debt/Liability Type	Company Name	Account Number	Amount
Debt/Liability Type	Company Name	Account Number	Amount
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