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ESTATE ADMINISTRATION QUESTIONNAIRE

for

INTRODUCTION:

The following Questionnaire may seem imposing and unnecessarily lengthy; however, much of the information requested may not be applicable. The requested information is necessary to comply with the requirements of the probate court and to prepare an accurate estate tax return.

The following information will be treated as strictly confidential. Should you have any questions regarding the Questionnaire, please do not hesitate to call us.

**BACON WILSON, P.C.
ESTATE QUESTIONNAIRE**

Decedent Information

Decedent's Full Name: _____

Date of Death: _____

Date of Birth: _____

Social Security No.: _____

Occupation or Former Occupation: _____

Was the Decedent Retired? Y N

Domicile at Time of Death: _____

Year Domicile was Established: _____

Marital Status: _____

If Widow(er), Name of Deceased Spouse: _____

Date of Death of Deceased Spouse: _____

Personal Representative Information

Name of Executor/
Personal Representative: _____

Address: _____

Telephone No.: _____

Social Security No: _____

BENEFICIARY INFORMATION

Spouse	Address	SS#	Date of Birth
Children	Address	SS#	Date of Birth
Grandchildren (if beneficiary)	Address	SS#	Date of Birth
Other Individuals/Organizations who benefit from the Estate			

ASSETS OF THE DECEDENT

Real and tangible personal property located outside of Massachusetts:

Held in decedent's name alone:

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Held jointly with others (names of joint owners):

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Massachusetts real estate:

Held in decedent's name alone:

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Held jointly with others (names of joint owners):

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Please provide a copy of the recorded Deed, a copy of the most recent tax bill, and a copy of any recent appraisals.

Stocks and bonds. For stocks, please provide a complete description, including the number of shares, common or preferred, and CUSIP number, if available. For bonds, please provide the face amount of each bond, interest rate, and date of maturity. Attach separate sheet if necessary.

If held in a brokerage account, please provide a copy of the statement for the month of death.

Held in decedent's name alone:

1 _____

2 _____

3 _____

4 _____

Held jointly with others (names of joint owners):

1 _____

2 _____

3 _____

4 _____

Were any accounts Transfer on Death (TOD)? Y N

Cash, bank accounts, notes and mortgages. Please provide a list of all bank accounts, promissory notes, mortgages payable to the decedent and cash on hand. Please provide a copy of bank statements for the month of death, and a copy of the promissory note or mortgage and amortization schedule, if any. If not available, please provide the names(s) on account, the name and address of the bank, and account number.

Held in Decedent's name alone:

1 _____

2 _____

3 _____

4 _____

Held jointly with others (names of joint owners):

1 _____

2 _____

3 _____

4 _____

Life insurance on decedent's life and life insurance owned by the decedent on the life of another. Please provide name of insurance company, address, policy number, amount and named beneficiary. If the insurance company sends a Form 712 - Life Insurance Statement upon payment of the claim, please attach a copy.

1 _____

2 _____

3 _____

4 _____

Tangible personal property (automobiles, personal effects, household furnishings, boats, etc.)

1 _____

2 _____

3 _____

4 _____

Other miscellaneous property. If you answer "yes" to any of the following questions, please submit full details.

1 Did decedent own an interest in a partnership or unincorporated business?

Y

N

A _____
B _____
C _____

2 Did decedent own any jewelry, stamp collections, coin collections, etc. having either artistic or intrinsic value?

Y N

A _____
B _____
C _____

3 Has anyone (surviving spouse, children, etc.) received any money or property as a result of the decedent's death (i.e. death benefit, unpaid salary or vacation pay, bonus, award, etc.)?

Y N

A _____
B _____
C _____

4 Did the decedent have a safe deposit box?

Y N

A _____
B _____
C _____

5 Did the decedent inherit any property within the last ten years?

Y N

A _____
B _____
C _____

6 Did the decedent at the time of death have any power, beneficial interest or trusteeship in a trust that was not created by the decedent?

Y N

A _____
B _____
C _____

7 Was the decedent a trustee or beneficiary of any trust whether created by him/her or another person?

Y N

A _____
B _____
C _____

8 Did decedent create any trusts during his/her lifetime? If yes, please provide details and a copy of the trust.

Y N

A _____
B _____
C _____

Transfers during decedent's life. If you answer "yes" to any of the following questions, please submit full details.

1 Did the decedent make any gifts or fund any 529 plans within the last five years?

Y N

A _____
B _____
C _____

2 Did the decedent ever file Federal Gift Tax Returns? If so, please provide copy.

Y N

A _____
B _____
C _____

Powers of Appointment. Did the decedent ever possess, exercise, or release a power of appointment?

Y N

A _____
B _____
C _____

Annuities. If you answer "yes" to any of the following questions, please provide the name of payor, contract number, copy of the contract, the named beneficiary, most recent statement, etc.

1 Was the decedent receiving an annuity or pension at the time of his/her death (other than social security)?

Y N

A _____
B _____
C _____

2 Is anyone else entitled to receive payments under the annuity or pension?

Y

N

A _____
B _____
C _____

3 Was the decedent a beneficiary or participant of any pension or profit sharing plan at the time of his or her death?

Y

N

A _____
B _____
C _____

4 Did the decedent have any IRA accounts or Keogh plans?

Y

N

A _____
B _____
C _____

LIABILITIES OF THE DECEDENT

Debts of the decedent, Mortgages, and Liens outstanding at the time of death. Provide name and address of creditor, account number, and amount.

1 Debts (real estate taxes, utility bills, income tax liabilities, credit cards, home improvements, etc.):

A _____

B _____

C _____

D _____

2 Mortgages, notes and liens:

A _____

B _____

C _____

D _____

Funeral expenses (burial costs, payments to clergy, flowers, reception, etc.)

A _____

B _____

C _____

D _____

Administration expenses (Executor's out-of-pocket expenses, accountant, etc.)

A _____

B _____

C _____

D _____

PLEASE ALSO INCLUDE COPIES OF THE FOLLOWING ITEMS, IF AVAILABLE:

- 1 Certified copy of death certificate.
- 2 Copy of recorded deeds.
- 3 Copy of most recent tax bill showing assessed value.
- 4 Copy of the decedent's last income tax return.
- 5 Copy of any trust agreements.
- 6 Copy of any partnership agreements.
- 7 Copy of any real or personal property appraisals.
- 8 Copy of any gift tax returns.
- 9 Copy of personal property/excise tax bills.
- 10 Copy of promissory notes and amortization schedules.
- 11 Copy of bank and brokerage statements.
- 12 Copy of annuity contracts.
- 13 Copy of citizenship papers of spouse, if any.
- 14 Copy of all statements from life insurance companies.