

Office File No. _____

INFORMATION LIST

Before probate administration can begin and so proper preparation can be made for the conference, the following information must be supplied. If any question does not apply, please indicate. If you have questions, please call the attorney. If additional space is required, attach separate sheet.

I. **PERSONAL REPRESENTATIVE** (known as Executor in some states)

1.01 Name: _____

1.02 Residence Street Address: _____

1.03 a) City: _____ b) County: _____ c) State: _____
d) Zip: _____

1.04 Telephone: Home: _____ Business: _____
Cell : _____
E-Mail address: _____

1.05 Relationship to Decedent: _____

1.06 Interest in Estate: _____

II. **WILL**

2.01 Location of original Will: _____

2.02 Prepared by whom: _____

2.03 Date of: Will: _____ Codicils: _____
A separate writing for personal property _____

2.04 Place of signing Will: City: _____ County: _____ State: _____

Note: For witnesses to Codicil, use reverse side and place check here: _____

2.07 Special burial or funeral instructions contained in Will or other instruments:

III. **DECEDENT**

3.01 Full name (as shown in Will): _____
Any other name(s) (or indicate "none") used by decedent in legal documents
(deeds, etc.): _____

3.02 Place of death (hospital name, etc): a) _____
b) City: _____ c) County: _____ d) State: _____

3.03 Date of death: _____ (attach copy of death certificate, if available)

3.04 Domicile (residence): Year Florida residence established _____
(attach declaration of domicile, if available)
a) Last residence street address: _____
b) City: _____ c) County: _____ d) State: _____
e) Zip: _____

3.05 Age at death: _____

3.06 a) Social Security No.: _____ b) Medicare No.: _____

3.07 Names, ages, and addresses of all **children** (living or deceased) and any **surviving spouse**, (Indicate by note any person who is deceased, has been declared incompetent, or is in the armed services, or any minor whose disabilities have been removed).

Name	Age*	Relationship	Address
a) _____			
b) _____			
c) _____			
d) _____			
e) _____			
f) _____			
g) _____			
h) _____			

* Birth date, if minor

3.08 Names, ages, address and social security numbers of estate **beneficiaries** (also include any named in 3.07 above who are beneficiaries). (Indicate by note any person who is deceased, has been declared incompetent, or is in the armed services, or any minor whose disabilities have been removed).

Name & Relationship to decedent	Age*	Address	S.S. No.
a) _____			
b) _____			
c) _____			
d) _____			
e) _____			
f) _____			
g) _____			
h) _____			

* Birth date, if minor

3.09 How was title to decedent's home or apartment (homestead) held as shown on deed, title policy or tax bill: _____

3.10 Safe deposit box:
 a) Name of bank: _____ b) Box No.: _____
 Location: c) City: _____ d) State: _____
 e) Joint signatory (if any): _____

3.11 Did decedent own (if so, attach description):

Assets subject to rapid or severe deterioration or perishable property? Yes: ___ No: ___

Assets especially susceptible to theft, destruction, damage or injury: Yes: ___ No: ___

An interest in a partnership: Yes: ___ No: ___

An interest in a sole proprietorship? Yes: ___ No: ___

An interest in a small business corporation? Yes: ___ No: ___

Substantial obligations due within the next 30 days? Yes: ___ No: ___

3.12 Name and address of decedent's accountant:

Name: _____
Address: _____
City, State and Zip: _____
Telephone: _____

3.13 Name and address of decedent's stockbroker:

Name of brokerage house: _____
Name of broker: _____
Address: _____
City, State and Zip: _____
Telephone: _____
Account No.: _____

3.14 If decedent was engaged actively in operation of his own business, describe business operation and person now operation business:

3.15 The last personal income tax return (IRS form 1040) filed by decedent was for income received during the year _____ and the return was filed on or about _____, 20___. (A copy of the return should be furnished to the attorney).

3.16 Was decedent required to, and did decedent file with the State of Florida intangible personal property tax returns for any of the preceding 3 years: If so, what years were filed: 20 ___; 20___, 20 ___. (Copies should be furnished to the attorney).

3.17 Was decedent at the time of his death regularly required to file tax returns with any other state or country? (If so, give state and due date of next return).

a) Personal income tax return No: ___ Yes: ___ due date: _____
State: _____

b) Intangible personal property tax return No: ___ Yes: ___ due date: _____
State: _____

c) Tangible or commercial property No: ___ Yes: ___ due date: _____
State: _____

d) Other: _____ No: ___ Yes: ___ due date: _____

3.18 Is the approximate total value of all assets belonging to decedent above (not jointly owned) including life insurance payable to decedent's estate (not a named beneficiary):

(Check One) _____ More than \$5,000,000.00
_____ less than \$5,000,000.00

3.19 Did decedent have a company pension or profit sharing plan, an annuity, a kehoe plan, or an Individual Retirement Account (IRA)? Yes: ___ No: ___
If yes, describe on Summary of Assets attached. NOTE: It is important that no election of term payment or lump sum payment of proceeds be made before the attorney can consider the estate tax and income tax consequences of such election.

3.20 Was there a mortgage on any property in which decedent owned an interest? Yes: ___ No: ___.

Did decedent owe any other obligation (other than charge accounts) which required periodic payments? Yes: ___ No: ___

Name of mortgage or note holder: _____

Address: _____

City, State and Zip: _____

Loan Number: _____

Payable (monthly, quarterly, etc.) _____ Next payment due: _____

Amount of payment: _____ Approximate balance: _____

Description of property mortgaged: _____

Please also complete and return to attorney the Summary of Assets enclosed herewith.

NOTE: This information must be supplied initially in order that the attorney can insert a summary of this information in the original petition for administration which must be filed with the court to commence administration of the estate.

SUMMARY OF ASSETS

APPROXIMATE VALUE AND NATURE OF ASSETS OWNED BY DECEDENT INDIVIDUALLY OR JOINTLY. As to each asset, indicate form of ownership as "J" (joint), "I" (individually) or "UK" (unknown). ATTACH SUPPLEMENTAL SHEETS AS NECESSARY.

1. **REAL ESTATE:** (indicate J, I, or UK)

Brief legal description (indicate county)	Vacant or type of buildings or improvements	If mortgage, approx. amount and date of next payment due	Approx. market value
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2. **STOCK AND BONDS:** (indicate J, I, or UK)

Name of Company	No. of Shares	Approximate Value per share	Total Value
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3. **MORTGAGES AND NOTES RECEIVABLE:** (indicate J, I, or UK)

Maker	Date	Next payment date and amount	Approximate present balance
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4. **BANK ACCOUNTS OR CERTIFICATES OF DEPOSIT:** (indicate J, I, or UK)

Bank & number of account (if joint, name of joint owner)	Checking, Savings or C.D.	Approximate balance
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5. **CASH:** (belonging to decedent)

Location	Approximate amount
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6. **INSURANCE ON DECEDENT'S LIFE:**

Company	Policy No.	Beneficiary	Location of Original Policy	Expected Proceeds
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7. **AUTOMOBILES:** (indicate J, I, or UK)

Make	Model	Year	If financed, Name of Lender Date & Amount of Next Payment and Approx. Outstanding Balance	Approximate Value
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8. **JEWELRY, ART OBJECTS, ANTIQUES, FURS & OTHER VALUABLE ITEMS:**

Description	Location	Insurance Coverage	Approximate Value
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9. **MISCELLANEOUS OR OTHER PROPERTY NOT DESCRIBED ABOVE:** (indicate J,I, or UK)

Description	Location	Approximate Value
Clothes (if value nominal, indicated)		
Furniture		

10. **INSURANCE (OTHER THAN LIFE INSURANCE) COVERAGE:** (indicate J, I, or UK)

Company	Policy No.	Limits	Paid Through
Automobile			
Homeowners			
Other			

11. **TRUSTS IN WHICH DECEDENT HAD ANY INTEREST:** (if available, provide a copy)

Trustee	Address	Trust Date	Approximate Asset Value

12. **ANNUITIES OR PENSIONS:**

Company	Address	Type	Death benefit amount

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