
KAJKO, WEISMAN, COLASANTI & STEIN, LL

A T T O R N E Y S A T L A W

W W W . M A S S F I R M . C O M

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Estate Information Questionnaire

I. General

Information Provided By: _____

Address: _____

Telephone Number: _____

Email Address: _____

Date: _____

1. Name of Decedent: _____

2. Date of Death: _____

3. Home Address: _____

4. Length of time decedent lived at this address: _____

5. Decedent's date and place of birth: _____

6. Occupation: _____

7. Was the decedent retired? Yes No

8. Decedent's social security number: _____

9. Name and address of physician: _____

10. Marital Status:

Married: Yes No

If yes, 10a and 10b

If No, 10c, 10d, 10e or 10f

10a. Married - Date of marriage to surviving spouse _____

10b. Domicile at time of marriage: _____

10c. Widow/Widower: Yes No

Name of deceased spouse: _____

Date of Death: _____

10d. Single: Yes No

10e. Legally separated: Yes No

Name of legally separated spouse _____

10f. Divorced: Yes No

Date of divorce _____

11. Please list the names, addresses, birth dates, social security numbers, and relationship of all **heirs**.

Name and Address	Birthdate	Social Security Number	Relationship

11a. Deceased Child/Children

Name of Deceased Child	Date of Death

11b. Children of Deceased Child/Children

Name and Address	Name of Parent

11c. Name(s) and address(es) of surviving parent(s)

Name and Address	Relationship

11d. Name(s) and address(es) of surviving sibling(s)

Name and Address	Relationship

11e. Name(s) and address(es) of child/children of deceased sibling(s)

Name and Address	Name of Parent

Please indicate if any of the persons named in Part 11 are:

A. Minors, Disbaled or Incapacitated

B. Beneficiaries under the will

12. If there is a Will, please list the names, addresses, birth dates, social security numbers, and relationship to decedent of all individuals who are beneficiaries under the Will. Do not include heirs, if you have identified the heir as a beneficairy under the will in number 11, above.

Name and Address	Birthdate	Social Security Number	Relationship

13. Assets

13a. Cash (savings and checking accounts, CD's, Money Market)
 (Attach copy of most recent statements)

Name and Address of Financial Institution	Type of Account	In whose Name	Current Balance

TOTAL: \$ _____

13b. Life Insurance (Attach Face Sheet of Policy)

Name of Company	Insured	Owner	Beneficiary	Face Amount

TOTAL FACE AMOUNT: \$ _____ TOTAL CASH VALUE: \$ _____

13c. Real Estate (Attach copies of Deeds, if available)

Location	Date Acquired	Fair Market Value (estimate only)	How Owned (H.W.Surv)

TOTAL: \$ _____

13d. Stocks and Bonds (Attach copy of most recent statements)

No. of Shares	Company	Common (C) or Preferred (P)	Fair Market Value	Cost Basis	How Owned Joint (J) Separate (S)

TOTAL NUMBER OF SHARES: _____

13e. Employee Benefits: (Pension & Profit Sharing, IRA HR10 Plan)
 (Attach copy of most recent statements)

Description	Beneficiary	Value of Vested Interest

13f. Business Interests Owned*

Firm Name and Address: _____

Type of Business: _____

Type of Ownership: Proprietorship Yes No
 Partnership Yes No
 Corporation Yes No

Other Owners: _____

Is there a buy out agreement? Yes No If yes, please provide a copy to your attorney.

ESTIMATE TOTAL VALUE: \$ _____

*If other business assets are owned, please list a total of all business interests, values, and disclose information on other interests on reverse of last page form.

13g. Debts Due Estate (mortgages held or notes receivable)

Name and Address of Debtor	Joint (J) or Separate (S)	Amount Due

TOTAL: \$ _____

13h. Special and Personal Assets: (automobile, jewelry, furniture, boats, paintings, etc)

Description	Joint (J) or Separate (S)	Cost Basis ((if known)	Current Value (approximate)

TOTAL: \$ _____

13i. Transfers by Gift (in excess of \$13,000 per donee)

<u>Type of Asset</u>	<u>Cost Basis</u>	<u>Value of Gift</u>	<u>Year</u>	<u>To Whom</u>	<u>Gift Tax Return Filed?</u>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

TOTALVALUE: \$ _____

13j. Other Assets (interest in a trust or estate, royalties, patents, etc.)

<u>Description</u>	<u>Approximate Current Value</u>	<u>Decedent or Spouse</u>

TOTAL: \$ _____

RECAPITALIZATION OF ALL ASSETS

Cash from total in 13a	\$ _____
Life Insurance from total in 13b	\$ _____
Real Estate from total in 13c	\$ _____
Stocks & Bonds from total in 13d	\$ _____
Employee Benefits from total in 13e	\$ _____
Business Interests from 13f	\$ _____
Debts from 13g	\$ _____
Special & Personal Assets from 13h	\$ _____
Gifts in excess of \$13,000.00 from 13i	\$ _____
Other Assets from 13j	\$ _____
TOTAL OF ALL ASSETS	\$ _____

14. LIABILITIES

14a. Any Mortgages

Description of Property	Name of Creditor	Balance Owed

TOTAL:\$ _____

14b.

Margin Accounts: _____

Life Insurance Loans: _____

Bank Loans: _____

Secured Loans: _____

Credit Card debts (please list account #s and type of card)

14c.	Name(s)	Amount	If paid
Funeral Expenses	_____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Flowers	_____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Monument Costs	_____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Real Estate Tax Bill	_____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fuel Bills	_____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone	_____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hospital Bills	_____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Doctor Bills	_____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Expenses	_____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Outstanding Mortgages	_____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Outstanding Loans	_____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

14d. Miscellaneous Expenses (please itemize)

_____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>