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NOTICE: The use and/or submission of this form for communication with the firm or any member of the firm does not create an attorney-client relationship. Time-sensitive information should not be submitted through this form.

Confidential
Estate and Trust Administration
Initial Meeting Questionnaire

Please complete this questionnaire and submit it to
Rebecca E. P. Wade by fax, email or U.S. Mail

Estate and Trust Administration

Initial Meeting Questionnaire

ABOUT YOU
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____
Cell Phone # : _____
Email Address: _____
Your Relationship to the Decedent: _____

EXECUTOR/ADMINISTRATOR	
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone #: _____	Home Phone #: _____
Cell Phone # : _____	Cell Phone # : _____
Email Address: _____	Email Address: _____

DECEDENT
<p>DOMICILE</p> <p>Decedent's Domicile at Date of Death:</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p>
<p>BIRTH AND DEATH INFORMATION</p> <p>Date of Birth _____</p> <p>Date of Death _____</p> <p>Age at Death _____</p> <p>Place of Death _____</p> <p>Approximate Date Decedent Became an Illinois Resident : _____</p> <p>Decedent's was a Citizen of: ___ USA ___ Other (if so, where?) _____</p>

Estate and Trust Administration

Initial Meeting Questionnaire

DECEDENT'S SPOUSE
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____
Cell Phone # : _____
Email Address: _____

DECEDENT'S CHILDREN	
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone #: _____ Cell Phone # : _____ Email Address: _____ Date of Birth and / or Age : _____ Date of Death, if applicable: _____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone #: _____ Cell Phone # : _____ Email Address: _____ Date of Birth and / or Age : _____ Date of Death, if applicable: _____
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone #: _____ Cell Phone # : _____ Email Address: _____ Date of Birth and / or Age : _____ Date of Death, if applicable: _____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone #: _____ Cell Phone # : _____ Email Address: _____ Date of Birth and / or Age : _____ Date of Death, if applicable: _____

Estate and Trust Administration

Initial Meeting Questionnaire

PRIOR MARRIAGE(S)
Name of Former Spouse: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Reason for Termination of Marriage? <input type="checkbox"/> Death <input type="checkbox"/> Divorce
If divorce, provide date or year of divorce : _____
Divorce Property Settlement In Effect ? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide copy of settlement agreement.
Names of Children Born of or Adopted During the Marriage: _____
Name of Former Spouse: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Reason for Termination of Marriage? <input type="checkbox"/> Death <input type="checkbox"/> Divorce
If divorce, provide date or year of divorce : _____
Divorce Property Settlement In Effect ? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide copy of settlement agreement.
Names of Children Born of or Adopted During the Marriage: _____

PREDECEASED CHILDREN
Did any of Decedent's children predecease Decedent? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the child's name and the child's surviving children:
Name of Deceased Child _____
Name(s) of Deceased Child's Surviving Child(ren): _____ _____
If any are minors, list name of parent or legal guardian: _____ _____

Estate and Trust Administration

Initial Meeting Questionnaire

BENEFICIARIES NAMED IN DECEDENT'S WILL (OTHER THAN SPOUSE AND / OR CHILDREN PREVIOUSLY NOTED)	
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone #: _____ Cell Phone # : _____ Email Address: _____ Date of Birth and / or Age : _____ Date of Death, if applicable: _____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone #: _____ Cell Phone # : _____ Email Address: _____ Date of Birth and / or Age : _____ Date of Death, if applicable: _____
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone #: _____ Cell Phone # : _____ Email Address: _____ Date of Birth and / or Age : _____ Date of Death, if applicable: _____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone #: _____ Cell Phone # : _____ Email Address: _____ Date of Birth and / or Age : _____ Date of Death, if applicable: _____
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone #: _____ Cell Phone # : _____ Email Address: _____ Date of Birth and / or Age : _____ Date of Death, if applicable: _____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone #: _____ Cell Phone # : _____ Email Address: _____ Date of Birth and / or Age : _____ Date of Death, if applicable: _____

Estate and Trust Administration

Initial Meeting Questionnaire

Complete This Section If the Decedent Died Without a Spouse, Children, or Grandchildren

MOTHER	FATHER
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Email Address: _____	Email Address: _____
Date of Death, if applicable: _____	Date of Death, if applicable: _____

**Complete This Section If the Decedent Died Without a Spouse, Children, or Grandchildren
And Neither of Decedent's Parents Survived the Decedent**

DECEDENT'S SIBLINGS (INCLUDING PREDECEASED SIBLINGS)	
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Email Address: _____	Email Address: _____
Date of Birth and / or Age : _____	Date of Birth and / or Age : _____
Date of Death, if applicable: _____	Date of Death, if applicable: _____
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Email Address: _____	Email Address: _____
Date of Birth and / or Age : _____	Date of Birth and / or Age : _____
Date of Death, if applicable: _____	Date of Death, if applicable: _____

Estate and Trust Administration

Initial Meeting Questionnaire

Complete This Section If the Decedent Had a Trust

BENEFICIARIES NAMED IN DECEDENT'S TRUST (OTHER THAN SPOUSE AND / OR CHILDREN PREVIOUSLY NOTED)	
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone #: _____ Cell Phone # : _____ Email Address: _____ Date of Birth and / or Age : _____ Date of Death, if applicable: _____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone #: _____ Cell Phone # : _____ Email Address: _____ Date of Birth and / or Age : _____ Date of Death, if applicable: _____
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone #: _____ Cell Phone # : _____ Email Address: _____ Date of Birth and / or Age : _____ Date of Death, if applicable: _____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone #: _____ Cell Phone # : _____ Email Address: _____ Date of Birth and / or Age : _____ Date of Death, if applicable: _____
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone #: _____ Cell Phone # : _____ Email Address: _____ Date of Birth and / or Age : _____ Date of Death, if applicable: _____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone #: _____ Cell Phone # : _____ Email Address: _____ Date of Birth and / or Age : _____ Date of Death, if applicable: _____

Estate and Trust Administration Initial Meeting Questionnaire

TRUSTEE	
Trustee: _____	Co-Trustee: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Email Address: _____	Email Address: _____

DECEDENT'S PROFESSIONAL ADVISORS	
Accountant:	_____
Insurance Agent:	_____
Financial Planner / Investment Advisor:	_____
Other Professional Advisor(s):	_____

SAFE DEPOSIT BOX
Name of Bank: _____
Branch - Address: _____
Names under Which Box is Held: _____

GOVERNMENT BENEFITS
<p>SOCIAL SECURITY BENEFITS</p> <p>Has Funeral Director applied for lump-sum death benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has Spouse applied for survivor's benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>VETERAN'S BENEFITS</p> <p>Is Decedent A Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, has Funeral Director applied for Veteran's benefit for headstone? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

