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A PROFESSIONAL
CORPORATION

Confidential
**ESTATE ADMINISTRATION
QUESTIONNAIRE**

***Please save this questionnaire to your computer,
complete, and send to
Brooke Didier Starks by fax, email or U.S. Mail***

Confidential

ESTATE ADMINISTRATION QUESTIONNAIRE

First we would like to express our sincerely sympathies at the loss of your loved one. The death of a loved one is never an easy matter. We appreciate the trust you have place with us and hope that our involvement will make this process easier for you.

The following questionnaire is confidential. It is designed to help us better assess the financial circumstances of your loved one. The more information we have with regards to this, the better we can advise you and guide you through the probate process. The following form should be filled out as completely as possible. While it is expected that you will estimate values, it is very important to be certain of the identity of assets and how they are owned. Whether an asset is owned individually, jointly, in trust, or names a beneficiary can dramatically impact this process.

While the foregoing is a lot of information to consider, I view it as my job to help guide you through this process and make it as smooth as possible. With that in mind, please complete the following questionnaire and return it to me. You may use the back sides of the sheets for additional writing room.

For best results, please save the questionnaire to your computer
and open the questionnaire separately in Adobe Reader
before typing information.

CLIENT

Name (include former names)	
Address	
Telephone number	
Email Address	
Birth date	
Social Security Number	
Occupation	
Citizenship	

THE ESTATE OF

Name (include former names)	
Address	
How long had he/she lived at this address?	
How long had he/she lived in the above state?	
Birth date	
Social Security Number	
Occupation	
Citizenship (Country)	
Financial Planner/Broker:	
Accountant:	
Life Insurance Agent:	
Was there a long-term care (nursing home) insurance policy?	

REAL ESTATE

(identify vacation, farmland, vacant, rental property, commercial)

<u>TYPE OF REAL ESTATE</u>	<u>LOCATION</u>	<u>VALUE</u>	<u>HOW IS IT TITLED</u>	<u>FAIR MARKET VALUE</u>	<u>MORTGAGE(S) BALANCE DUE</u>

NON-RETIREMENT STOCKS AND BONDS

(brokerage, online, stock certificates, grain)

TYPE OF STOCK OR BOND	NAME OF BUSINESS OR AGENCY HOLDING STOCK OR BOND	CONTACT INFO FOR BUSINESS OR AGENCY	ACCOUNT NUMBER	VALUE	ACCOUNT REGISTRATION

NON-RETIREMENT ACCOUNTS

(Savings bonds, close corporations, clubs &/or memberships)

TYPE OF ACCOUNT	NAME OF BUSINESS OR AGENCY HOLDING STOCK OR BOND	CONTACT INFO FOR BUSINESS OR AGENCY	ACCOUNT NUMBER	VALUE	HOW ASSET IS HELD

BANK ACCOUNTS

Also identify CDs, Money Market Accounts, Christmas Club accounts, etc

TYPE OF ACCOUNT	NAME OF BANK	ADDRESS AND TELEPHONE NUMBER OF BANK	ACCOUNT NUMBER	VALUE	HOW ASSET IS HELD

LIFE INSURANCE POLICIES

Annuity, term life, whole life, etc

TYPE OF POLICY	NAME OF THE INSURANCE AGENCY	ADDRESS AND TELEPHONE NUMBER OF AGENCY	POLICY NUMBER	VALUE	NAME OF BENEFICIARY

RETIREMENT ACCOUNTS

Identify as 401(k), 403(b), Pension, Annuities, IRAs, etc

TYPE OF PLAN	PLAN/ ADMINISTRATOR/ CUSTODIAN	ADDRESS AND TELEPHONE NUMBER OF BUSINESS	ACCOUNT NUMBER	VALUE

AUTOMOBILES/BOATS/MOTORCYCLES

Include RVs/Campers/ATVs

TYPE OF VEHICLE	DESCRIPTION OF VEHICLE	NAME OF LIEN HOLDER IF APPLICABLE	HOW IS THE VEHICLE IS TITLED	VALUE

COLLECTIONS & JEWELRY

DESCRIPTION OF COLLECTION OR PIECE OF JEWELRY	LOCATION OF COLLECTION OF JEWELRY	VALUE

TAXABLE GIFTS

TYPE OF GIFT	VALUE OF GIFT	DATE OF GIFT

SAFETY DEPOSIT BOXES

BANK/INSTITUTION	BRANCH LOCATION	OWNERSHIP	CONTENTS

PREVIOUS ESTATE PLANNING:

Are there any current wills or trusts? Yes: _____ No: _____

If so, please give the date of execution and location of each document & provide a copy:

Will: Date of Execution: _____

Location of document: _____

Trust: Date of Execution: _____

Location of document: _____

OTHER MISCELLANEOUS ASSETS

ASSET	OWNERSHIP	VALUE	COMMENTS

LOANS AND NOTES

FINANCIAL INSTITUTION	DEBTOR	DATE DUE	BALANCE
TOTAL:			

PLEASE LIST ANY FURTHER INFORMATION YOU WANT ME TO KNOW:

Signature: _____

Signature: _____

Date of Completed Questionnaire: _____