

ATLANTIC LAW PLC
ESTATE ADMINISTRATION QUESTIONNAIRE

So that Atlantic Law PLC can provide you with quality advice, it is important that you do your best to complete this questionnaire accurately and thoroughly and bring it with you to your appointment. Please understand that all information that you provide in this questionnaire will be kept confidential.

I. ESTATE REPRESENTATIVE: EXECUTOR OR ADMINISTRATOR

Full Name of Executor/Administrator

Street Address Apt/Unit #

City State Zip -

Home # _____ Work # _____

Cell # _____ E-mail: _____

Full Name of Co-Executor/Administrator

Street Address Apt/Unit #

City State Zip -

Home # _____ Work # _____

Cell # _____ E-mail: _____

II. DECEDENT

Decedent's Legal Name

Other Name Used by Decedent (if applicable)

Decedent's Residence at Date of Death:

Street Address Apt/Unit #

City State Zip -

Date of Birth _____ Place of Birth _____

Date of Death _____ Place of Death _____

Approximate Date Decedent became a Virginia Resident (if not at birth) _____

Was the Decedent a U.S. citizen? Yes No SSN: _____

Was the Decedent a Veteran? Yes No Branch & Dates of Service: _____

III. DECEDENT'S SPOUSE

If Decedent's spouse is different from the Executor above, please provide the following information:

Full Name of Spouse

Street Address Apt/Unit #

_____ - _____

City State Zip

Home # _____ Work # _____

Cell # _____ E-mail: _____

IV. PRIOR MARRIAGES

Please provide the names and addresses of all other persons to whom the Decedent was married, and the date and manner in which such marriage was terminated (i.e. divorce, death, annulment, etc.)

Full Name of Former Spouse

Current Street Address (if known) Apt/Unit #

_____ - _____

City State Zip

Dates of Marriage _____

Terminated by: Divorce Death Annulment

V. CHILDREN (Please attach additional pages or write on back if necessary)

Name: _____	Date of Birth: _____
Address: _____	
Telephone Number: _____	E-mail address: _____
Social Security Number: _____	
Name: _____	Date of Birth: _____
Address: _____	
Telephone Number: _____	E-mail address: _____
Social Security Number: _____	

Name: _____ Date of Birth: _____
Address: _____
Telephone Number: _____ E-mail address: _____
Social Security Number: _____

Name: _____ Date of Birth: _____
Address: _____
Telephone Number: _____ E-mail address: _____
Social Security Number: _____

Did any of Decedent's children predecease Decedent? ___ Yes ___ No

Name of Deceased Child _____ Date of Death _____

Name(s) of Deceased Child's surviving child(ren): _____

If any are minors, please list name of parent or legal guardian: _____

VI. DECEDENT'S FAMILY AND OTHERS INCLUDED IN WILL (List names of any persons included in the Will other than Decedent's spouse or children)

Name: _____ Date of Birth: _____
Address: _____
Telephone Number: _____ E-mail address: _____
Social Security Number: _____

Name: _____ Date of Birth: _____
Address: _____
Telephone Number: _____ E-mail address: _____
Social Security Number: _____

Name: _____ Date of Birth: _____
Address: _____

Telephone Number: _____ E-mail address: _____
 Social Security Number: _____

Name: _____ Date of Birth: _____
 Address: _____
 Telephone Number: _____ E-mail address: _____
 Social Security Number: _____

VII. ASSETS

	ASSETS (value as of DOD)	ASSETS (current value)	Joint with or POD to another person?
Bank Accounts (attach copies of statements)			
Real Estate (residence/other, attach copy of deed and tax bill)			
CD's/Annuities (attach copies of all account statements and policies)			
Stocks/Bonds – Non Mutual Funds (Not held by Broker) (attach copies of all certificates)			

<p>Stocks/Bonds – Non Mutual Funds (Held by Broker)</p> <p>(attach copies of all brokerage statements)</p>			
<p>Mutual Funds</p> <p>(attach copies of statements)</p>			
<p>Note & Mortgages Receivables</p> <p>(attach copies of Notes & Mortgages)</p>			
<p>Business Interests</p> <p>(attach documentations)</p>			
<p>Inheritance, etc.</p>			
<p>Automobiles</p>			
<p>Non-IRA Tax Qualified Retirement Plans</p> <p>(attach copies of statements)</p>			

IRAs (attach copies of statements)			
Life Insurance (attach copies of all policies)			
Other Assets (attach documentation)			
TOTALS	\$	\$	

VIII. OUTSTANDING DEBT

Creditor	Address	Phone #	Account #	Amount
				\$
				\$
				\$
				\$

IX. RECEIVABLES

Name of Debtor

Street Address

City

State

Zip

Phone # _____ Amount of Receivable: \$ _____

X. FUNERAL HOME

Name of Funeral Home

Name of Contact Person

Street Address

City

State

Zip

Phone # _____ Fax # _____

E-mail: _____

XI. DECEDENT'S PHYSICIAN

Name of Decedent's Physician

Street Address

City

State

Zip

Phone # _____ Fax # _____

E-mail: _____

XII. DECEDENT'S ACCOUNTANT OR TAX PREPARER

Name of Accountant or Tax Preparer

Street Address

City

State

Zip

Phone # _____ Fax # _____

E-mail: _____

XIII. DECEDENT'S FINANCIAL ADVISOR

Name of Financial Advisor

Street Address

City

State

Zip

Phone # _____ Fax # _____

E-mail: _____

XIV. PRIOR GIFTS

Did Decedent make any gifts in excess of \$15,000 in any calendar year prior to any one person? ___ Yes ___ No

If yes, please complete the information below:

Name of Recipient

Street Address

City

State

Zip

Apt/Unit #

Phone # _____ E-mail: _____

Date of Gift: _____ Amount of Gift: \$ _____

Name of Recipient

Street Address

City

State

Zip

Apt/Unit #

Phone # _____ E-mail: _____

Date of Gift: _____ Amount of Gift: \$ _____

Name of Recipient

Street Address

City

State

Zip

Apt/Unit #

Phone # _____ E-mail: _____

Date of Gift: _____ Amount of Gift: \$ _____

XV. SAFE DEPOSIT BOX

Name of Bank

Name of Contact Person

Branch - Street Address

City State Zip

Phone # Fax #

E-mail:

Name in which box was held:

XVI. REFERRAL

How did you hear about Atlantic Law PLC?

XVII. DOCUMENTATION. Please bring the following documents for the decedent to your initial consultation, as applicable:

- Wills
- Trusts
- Powers of Attorney
- Advance Medical Directives
- Premarital or Marital Agreements
- Separation Agreements and Divorce Decrees
- Deeds to all the decedent's real property
- Current real estate tax assessments
- Insurance Policies (Life, Disability, Long-Term Care)
- Savings Bonds, Stock Certificates
- Vehicle/Boat Titles
- Current financial account statements (bank, retirement, 401k, CDs, brokerage, mutual funds, annuities)
- Annuity, Life Insurance, Retirement Plan and IRA Benefits Designation Confirmations
- Past 3 Years Tax Returns

CERTIFICATION – By signing below, the undersigned hereby represents that the information provided to Atlantic Law PLC in this questionnaire is accurate and complete, and the undersigned understands that Atlantic Law PLC will rely upon this information. The undersigned understands that if the information contained herein is inaccurate or incomplete, then the advice provided by Atlantic Law PLC and its attorneys may not be accurate or appropriate. If you agree to hire me as your attorney and I agree to represent you, then we will both sign an Engagement Letter, which will state the terms and conditions under which I and Atlantic Law PLC will provide you with legal representation. The undersigned acknowledges that unless both client and attorney sign an Engagement Letter, no attorney/client relationship has been formed and attorney and Atlantic Law PLC will take no action on behalf of the undersigned individual.

Potential Client

Date



Atlantic Law PLC

PLANNING FOR GENERATIONS. PLANNING FOR LIFE.

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