ATTORNEYS AT LAW
A Professional Limited Liability Company

▪▪▪

7025 East Greenway Parkway ▪ Suite 800 ▪ Scottsdale, Arizona 85254
Telephone: 480.240.4020 ▪ Facsimile: 480.240.4021
Website: www.beckerandhouse.com

Estate Administration Data Form

Confidential Client Communication

John R. Becker, Esq.

Email:
john@beckerandhouse.com

Certified Tax Law Specialist
Certified Estate and Trust Law Specialist
Fellow, The American College of Trust and Estate Counsel

Thank you for choosing our firm to assist you. The information you provide in this questionnaire will help us during the administration process. The information requested in this form is necessary to provide you with proper advice and recommendations. We request that you complete <u>all</u> sections of this questionnaire to the best of your ability, and bring the same with the documents requested in Part VII, with you to your initial consultation. If you haven't already scheduled your initial consultation, please contact my office at your convenience to do so.

Fees:	**Next Appointment:**
Hourly Rate: $__________________	Date: ________________________
Flat Fee: $______________________	Time:________________________

Estate Administration Data Form

I. DECEDENT INFORMATION

Decedent's Full Name ______________________

Decedent's Citizenship ______________________

Decedent's Social Security Number - - ______________________

Decedent's Date of Birth / / ______________________

Decedent's Birth Place ______________________

Decedent's County of Residence ______________________

Decedent's Date of Death ______________________

Decedent's Employer/Occupation ______________________

Was the Decedent Retired? ______________________

Is there a safe deposit box? ______________________

Name of Bank or Depository ______________________

Spouse's Name ______________________

Spouse's Address ______________________

Street Address *City* *State* *Zip*

Spouse's Phone Number - - ______________________

Spouse's Social Security Number - - ______________________

Spouse's Date of Birth / / ______________________

If Spouse is Deceased: Date of Death / / ______________________

II. PERSONAL REPRESENTATIVE INFORMATION

Full Name ______________________________

Citizenship ______________________________

Social Security # ____ - ____ - ____

Birth Date ____ / ____ / ____

County of Residence ______________________________

Home Address ______________________________

Street Address *City* *State* *Zip*

Mailing Address
(if different) ______________________________

Address *City* *State* *Zip*

Home Phone/Fax ( ) - ( ) -

Cell Number ( ) -

E-mail ______________________________

Employer ______________________________

Business Address ______________________________

____

Business Phone/Fax ( ) - ( ) -

Prefer to be contacted via *(please circle one)***:** ☐ Home Phone ☐ Work Phone ☐ Cell Phone ☐ Email

Referred by: ______________________________

III. CHILDREN AND GRANDCHILDREN

Please continue on back if necessary.

Children – Full Names and Addresses	Birth Date	Married (Y/N)	No. of children
Child 1: ______________________	____/____/____	__________	__________
Address: ______________________			
______________________			
Spouse's name: ______________________			
Child 2: ______________________	____/____/____	__________	__________
Address: ______________________			
______________________			
Spouse's name: ______________________			
Child 3: ______________________	____/____/____	__________	__________
Address: ______________________			
______________________			
Spouse's name: ______________________			
Child 4: ______________________	____/____/____	__________	__________
Address: ______________________			
______________________			
Spouse's name: ______________________			

Does the Decedent have any children that are deceased? Yes _____ No _____

If yes, please complete the following:

Child Name: ______________________________ Date of Death: ___________________________

Any living descendants? If yes, please list below:

Name: ______________________________ Age: _________ Address: ____

IV. DEVISEE INFORMATION

(Other than children or grandchildren identified under Part III, such as charitable or educational organizations, friends or other relatives)

Devisee – Full Name and Address	Birth Date	Social Security Number
Devisee #1: ______________________________	__________	____-____-____
Street Address *City* *State* *Zip*		
Devisee #2: ______________________________	__________	____-____-____
Street Address *City* *State* *Zip*		

Devisee #3: ____________________ ________ ____-____-____

Street Address City State Zip

Devisee #4: ____________________ ________ ____-____-____

Street Address City State Zip

V. ADVISORS

Accountant:	Name	Firm	Phone
Life Insurance Professional	Name	Firm	Phone
Investment Advisor/ Stock Broker	Name	Firm	Phone
Private Banker/ Trust Officer	Name	Firm	Phone
Primary Physician	Name	Firm	Phone
Accountant:	Name	Firm	Phone
Insurance Agent	Name	Firm	Phone
Investment Advisor/ Stock Broker	Name	Firm	Phone
Private Banker/ Trust Officer	Name	Firm	Phone
Primary Physician	Name	Location	Phone

VI. MISCELLANEOUS

Who will prepare estate/trust income tax returns? (Form 1041)	☐ Becker & House, PLLC	☐ CPA
Who will prepare Decedent's final income tax return? (Form 1041)	☐ Becker & House, PLLC	☐ CPA

VII. DOCUMENTS TO DELIVER TO US

☐ A recent Balance Sheet or similar schedule listing all assets and liabilities, including amounts of life insurance and retirement plan benefits. (The balance sheet does not need to be prepared by an accountant - a simple handwritten statement of assets and liabilities will do.)

☐ This Completed Questionnaire.

☐ The original of any existing Wills or Trusts, including any Codicils to the Will and Amendments to the Trusts

☐ A copy of any deeds to real property owned by the Decedent or the Decedent's existing Trust, wherever located.

☐ A copy of last years personal income tax returns

☐ A copy of Promissory Notes (if any)

☐ A copy of the Decedent's most recent gift tax returns (if any).

Please return this form using one of following options:

<u>US Mail:</u> Becker & House, PLLC
7025 E. Greenway Parkway, Suite 800
Scottsdale, Arizona 85254

<u>Fax:</u> 480.240.4021

<u>Email:</u> cathy@beckerandhouse.com

Should you have any questions, please contact us at 480.240.4020