



ATTORNEYS AT LAW
A Professional Limited Liability Company



14822 North 73rd Street • Suite 101 • Scottsdale, Arizona 85260
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 all 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: Hourly Rate: \$ _____ Flat Fee: \$ _____	Next Appointment: Date: _____ Time: _____
---	--

III. CHILDREN AND GRANDCHILDREN

Please continue on back if necessary.

<u>Children – Full Names and Addresses</u>	<u>Birth Date</u>	<u>Married (Y/N)</u>	<u>No. of children</u>
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)

<u>Devisee – Full Name and Address</u>	<u>Birth Date</u>	<u>Social Security Number</u>
Devisee #1: _____ _____ <i>Street Address City State Zip</i>	_____	- -
Devisee #2: _____ _____ <i>Street Address City State Zip</i>	_____	- -

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:

US Mail: Becker & House, PLLC
14822 North 73rd Street, Suite 101
Scottsdale, Arizona 85260

Fax: 480.240.4021

Email: cathy@beckerandhouse.com

Should you have any questions, please contact us at 480.240.4020

