

SJOSTROM, LOFTHUS & ROUSAR, PLLP

A partnership of Professional Associations

ATTORNEYS & COUNSELORS AT LAW

801 Twelve Oaks Center Drive - Suite 818
Wayzata, Minnesota 55391-4635

Donald R. Sjoström
Eric R. Rousar
Scott W. Lofthus (1956 - 2001)

Direct Dial Telephone: 952-475-3611
Direct Dial Telephone: 952-475-1001
Facsimile: 952-475-3686

ESTATE DATA QUESTIONNAIRE

Thank you for contacting our office. Whenever someone passes away, it is important to seek the advice of an experienced lawyer to assist in guiding you through the Probate process or through a Trust Administration. As an initial step in that process, the following Questionnaire is designed to direct you in gathering the information that we will be discussing at our first meeting. Please complete this Questionnaire as thoroughly as possible. Please bring to our office, copies of all documents referred to in the questions. If you have any questions as you complete the Questionnaire, feel free to contact our office.

I. IDENTITY OF THE DECEASED

Legal Name _____

Known Variations (a/k/a) _____

Date of Birth _____ Place of Birth _____

Date of Death _____ Place of Death _____

Cause of Death (if known) _____

Length of Last Illness _____

Decedent's Social Security Number _____

Address of Decedent at date of death _____

County of Residence _____

Length of Residency _____

Decedent's business or occupation _____

Has the Deceased received Medical Assistance benefits from the County? Yes No

If **yes**, from which County? _____.

PLEASE PROVIDE A COPY OF THE DEATH CERTIFICATE WHEN IT BECOMES AVAILABLE.

II. FAMILY INFORMATION

SPOUSE:

Was the Deceased married? Yes No

If **yes**, Legal Name & variations (a/k/a) _____

Spouse's Social Security Number _____

Date of Marriage to Surviving Spouse _____

Is the Deceased's spouse still living? Yes No

If **yes**, Address: _____

County: _____

If **no**, Date of Birth _____ Place of Birth _____

Date of Death _____ Residence at Death _____

Did the Deceased Spouse receive Medical Assistance benefits? Yes No

If **yes**, which County? _____.

PLEASE PROVIDE A COPY OF THE DEATH CERTIFICATE OF THE DECEASED SPOUSE.

CHILDREN:	Full Legal Name(s)	Address(es)	Date(s) of birth	Adopted or from a prior marriage?
1	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

2	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

3	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

4	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

5 _____ Yes No

6 _____ Yes No

Did the Deceased give any children an advance on their inheritance or make any loans to any children? Yes No

If **yes**, please describe _____

Did any of the Deceased's children pass away before the Deceased? Yes No

If **yes**, please provide the name(s) of the Deceased's pre-deceased child(ren):

Did this deceased child leave any children? Yes No

If **yes**, please give the names, addresses & ages of such grandchildren of the Deceased:

IV. PROFESSIONALS WHO WORKED WITH THE DECEASED

Did the Deceased have an **ACCOUNTANT**? Yes No

If **yes**, please give following information:

Accountant Name: _____

Firm Name: _____

Address: _____

Phone: _____

ESTATE DATA QUESTIONNAIRE

Did the Deceased have an **ATTORNEY**? Yes No

If **yes**, please give following information:

Attorney Name: _____
Firm Name: _____
Address: _____
Phone: _____

Did the Deceased have a **FINANCIAL PLANNER** or **INVESTMENT ADVISOR**? Yes No

If **yes**, please give following information:

Advisor Name: _____
Firm Name: _____
Address: _____
Phone: _____

Did the Deceased have an **LIFE INSURANCE AGENT**? Yes No

If **yes**, please give following information:

Agent Name: _____
Company Name: _____
Address: _____
Phone: _____

V. THE DECEASED'S ESTATE PLANNING DOCUMENTS

Please bring ORIGINALS of the following documents to our office. If you are only able to find copies, please bring the copies.

- Is there a **Will**? Yes No
- Is there a **Trust**? Yes No
- Is there a **Written List** regarding personal property? Yes No

Has the Deceased been divorced? Yes No

Did the Deceased sign a Pre-Nuptial Agreement? Yes No

If you are having trouble finding any documents, we recommend looking in places where the Deceased kept important papers. Ask family members if they heard the Deceased speak of a Will. If names of other attorneys are found in the Deceased's records, that attorney may have an original or evidence of an unrevoked Will or other Estate Planning document of the Deceased.

VI. THE DECEASED'S SAFE or SAFE DEPOSIT BOX

Did the Deceased have a **SAFE**? Yes No

If **yes**, please give following information:

Where is it? _____

Who has access to it? _____

Did the Deceased have a **SAFE DEPOSIT BOX**? Yes No

If **yes**, please give following information:

Where is it? _____

What is the box number? _____

Where are the keys? _____

Who has access to it? _____

VII. NAME & ADDRESS OF NAMED PERSONAL REPRESENTATIVE and/or TRUSTEE

Name: _____

Address: _____

Phone (Home): _____ Phone (Work): _____

Phone (Cell) _____ E-Mail address: _____

Relation to the Deceased (family, heir, devisee, etc.): _____

VIII. INITIAL ESTIMATE OF VALUE OF THE DECEASED'S ASSETS

This page is intended to be an initial estimate of the Deceased's assets. Until you obtain legal authority to act on behalf of the Deceased in this process, you may not be able to get detailed information about the exact value of the Deceased's assets.

1. **Those Assets Owned by the Deceased ALONE without a joint owner or beneficiary:**

- A. REAL ESTATE
 - i. Homestead Approximate Value: _____
 - ii. Other Real Estate Approximate Value: _____
 - B. CASH/BANK ACCOUNTS _____
 - C. SECURITIES (Stocks & Bonds) _____
 - D. OTHER ASSETS _____
- TOTAL ASSETS OWNED BY DECEASED ALONE: _____

2. **Those Assets Owned by the Deceased JOINTLY with others or Assets with a beneficiary:**

- A. REAL ESTATE: (Use separate sheet if necessary, _____
Please bring copies of all deeds to Real Estate).
 - B. CASH/BANK ACCOUNTS _____
 - C. SECURITIES (Stocks & Bonds) _____
 - D. RETIREMENT ACCOUNTS, PENSIONS, IRAs _____
 - E. LIFE INSURANCE & ANNUITIES _____
 - F. OTHER ASSETS _____
- TOTAL ASSETS OWNED BY DECEASED JOINTLY
and ASSETS WITH A BENEFICIARY: _____

3. **APPROXIMATE INDEBTEDNESS:**

- A. _____
 - B. _____
- TOTAL INDEBTEDNESS: _____

IX. ASSET INFORMATION FOR THE ESTATE OF THE DECEASED

The remaining pages of this Questionnaire are intended to guide you in your search for assets. Please provide our office with the documentation you find.

1. **Bank Accounts:** Please provide our office with information and documents regarding the Deceased's bank accounts (*i.e., checking, savings, CDs, etc.*).
2. **Investments:** Please provide our office with information and documents regarding the Deceased's Investment assets:
 - Cash or money fund accounts, or certificates of deposit held through stock brokerage or investment advisory firms.
 - Stocks, bonds, and mutual funds where the broker or financial advisor holds the stock certificates and sent the Deceased periodic statements showing the account balance.
 - Mutual funds where the Deceased dealt directly with the issuing company rather than through a stock broker.
 - Stocks and bonds where the Deceased held the stock certificates in his/her possession or have an account directly with the issuing company.
 - U.S. savings bonds.
 - Treasury bills or other government securities.
 - Limited partnerships.
 - Oil and gas mineral rights in land.
 - Other securities [describe]: _____

3. **Retirement plans:** Please provide account statements, beneficiary information for:
 - Individual retirement accounts (IRAs), Keogh, or other individual plans providing tax deferral for deposits and income.
 - Employer-provided profit sharing, retirement, or other benefit plans:
If so, Name of Employer: _____
Contact person & Tele. #: _____
Last year worked: _____

4. **Real Estate:**

Homestead (Please provide address & county if different than the address provided earlier in the Questionnaire): _____

Other real estate. Did the Deceased own any other real property, other than his/her personal residence? Yes No

If **yes**, please provide details:

Address	County	State
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did the Deceased have an outstanding debt on any of the above properties (i.e., mortgage(s), home equity line of credit, etc.)? Yes No

Was the Deceased purchasing any of the above properties on a contract for deed? Yes No

If you can locate the documents, please provide copies of property tax statements & deeds showing ownership of each parcel of real estate.

5. **Business(es) Owned by the Deceased:** Did the Deceased own any business(es), or was he/she a partner or co-owner in any business(es)? Yes No

If **yes**, please provide details (i.e., Was the business a corporation, partnership or sole proprietorship? In what type of business was the Deceased involved?)

6. **Money Owed to the Deceased:** Did anyone owe any money to the Deceased? Yes No (Examples would include - [1] payments on a contract where the Deceased sold a business, [2] payments on an debt secured by real estate, or [3] the Deceased loaned money to someone and held a note) Please describe each type of indebtedness owed to the Deceased:

7. **Life Insurance Policies:** For life insurance policies insuring the Deceased, indicate the name of the insurance company, the face amount of the policy, and the type of policy.

Insurance Company	Face Amount	Type of Policy
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. **Annuities:** Please indicate the name of the annuitant and the type of annuity. Do not list annuities under which no benefits are payable after the death of the annuitant.

- Regular annuities payable for guaranteed minimum term or amount:

- Tax-deferred annuities:

9. **Personal property:**

- Household furniture and appliances
- Collections, art, antiques, valuable jewelry

- Automobiles
1. _____
 Year *Make* *Model*
- _____
- V.I.N.* *License Plate Number* *Lien Amount & Holder*

2. _____
 Year *Make* *Model*
- _____
- V.I.N.* *License Plate Number* *Lien Amount & Holder*

- Boats

- Recreational vehicles
- Motor home
- Business machinery and equipment
- Personal equipment and tools
- Farm or ranch machinery and equipment (other than general tools)
- Livestock
- Federal Tax Refund
- State Tax Refund
- Final Payroll Check

		\$	
<i>Company</i>	<i>Term of paycheck</i>		<i>Amount</i>

Cash in Decedent's possession \$ _____

Uncashed checks in Decedent's Possession (List)

	\$	
	\$	
	\$	
	\$	

X. PROPERTY TRANSFERRED or GIFTED DURING LIFETIME

Description of Property: _____

Transferee _____ Relationship to Decedent _____

Date of Transfer _____ Value of Transfer _____

Were Gift Tax Returns filed? Yes No

If **yes**, please provide copies of any gift tax returns that were filed by the Deceased.

XI. SIGNATURE

Signed: _____

Dated: _____