



# TULLY LAW GROUP

ELDER CARE AND ESTATE PLANNING

HONOR & PROTECT

## PROBATE & ESTATE ADMINISTRATION QUESTIONNAIRE/CHECKLIST

Thank you for choosing Tully Law Group to assist you with the legal issues involved in administering an estate. Probate is the legal process through which the Last Will and Testament of a deceased person (the Decedent) is offered to the Surrogate's Court in the county where the Decedent lived at the time of his or her death and is determined to be valid. If the Decedent has a Will, the Executor is the person nominated in the Will to manage the affairs of the Estate and distribute the estate assets according to the terms of the Will. If the Decedent did not have a Will, he or she is considered to have died "intestate." The laws of New York State will govern how the estate assets are to be distributed, and an Administrator will be appointed. Though the actual responsibilities of an Executor and an Administrator are the same, and the process is similar in both a Probate and an Administration proceeding, the importance of having a Will is imperative to ensure that a decedent's wishes are followed. The first step in starting a Probate or Administration proceeding is gathering relevant information. The questions or checklist items below will assist us in having the necessary information to begin the process. Your attention to detail in completing this questionnaire will enable us to move quickly in preparing the needed paperwork. Should you have any questions, please do not hesitate to ask the attorney or paralegal on your legal team.

### I. Decedent's Personal Information

Decedent Name: \_\_\_\_\_ a/k/a (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
\_\_\_\_\_

Spouse Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
(If applicable)

Address: \_\_\_\_\_  
(if living) \_\_\_\_\_  
\_\_\_\_\_

### II. Executor/Administrator Information (please attach additional pages if necessary)

Primary Executor Named In Will/Administrator

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(Required because the Estate will need to secure a federal tax identification number (EIN))

Co-Executor Named In Will/Co-Administrator (if applicable)

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(Required because the Estate will need to secure a federal tax identification number (EIN))

Alternate Executor Named in Will/Alternate Administrator

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(Required because the Estate will need to secure a federal tax identification number (EIN))

Alternate Co-Executor/Administrator (if applicable)

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(Required because the Estate will need to secure a federal tax identification number (EIN))

**III. Family Information** (please attach additional pages if necessary)

**A. Is Decedent survived by any children?** If yes, please complete:

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**B. Is Decedent pre-deceased by any children?** If yes, please complete:

Pre-Deceased Child's Name: \_\_\_\_\_

Pre-Deceased Child's Date of Death: \_\_\_\_\_

**And if so, is the pre-deceased child survived by any of their own children (i.e., Decedent's grandchildren)?** If yes, please complete:

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**C. If Decedent is not survived by a spouse, children, or grandchildren, does Decedent have any living parents and/or siblings? If yes, please complete:**

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**IV. Other Persons, Entities or Charities Named in Will as Beneficiaries** *(please attach additional pages if necessary)*

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Bequest: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Bequest: \_\_\_\_\_

**V. Have the following documents been located/obtained for submission to the Court?**

\_\_\_\_\_ Original Death Certificates of Decedent (and a copy of spouse death cert, if appl)  
\_\_\_\_\_ Original Last Will and Testament  
\_\_\_\_\_ Funeral Home Bill (and receipt, if already paid)

**VI. Have the following entities been notified of Decedent's passing?**

\_\_\_\_\_ Social Security Administration (if applicable)  
\_\_\_\_\_ Retirement (if applicable)

**VII. It is going to be the responsibility of the Executor/Administrator to provide statements showing the date of death values of all the assets of the Decedent, even those that are not subject to the Court's oversight. For example, life insurance policies and any other asset that has a named beneficiary will not be part of the probate estate, but we must still itemize the date of death values for these assets in a report to the Court. Therefore, please gather information on all assets, regardless of whether they are jointly owned, have a named beneficiary, or were owned individually by the Decedent.**

**A. Financial Information**

\_\_\_\_\_ Contact information for Decedent's accountant (if any) who could assist  
\_\_\_\_\_ in the preparation of a Final Tax Return  
\_\_\_\_\_ Pensions  
\_\_\_\_\_ Annuities  
\_\_\_\_\_ A list of all unpaid debts of Decedent's estate (if applicable)

**B. Financial Statements Showing Account Values on Decedent's Date of Death**

(Including titles on accounts and any beneficiary designations, etc.)

\_\_\_\_\_ All bank accounts  
\_\_\_\_\_ Life insurance policies  
\_\_\_\_\_ 401Ks  
\_\_\_\_\_ IRAs  
\_\_\_\_\_ Mutual Funds

**C. Additional Resources (if applicable)**

\_\_\_\_\_ Savings bonds  
\_\_\_\_\_ Stock certificates  
\_\_\_\_\_ Title to automobiles/recreation vehicles (campers, boats, trailers, etc.)  
\_\_\_\_\_ Safe deposit box (please include location and contents)

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#### **D. Real Property/Residency (if applicable)**

|       |   |
|-------|---|
| _____ | Deed for family residence                 |
| _____ | Deed(s) for any other real property owned |
| _____ | Co-op Stock and Lease                     |
| _____ | Mortgage information                      |
| _____ | Tenant information                        |

## E. Miscellaneous

\_\_\_\_\_ Cause of Action (was the Decedent involved in a lawsuit at the time of death)  
 \_\_\_\_\_ Was the Decedent receiving Medicaid benefits?  
 \_\_\_\_\_ Will there be a Medicaid lien against the estate?

**Please use this space to add any additional relevant information:**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.