

OAST & HOOK
ESTATE ADMINISTRATION QUESTIONNAIRE

This form is extremely important. Your accuracy and completeness in responding will help Oast & Hook represent you. Bring this information with you to the appointment. Please PRINT names so they are legible. Please use extra blank sheets if necessary.

1. EXECUTOR/ADMINISTRATOR

A. Full Name of Individual Executor/Administrator _____
Street Address _____
City _____ State _____ Zip _____
Home. _____ Business _____ Fax _____
E-mail Address _____ Cell _____
SSN _____

B. Full Name of Co-Executor/Administrator (if applicable) _____
Street Address _____
City _____ State _____ Zip _____
Home. _____ Business _____ Fax _____
E-mail Address _____ Cell _____
SSN _____

C. Full Name of Corporate Executor/Administrator (if applicable) _____
Name of Trust Officer _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Fax No. _____
E-mail Address _____

2. DECEDENT

A. Name of Decedent (as shown on Will) _____
Also known as _____

B. Decedent's Domicile at Date of Death: _____
Street Address _____
City _____ State _____ Zip _____

C. Decedent's Information:
Date of Birth _____ Place of Birth _____
Date of Death _____ Age at Date of Death _____
Place of Death _____
Approximate Date Decedent Became a Virginia Resident _____
Decedent was a Citizen of: USA Other SSN _____
Veteran? Yes No If Veteran, dates of service _____

3. DECEDENT'S SPOUSE

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

Full Name of Spouse _____
Street Address _____
City _____ State _____ Zip _____
Home. _____ Business _____ Fax _____
E-mail Address _____ Cell _____
Is spouse a Veteran? Yes No If Veteran, dates of service _____

4. PRIOR MARRIAGES - Provide the names and addresses of all other persons to whom decedent was married, and the date and manner in which such marriage was terminated (i.e., divorce, death, annulment):

Name of Former Spouse _____
Current Address of Former Spouse (if known): _____
Street Address _____
City _____ State _____ Zip _____
Home _____ Business _____
Dates of Marriage _____
Marriage was Terminated by:
 Divorce - Date of Divorce
 Death - Date of Death
 Annulment - Date of Annulment

5. DECEDENT'S CHILDREN (if applicable)

A. Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Home. _____ Business _____ Fax _____
E-mail Address _____ Cell _____
Date of Birth _____ Social Security Number _____

B. Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Home. _____ Business _____ Fax _____
E-mail Address _____ Cell _____
Date of Birth _____ Social Security Number _____

C. Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Home. _____ Business _____ Fax _____
E-mail Address _____ Cell _____
Date of Birth _____ Social Security Number _____

D. Name of Child _____
 Street Address _____
 City _____ State _____ Zip _____
 Home. _____ Business _____ Fax _____
 E-mail Address _____ Cell _____
 Date of Birth _____ Social Security Number _____

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

If yes, please list the child's name and the child's surviving children:

Name of Deceased Child _____
 Name(s) of Deceased Child's Surviving Child(ren) (if any): _____

6. DECEDENT'S ACCOUNTANT

Name of Accountant _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone No. _____ Fax No. _____
 E-mail Address _____

7. OUTSTANDING DEBT

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

8. RECEIVABLES - List any receivables to which the decedent was entitled (i.e., Notes, Mortgages, Unsecured Debts):

A. Name of Debtor _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone No. _____ Fax No. _____
 Amount of Receivable: \$ _____

9. FINANCIAL SUMMARY**ASSETS****LIABILITIES**

	Decedent's Name Alone	Joint (List name of joint owner)	
Bank Accounts [attach copies of statements]	\$ _____	\$ _____	\$ _____
Real Estate (residence) [attach copy of deed or title policy]	\$ _____	\$ _____	\$ _____
Real Estate (other) [attach copies of all deeds]	\$ _____	\$ _____	\$ _____
Savings Certificates (CDS) [attach copies of statements]	\$ _____	\$ _____	\$ _____
Stocks - Non Mutual Funds (Not Held by Broker) \$ _____ [attach copies of all certificates]	\$ _____	\$ _____	\$ _____
Stocks - Non Mutual Funds (Held by Broker) \$ _____ [attach copies of brokerage statements]	\$ _____	\$ _____	\$ _____
Bonds - Non Mutual Funds (Not Held by Broker) \$ _____ [attach copies of all bonds]	\$ _____	\$ _____	\$ _____
Bonds - Non Mutual Funds (Held by Broker) \$ _____ [attach copies of brokerage statements]	\$ _____	\$ _____	\$ _____
Mutual Funds [attach copies of statements]	\$ _____	\$ _____	\$ _____
Note and Mortgages Receivables [attach copies of Notes & Mortgages]	\$ _____	\$ _____	\$ _____
Business Interests [attach copies of stock certificates, partnership agreement and/or other documentation]	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____
Jewelry & Collections	\$ _____	\$ _____	\$ _____
Non-IRA Tax Qualified Retirement Plans [attach copies of statements]	\$ _____	\$ _____	\$ _____
IRAs [attach copies of statements]	\$ _____	\$ _____	\$ _____
Life Insurance [attach copies of all policies]	\$ _____	\$ _____	\$ _____
Annuities [attach copies of all policies]	\$ _____	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____	\$ _____

[attach copies of documentation
pertaining to such assets]

TOTALS \$ _____ \$ _____ \$ _____

10. REAL ESTATE

Addresses of All Real Estate Owned by Decedent:

- A. Street Address _____
City _____ State _____
Tax Block # _____, Lot # _____ (obtained from tax bill)
- B. Street Address _____
City _____ State _____
Tax Block # _____, Lot # _____ (obtained from tax bill)
- C. Street Address _____
City _____ State _____
Tax Block # _____, Lot # _____ (obtained from tax bill)
- D. Street Address _____
City _____ State _____
Tax Block # _____, Lot # _____ (obtained from tax bill)
- E. Joint Ownership - Is property owned with someone else?
 Yes No

11. REFERRAL

By whom were you referred to this office?

Name _____

Address _____

City _____ State _____ Zip _____

Have you heard our radio ad? _____ Yes _____ No

Have you seen our television ad? _____ Yes _____ No

DOCUMENTS TO BRING TO MEETING:

Please bring to our meeting all of the following documents that are applicable to your matter: deeds, bank and brokerage statements; prepaid burial arrangements; wills; trust agreements; separation agreements; divorce decrees; premarital or marital agreements; shareholder, partnership or operating agreements; employment agreements; annuity, life insurance, retirement plan and IRA designation of beneficiary forms; gift tax returns; annuity and life insurance policies; long-term care insurance policies; and last 3 income tax returns.

PRIVACY POLICY NOTICE

Attorneys, like other professionals who advise on personal financial matters, are now required by federal law to inform their clients of their policies regarding privacy of client information. Attorneys have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by this new law. Therefore, we have always protected your right to privacy.

In the course of providing our clients with income tax, estate tax and gift tax advice, we receive significant personal financial information from our clients. If you are a client of Oast & Hook, you should know that all information that we receive from you is held in confidence, and is not released to people outside the firm, except as agreed to by you, or as required under an applicable law.

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and in, some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

REPRESENTATIONS

I represent to Oast & Hook that the information in this Questionnaire is accurate and complete. I understand that Oast & Hook will rely on this information which I am furnishing, and that if the information is inaccurate or incomplete, then Oast & Hook's recommendations may not be appropriate.

Date: _____

Client's Signature

Date: _____

Client's Signature