

**ESTATE QUESTIONNAIRE**

DATE : \_\_\_\_\_

ESTATE NAME \_\_\_\_\_

FEDERAL I.D. # \_\_\_\_\_

STREET ADDRESS:  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP : \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) :  
\_\_\_\_\_

PHONE : (\_\_\_\_) \_\_\_\_\_ FAX : (\_\_\_\_) \_\_\_\_\_ CELL PHONE : (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS:  
\_\_\_\_\_

DATE OF DEATH/DATE OF FORMATION OF ESTATE: \_\_\_\_\_

**BANK NAME :** \_\_\_\_\_

ROUTING \_\_\_\_\_ ACCOUNT \_\_\_\_\_

PLEASE CHECK ONE: SAVINGS \_\_\_\_\_ CHECKING \_\_\_\_\_

**PRIMARY CONTACT:** \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

PREFERRED METHOD OF COMMUNICATION: \_\_\_\_\_

**ESTATE ATTORNEY:** \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE : \_\_\_\_\_

E-MAIL: \_\_\_\_\_

<b>OFFICE</b>	<b>USE</b>	<b>ONLY</b>
<b>Client #</b>		<b>SS4</b>
<b>Year-End</b>		
<b>Final</b>		

EXECUTOR/EXECUTRIX/Administrator:

Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_  
City, Town, or Post Office                      County                      State      Zip Code

E-mail: \_\_\_\_\_

Social Security Number \_\_\_\_\_