

**MEYER
CAPEL**

Confidential

ESTATE ADMINISTRATION QUESTIONNAIRE

Champaign Office:

306 West Church St.
Champaign, IL 61820
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Bloomington Office:

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Bloomington, IL 61701
Telephone: (309) 829-9486
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For best results, please save this questionnaire to your computer and open the questionnaire separately in Adobe Reader before typing information.

PART 1: ABOUT YOU

	CLIENT
Full Legal Name (First, Middle, Last) (include former names)	
Address	
Telephone Number	
Email Address	
Birthdate	
Social Security Number	
Occupation	
Citizenship (Country)	
Date Citizenship Acquired if not Natural	

PART 2: ABOUT THE DECEDENT

	DECEDENT
Full Legal Name (include former names)	
Address	
How long had he/she lived in the above state?	
Birthdate	
Date of Death	
Social Security Number	
Occupation or Former Occupation (if retired, please note)	
Citizenship (Country)	
Date Citizenship Acquired	

PART 4: PREVIOUS ESTATE PLANNING

Did the decedent have a current will and/or trust? ____ Yes ____ No

If so, please provide the original to our office if we are not already in possession.

PART 5: ASSETS/ENCUMBRANCES

REAL ESTATE: (vacation, farmland, vacant, rental property, commercial, timeshare, etc.)

Type of Real Estate	Address or Location	Ownership (sole name, joint ownership, in trust, etc.)	Approximate Value	Mortgage(s) Balance Due

BROKERAGE AND INVESTMENT ACCOUNTS: (do not list retirement accounts, list those on page 5)

Name of Business or Agency Holding Account	Account Number	Ownership (sole name, joint ownership, in trust, etc.)	Beneficiary Designation (if any)	Approximate Value	Contact Information (please list any specific contact information/person you may have)

OTHER NON-RETIREMENT ACCOUNTS: (stocks held outright, savings bonds, notes receivable, club accounts, memberships, patronage and equity accounts, etc.)

Name of Business or Agency Holding Stock, Bond, or Account	Type of Account	Account Number	Ownership (sole name, joint ownership, in trust, etc.)	Approximate Value	Contact Information (please list any specific contact information/person you may have)

BANKING ACCOUNTS: (also identify CDs, money market accounts, etc.)

Name of Bank	Type of Account	Account Number	Approximate Value	Beneficiary Designation (if any)	Ownership (sole name, joint ownership, in trust, etc.)

INSURANCE POLICIES: (life, long-term care, AD&D and policies owned on the life of another person)

Name of Insurance Agency	Type of Policy	Policy or Contract Number	Ownership (sole name, joint ownership, in trust, etc.)	Beneficiary Designation (if any)	Approximate Value

RETIREMENT ACCOUNTS: (401(k), 403(b), pension, annuity, IRA, etc.)

Plan/Administrator/ Custodian	Type of Plan	Account Number	Ownership (sole name, joint ownership, in trust, etc.)	Beneficiary Designation (if any)	Approximate Value

BUSINESS INTERESTS: (partnership, joint venture, closely held corporation, proprietorship, limited liability company, etc.)

Type of Interest/Name of Business	How Interest is Held/Titled (please note if owned jointly with other individual(s))	% of Ownership or Number of Shares	Approximate Value

AUTOMOBILES/BOATS/MOTORCYCLES (also include campers, RVs, ATVs, trailers, farm equipment, etc.)

Year, Make, and Model	Mileage and Color	Condition (new, good, fair, poor)	Name of Lien Holder (if any)	Ownership (sole name, joint ownership, in trust, etc.)	Approximate Value

COLLECTIONS & JEWELRY

Description of Collection or Piece of Jewelry	Location of Collection or Jewelry	Approximate Value

ADDITIONAL/MISCELLANEOUS ASSETS: Below, please list any additional assets of value. Please include assets such as automobiles, boats, trailers, campers, mobile homes, intellectual property (e.g. patents or copyrights), savings bonds, royalty or mineral interests, extremely valuable collections (e.g. artwork, coins, firearms), frequent flyer miles, valuable credit card benefits, electronic assets (e.g. Bitcoin or other cryptocurrency), and any other valuable assets not listed elsewhere.

Description of Asset	Ownership (sole name, joint ownership, in trust, etc.)	Approximate Value	Comments

LOANS AND NOTES: (other than mortgages listed on Page 4 and vehicle loans listed on Page 6)

Financial Institution	Debtor (please note if debt is owed jointly with any other individual(s))	Date Due	Balance
Total:			

PART 6: TAXABLE GIFTS

Please describe any taxable gifts the decedent made during his/her life. Currently, gifts of more than \$15,000 to a person in a year may be taxable, but that amount has been lower throughout the years. For the avoidance of doubt, please list any gifts that the decedent made totaling \$10,000 or more to any one person in any one year.

Type of Gift	Recipient	Value of Gift	Date of Gift	Was a Gift Tax Return Filed? (provide copies)

PART 7: ADDITIONAL TAX INFORMATION

Was the decedent the beneficiary of a trust created by a prior spouse? Yes No

If so, please provide a copy of the trust instrument.

Did the decedent have a prior spouse who may have left an unused exclusion amount of estate tax exemption on a previously filed federal estate tax return? Yes No

Please provide copies of estate tax returns for any predeceased spouses.

PART 8: PROFESSIONAL ADVISORS

PROFESSIONAL ADVISORS

Name(s) of financial planner(s): _____

Name of accountant: _____

Name(s) of insurance agent(s): _____

Name(s) of other professional advisors: _____

SAFETY DEPOSIT BOXES

Bank/Institution	Branch Location	Ownership (sole name, joint ownership, in trust, etc.)	Contents

PART 9: REFERRAL SOURCE

Who referred you to Meyer Capel? _____

PART 10: FURTHER INFORMATION

(Please provide any further information you want me to know.)

Signature: _____

Date of Completion of Questionnaire: _____