

Law Offices of Jeffrey B. Kahn, P.A.

www.kahntaxattorney.com

Jeffrey B. Kahn, LL.M. (Tax)
Board Certified Tax Law

E-mail: jkahn@attorney-cpa.com

Coral Springs Office:
3300 University Drive, Suite 711
Coral Springs, Florida 33065
Telephone: 954-757-6100 Facsimile: 954-757-6110

Boynton Beach Office:
2500 Quantum Lakes Drive, Suite 203
Boynton Beach, Florida 33426
Telephone: 561-853-2103 Facsimile: 561-853-2199

PROBATE/ESTATE ADMINISTRATION QUESTIONNAIRE

In order to aid our analysis of the estate and prepare applicable probate pleadings, please complete this questionnaire and submit it to our office along with a copy of all Wills and Trusts currently in force.

Your Name: _____ Social Security Number: _____
Birthdate: _____ Occupation: _____ Daytime Telephone Number: _____
Address: _____ City: _____ State: _____
Zip Code: _____ Home Telephone Number: _____ U.S. Citizen (Yes/No)

DECEDENT'S PERSONAL INFORMATION

Decedent's Full Legal Name (as shown in Will): _____
Alias Names Of Decedent: _____ Social Security Number _____
Place of Death: _____ City: _____ County: _____ State: _____
Date of death: _____ (include copy of death certificate if available) Age at death: _____
Last residence street address: _____
City: _____ County: _____ State: _____ Zip Code: _____
State of Domicile: _____ When Domicile Established: _____ (attach declaration of domicile, if available)

DECEDENT'S FAMILY AND BENEFICIARIES

SPOUSE (if deceased include date of death)

Name & Social Security Number	Address	Birthdate	Special Circumstances

CHILDREN (living and deceased – if deceased include date of death)

Name & Social Security Number	Address & Telephone Numbers	Birthdate	Special Circumstances

OTHER ISSUES AND RELATIONS

Name & Social Security Number	Address (if different from your residence)	Birthdate	Relation

OTHER BENEFICIARIES

Name & Social Security Number	Address (if different from your residence)	Birthdate	Relation

PROFESSIONALS (include address and telephone number)

Accountant: _____

Investment Advisors: _____

LAST WILL AND TESTAMENT

Location of original Will: _____ Date of: Will _____ Codicils _____ Separate Writing _____

Prepared by whom: _____ Place of signing Will: _____

If Will and/or Codicils not self-proving (i.e., not notarized), provide names and current addresses and telephone numbers of witnesses to each instrument: _____

Check here [] if Will contains special burial or funeral instructions. Check here [] if Pourover Will.

Name of Pourover Trust: _____ Date Created: _____

PERSONAL REPRESENTATIVE(S)

List each person designated and willing to serve as Personal Representative. Please include address and other personal information for each person not otherwise provided in this Questionnaire.

GENERAL QUESTIONS

List Trusts That Decedent Had Interest In And Approximate Value Of The Trust Assets (include copy of trust agreement) _____

Identify how was the title to decedent's home or apartment (homestead) held as shown on deed, title policy or tax bill: _____ (include copy of deed)

If decedent had a safe deposit box, identify: Name of bank _____

Box # _____ Address of bank _____

Names of other persons having authorized access _____

Did decedent own any of the following? (if so, attach description):

Assets subject to rapid or severe deterioration or perishable property?	Yes	No
Assets especially susceptible to theft, destruction, damage or injury?	Yes	No
An interest in a partnership?	Yes	No
An interest in a sole proprietorship?	Yes	No
An interest in a small business corporation?	Yes	No
Substantial obligations due within the next 30 days?	Yes	No

If decedent was engaged actively in operation of his or her own business, provide the contact name, address and telephone number: _____

Tax year of the last personal income tax return (IRS Form 1040) filed by decedent: _____

Approximate date when the return was filed: _____ (include a copy of the return)

Was the decedent required to, and did decedent file with the State of Florida intangible personal property tax returns for any of the preceding 3 years? (Yes/No) If yes, list years that were filed: _____ (include copies of the tax returns)

Was decedent at the time of his or her death regularly required to file tax returns with any other state or country? (include copies of such returns)

			Due Date of next return
Personal income tax return for States of	Yes	No	
Intangible personal property tax return	Yes	No	
Tangible or commercial property	Yes	No	
Other	Yes	No	

Did decedent have a company pension or profit sharing plan, an annuity, a KEOGH plan, or an Individual Retirement Account (IRA)? (Yes/No) NOTE: It is important that no election of term payment or lump sum payment of proceeds be made until we consider the estate tax and income tax consequences of such election.

List all mortgages and loan obligations (other than charge accounts) which require periodic payments:

Name of creditor and address	Loan Number, When Payable (monthly, quarterly, etc.)	Amount of payment, Next payment due	Approximate balance	Description of collateral

REAL ESTATE

Location/Address/Description	Ownership	Value	Mortgage Balance	Net Equity
Total Net Equity:				

ANNUITIES

Description	Owner	Beneficiary Designations	Value
Total Net Value:			

RETIREMENT ACCOUNTS

Description	Owner	Beneficiary Designations	Value
Total Net Value:			

LIFE INSURANCE (whether owned by decedent or decedent is the insured)

Insurance Company/ Type of Policy (Term, Universal, etc.)	Owner	Insured	Beneficiary Designations	Death Benefit	Net Cash Surrender Value
Total Net Value:					

INTERESTS IN CLOSELY HELD OR FAMILY OWNED BUSINESS

Description	Ownership	Value
Total Net Value:		

OTHER ASSETS

(Loans Receivable, Vehicles, Artwork, Collectibles and Other Tangible Personal Property)

Description	Ownership	Net Value
Total Net Value:		

TOTAL NET VALUE OF ESTATE: \$ _____

[Probate Estate less than \$70,000 qualifies for Summary Administration. Gross Estate more than \$1,000,000 (before 2004) or \$1,500,000 (after 2003) requires filing of Federal Estate Tax Return.]

**ASSETS NOT OWNED BY DECEDENT
BUT SUBJECT TO POWER OF APPOINTMENT HELD BY DECEDENT**

Description of Assets	How Assets Held & Date Power Acquired	Value