



Law Offices of
Gary Cornick, LLC

LAW OFFICES OF GARY CORNICK, LLC

210 East Main Street, Somerville, NJ 08876 • (908) 253-0404

7-G Auer Court, East Brunswick, NJ 08816 • (732) 729-4700

ESTATE ADMINISTRATION QUESTIONNAIRE

This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Bring this information with you to the appointment.

Date _____ File No. _____ File Name _____

1. EXECUTOR/ADMINISTRATOR

A. Full Name of Individual Executor/Administrator _____
Street Address _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone No. _____
E-mail Address _____ Fax No. _____

B. Full Name of Corporate Executor/Administrator (if applicable)

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

C. Full Name of Co-Executor/Administrator (if applicable)

Street Address _____
City _____ State _____ Zip _____
Phone No. _____ 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 Birth and Death Information:
Date of Birth _____ Place of Birth _____
Date of Death _____ Age at Date of Death _____
Place of Death _____
Approximate Date Decedent Became a [*Name of State*] Resident _____
Decedent was a Citizen of: USA Other _____

D. Name of Decedent's Physician _____
Street Address _____
City _____ State _____ Zip _____

E. Important Numbers:
Social Security Number _____ Medicare Number _____
VA ID Number _____ Military ID Number _____
Dates of Service _____ Branch 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 Phone No. _____ Business Phone No. _____
E-mail Address _____ Fax No. _____

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 Phone No. _____ Business Phone No. _____
E-mail Address _____ Fax No. _____

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 _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Social Security Number _____

B. Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Social Security Number _____

C. Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Social Security Number _____

D. Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Social Security Number _____

E. Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Social Security Number _____

F. Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
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 are minors, list name of parent or legal guardian

6. DECEDENT'S FAMILY AND OTHERS DECEDENT INCLUDED IN WILL

A. List the names of any persons included in the Will other than Decedent's spouse or children:

(1) Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____

(2) Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____

(3) Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____

(4) Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone No. _____ E-mail Address _____

(5) Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone No. _____ E-mail Address _____

B. If Decedent died without a Will:

(1) Will parent(s) inherit? Yes No
 If so, list parent(s):

(a) Name of Father _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone No. _____ E-mail Address _____

(b) Name of Mother _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone No. _____ E-mail Address _____

(2) Will sibling(s) inherit? Yes No
 If so, list sibling(s):

(a) Name of Sibling _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone No. _____ E-mail Address _____

(b) Name of Sibling _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone No. _____ E-mail Address _____

(c) Name of Sibling _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone No. _____ E-mail Address _____

7. EMPLOYMENT

Name of Decedent's Current or Former Employer _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone No. _____ Fax No. _____
 E-mail Address _____
 Nature of Decedent's Former Occupation _____
 Name of Human Resources Contact (if any) _____

8. MEMBERSHIPS

List Decedent's Fraternal, Club, or Lodge Memberships Where Decedent May Have Had Benefits (i.e., Life Insurance):

A. Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone No. _____ Contact Person _____

B. Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone No. _____ Contact Person _____

C. Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone No. _____ Contact Person _____

9. EXPENSES OF DECEDENT'S LAST ILLNESS

Name of Provider	Address of Provider	Amount	Date Paid

10. DECEDENT'S ACCOUNTANT

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

11. DECEDENT'S INSURANCE AGENT

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

12. DECEDENT'S STOCKBROKER

Name of Stockbroker _____
Name of Account Representative _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____
E-mail Address _____

13. OTHER PROFESSIONAL ADVISERS

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

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

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

14. OUTSTANDING DEBT

A. Name of Creditor _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____
E-mail Address _____
Amount of Debt: \$ _____

B. Name of Creditor _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____
E-mail Address _____
Amount of Debt: \$ _____

C. Name of Creditor _____
Street Address _____

City _____ State _____ Zip _____
 Phone No. _____ Fax No. _____
 E-mail Address _____
 Amount of Debt: \$ _____
D. Name of Creditor _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone No. _____ Fax No. _____
 E-mail Address _____
 Amount of Debt: \$ _____
E. Name of Creditor _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone No. _____ Fax No. _____
 E-mail Address _____
 Amount of Debt: \$ _____
F. Name of Creditor _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone No. _____ Fax No. _____
 E-mail Address _____
 Amount of Debt: \$ _____

15. 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 _____

16. FUNERAL HOME

Name of Funeral Home _____
Name of Contact Person _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____
E-mail Address _____

17. 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. _____
E-mail Address _____
Amount of Receivable: \$ _____
- B.** Name of Debtor _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____
E-mail Address _____
Amount of Receivable: \$ _____
- C.** Name of Debtor _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____
E-mail Address _____
Amount of Receivable: \$ _____
- D.** Name of Debtor _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____
E-mail Address _____
Amount of Receivable: \$ _____
- E.** Name of Debtor _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____
E-mail Address _____
Amount of Receivable: \$ _____

18. PRIOR INHERITANCES

Did Decedent inherit any assets in the past 10 years?

Yes No

If yes, from whom and when? _____

19. PRIOR GIFTS

Did Decedent make any gifts in excess of \$19,000 in any calendar year? Yes No

If yes, please indicate the name and address of the recipient, the date, and the amount:

- A.** Name of Recipient _____
Street Address _____
City _____ State _____ Zip _____
Home Phone No. _____ E-mail Address _____
Date of Gift _____ Amount of Gift: \$ _____
- B.** Name of Recipient _____
Street Address _____
City _____ State _____ Zip _____
Home Phone No. _____ E-mail Address _____
Date of Gift _____ Amount of Gift: \$ _____
- C.** Name of Recipient _____
Street Address _____
City _____ State _____ Zip _____
Home Phone No. _____ E-mail Address _____
Date of Gift _____ Amount of Gift: \$ _____

20. SAFE DEPOSIT BOX

Name of Bank _____
Name of Contact Person _____
Branch - Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____
E-mail Address _____
Name(s) in Which Box Was Held _____

21. SOCIAL SECURITY AND VETERAN'S BENEFITS

Decedent's Social Security No. _____

Has Funeral Director applied for lump-sum death benefit?

Yes No

Has Surviving Spouse applied for survivor's benefit?

Yes No

Is Decedent a Veteran?

Yes No

If yes, has Funeral Director applied for Veteran's benefit for
head stone? Yes No

22. CERTIFICATION

The undersigned hereby represents to the Law Offices of Gary Cornick, LLC, and each of its attorneys that the information contained in this intake form is accurate and complete and that the undersigned understands that the law firm and its individual lawyers will rely on this information, but will **not** independently verify its accuracy. The undersigned understands that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Executor/Administrator:

Date: _____