



Trailhead Estate Planning

P.O. Box 242
Signal Mountain, TN 37377
(423) 228-7029
trailheadep.com

Estate Administration Questionnaire

Instructions: These questions pertain to the people named below for whom we are planning. We ask a lot of questions because we need a lot of information about the decedent and his or her heirs to advise you about estate administration.

If a question is inapplicable here, note "N/A" and skip to the next applicable question.

If you are unsure how to answer a question, have concerns, or need assistance, please contact us.

Note: The initial consultation to discuss estate administration is **NOT a free consultation**. However, **completing the questionnaire** (as applicable) and submission of this form at least one calendar week prior to your initial appointment will entitle you to a **discount of up to one hour** of the consultation time.

Date _____ How did you hear about us? _____

1. Personal Information.

	Deceased Person	Spouse (even if predeceased)
Title (e.g., Dr.)		
Full Legal Name		
Marital Status		
Residential Address		
County of Death		
D/O/B	Age:	Age:
D/O/D		
Please obtain a death certificate for each, as applicable		
SSN		
*NOTE: Never email an SSN unless secured and encrypted.		
U.S. Citizen	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Receiving Medicaid/TennCare?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

2. Children.

(Attach additional sheets if necessary.)

<p>Name _____</p> <p>Child of: _____</p> <p>D/O/B _____ Age _____</p> <p>Predeceased? D/O/D _____</p> <p>Address _____</p> <p>Email _____</p> <p>Telephone _____</p> <p>Spouse _____</p> <p>Children (and ages) _____</p> <p>Financial Trouble? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Marital Trouble? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Medical Trouble? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Benefits received? SSI / SSDI / Medicaid Other _____</p>	<p>Name _____</p> <p>Child of: _____</p> <p>D/O/B _____ Age _____</p> <p>Predeceased? D/O/D _____</p> <p>Address _____</p> <p>Email _____</p> <p>Telephone _____</p> <p>Spouse _____</p> <p>Children (and ages) _____</p> <p>Financial Trouble? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Marital Trouble? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Medical Trouble? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Benefits received? SSI / SSDI / Medicaid Other _____</p>
<p>Name _____</p> <p>Child of: _____</p> <p>D/O/B _____ Age _____</p> <p>Predeceased? D/O/D _____</p> <p>Address _____</p> <p>Email _____</p> <p>Telephone _____</p> <p>Spouse _____</p> <p>Children (and ages) _____</p> <p>Financial Trouble? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Marital Trouble? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Medical Trouble? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Benefits received? SSI / SSDI / Medicaid Other _____</p>	<p>Name _____</p> <p>Child of: _____</p> <p>D/O/B _____ Age _____</p> <p>Predeceased? D/O/D _____</p> <p>Address _____</p> <p>Email _____</p> <p>Telephone _____</p> <p>Spouse _____</p> <p>Children (and ages) _____</p> <p>Financial Trouble? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Marital Trouble? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Medical Trouble? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Benefits received? SSI / SSDI / Medicaid Other _____</p>

Did the decedent have any dependents (that is, someone who depended on the decedent, in whole or in part, for their support)? ☐ No | ☐ Yes. Who? _____

3. Advisors.

Did the decedent have any of the following advisors? (Attach additional pages if necessary.)

Accountant? <input type="checkbox"/> No <input type="checkbox"/> Yes. Who? _____ Company _____ Mailing Address: _____ Phone: _____ Email: _____
Financial Advisor/Planner? <input type="checkbox"/> No <input type="checkbox"/> Yes. Who? _____ Company _____ Mailing Address: _____ Phone: _____ Email: _____
Life Insurance Agent? <input type="checkbox"/> No <input type="checkbox"/> Yes. Who? _____ Company _____ Mailing Address: _____ Phone: _____ Email: _____
Home/Auto Insurance Agent? <input type="checkbox"/> No <input type="checkbox"/> Yes. Who? _____ Company _____ Mailing Address: _____ Phone: _____ Email: _____

Do these advisors know about the decedent's passing? _____

4. Resources.

A. Monthly Income.

(Pre-withholding numbers preferred.)

Type	Decedent's	Source/Notes
Wages		
Rental		
Social Security		If there is a surviving spouse, what is the spouse's current social security benefit?
Pension		
Other		
Total		

Please gather the most recent tax return if possible.

A. Business Interests.**(Attach additional pages if necessary.)**

These are the **interests in the businesses owned by the decedent**. This is for businesses the decedent was involved in beyond mere ownership of stock in a publicly traded company.

Business Name		Business Name	
Type (e.g., LLC)		Type (e.g., LLC)	
Share owned		Share owned	
Value of shares		Value of shares	
Other owners		Other owners	
Business Name		Business Name	
Type (e.g., LLC)		Type (e.g., LLC)	
Share owned		Share owned	
Value of shares		Value of shares	
Other owners		Other owners	

NOTE: Please attach a copy of the articles of incorporation, operating agreement/bylaws, and other business formation documents for further discussion.

B. Real Property.**(Attach additional sheets as necessary.)**

Primary Residence		Other Real Property	
Property Address		Property Address	
Names as on Deed		Names as on Deed	
Date Acquired		Date Acquired	
Purchase Price		Purchase Price	
Current Value		Current Value	
Tax-Appraised Value		Tax-Appraised Value	
Mortgage Company		Mortgage Company	
Mortgage Balance		Mortgage Balance	
Other Real Property		Other Real Property	
Property Address		Property Address	
Names as on Deed		Names as on Deed	
Date Acquired		Date Acquired	
Purchase Price		Purchase Price	
Current Value		Current Value	
Tax-Appraised Value		Tax-Appraised Value	
Mortgage Company		Mortgage Company	
Mortgage Balance		Mortgage Balance	

C. Qualified Accounts.

(Attach additional pages if necessary.)

These are the decedent's retirement plans, such as **IRAs, 401(k)s, 403(b)s**, and the like.

Type (e.g., 401(k) IRA)		Type (e.g., 401(k) IRA)	
Managing Company		Managing Company	
Value (to hundreds)		Value (to hundreds)	
Owner (e.g., Name)		Owner (e.g., Name)	
Primary beneficiary		Primary beneficiary	
Contingent beneficiary(ies)		Contingent beneficiary(ies)	
Type (e.g., 401(k) IRA)		Type (e.g., 401(k) IRA)	
Managing Company		Managing Company	
Value (to hundreds)		Value (to hundreds)	
Owner (e.g., Name)		Owner (e.g., Name)	
Primary beneficiary		Primary beneficiary	
Contingent beneficiary(ies)		Contingent beneficiary(ies)	

D. Non-Qualified Investments and Accounts.

(Attach additional pages if necessary.)

These are the decedent's **bank accounts, CD's, annuities, stocks, bonds, mutual funds, money market accounts**, and the like.

NOTE: TOD/POD means "Transfer on Death" or "Payable on Death."

Type (e.g., savings)		Type (e.g., savings)	
Company (i.e., where)		Company (i.e., where)	
Value (to hundreds)		Value (to hundreds)	
Owner and type (e.g., Decedent and Spouse Name, jointly)		Owner and type (e.g., Decedent and Spouse Name, jointly)	
TOD/POD?		TOD/POD?	
Type (e.g., savings)		Type (e.g., savings)	
Company (i.e., where)		Company (i.e., where)	
Value (to hundreds)		Value (to hundreds)	
Owner and type (e.g., Decedent and Spouse Name, jointly)		Owner and type (e.g., Decedent and Spouse Name, jointly)	
TOD/POD?		TOD/POD?	
Type (e.g., savings)		Type (e.g., savings)	
Company (i.e., where)		Company (i.e., where)	
Value (to hundreds)		Value (to hundreds)	
Owner and type (e.g., Decedent and Spouse Name, jointly)		Owner and type (e.g., Decedent and Spouse Name, jointly)	
TOD/POD?		TOD/POD?	

E. Life Insurance.**(Attach additional pages if necessary.)**

Type (e.g., whole, group, term 20y from MM/DD/YY)		Type (e.g., whole, group, term 20y from MM/DD/YY)	
Issuing Company		Issuing Company	
Owner (e.g., Name)		Owner (e.g., Name)	
Insured		Insured	
Death Benefit (face value)		Death Benefit (face value)	
Cash surrender value		Cash surrender value	
Loans against (if any)		Loans against (if any)	
Primary Beneficiary		Primary Beneficiary	
Contingent beneficiary(ies)		Contingent beneficiary(ies)	
Type (e.g., whole, group, term 20y from MM/DD/YY)		Type (e.g., whole, group, term 20y from MM/DD/YY)	
Issuing Company		Issuing Company	
Owner (e.g., Name)		Owner (e.g., Name)	
Insured		Insured	
Death Benefit (face value)		Death Benefit (face value)	
Cash surrender value		Cash surrender value	
Loans against (if any)		Loans against (if any)	
Primary Beneficiary		Primary Beneficiary	
Contingent beneficiary(ies)		Contingent beneficiary(ies)	

F. Personal Property.**(Attach additional pages if necessary.)**

List large items of personal property the decedent owned (cars, boats, RVs, farm equipment, etc.) or any valuable collections (antiques, coins and stamps, guns, etc.)

Personal Property (Item)	Value	Current Owner

G. Non-Mortgage Debts Owed Solely or Jointly with Another

Debt Type	Who owes the debt?	Creditor's Name	Amount Owed
		Total	

5. Gifts and Transfers.

Did the decedent make any sizable gifts or transfers, greater than \$1,500.00? ☐ No | ☐ Yes

If yes, please provide details for each gift or transfer here or on a separate page.

Please consult the decedent's accountant for any gift tax returns filed.

6. Testacy vs. Intestacy

Is there a will? <input type="checkbox"/> No <input type="checkbox"/> Yes		Date of Will(s) & Codicils:	
Was there a prior will? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Names of witnesses on will:			
Where is the original will (not a copy)?			
Is there an existing trust, e.g., a Living Trust, Revocable Trust, or Irrevocable Trust? <input type="checkbox"/> No <input type="checkbox"/> Yes		Date of Trust(s):	
If yes, please provide copies			
For Attorney Use:			
Executor(s):		Petitioner(s):	
Executor(s) Mailing Address:		Petitioner(s) Mailing Address:	
Executor(s) SSN:		Petitioner Ph:	
Executor felon?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Petitioner Em:	
Basic plan structure:			
Signed at bottom?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Two Witnesses?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Notarized Self-Proving Affidavit?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Notary name and commission date	
Heirs-at-law:			
Non-Probate Value		Probate Value	
Bond Waived?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Where?	
Inventory Waived?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Where?	