

## Estate Administration - Questionnaire

Client Name:            Address:            Social Security No.:            Birthdate:            Home  
Phone:            Work Phone:            Cell Phone:

Decedent's Name:            Place of Death:            Date of Death:            Place of Birth:  
Date of Birth:            Last Residence Address:

Decedent's Mother's Name:            Decedent's Father's Name:

How long did you know the decedent?

Are you well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the state, be his/her heirs?  Yes  No

Are you personally familiar with the family and marital history of the decedent?  Yes  No

Gross value of decedent's estate:

<p><b>QUESTION 1</b> - Did the decedent leave a will?  <b>ANSWER:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>								
<p><b>QUESTION 2</b> - If the decedent left a will, has the will been admitted to probate?  <b>ANSWER:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                  If yes, at what place, and when?  <b>ANSWER:</b>            COUNTY,            CAUSE NUMBER            DATE</p>								
<p><b>QUESTION 4</b> - If an administrator or personal administrator has been appointed, give the County in which the proceedings are pending, and the name and address of the administrator or personal representative.  <b>ANSWER:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 33%;">COUNTY</th> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> </tr> </thead> <tbody> <tr> <td style="height: 40px; vertical-align: bottom;">CAUSE NUMBER</td> <td></td> <td></td> </tr> </tbody> </table>			COUNTY	NAME	ADDRESS	CAUSE NUMBER		
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<p><b>QUESTION 5</b> - Give the name and address of the surviving widow or widower of decedent.  <b>ANSWER:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">If not now living, state date of death:</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </tbody> </table>			NAME	ADDRESS	If not now living, state date of death:			
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 Cincinnati, OH 45242  
 (513) 448-4099

**QUESTION 6** - If the decedent was married more than once, give the name(s) of the former husband or wife, and state whether said former spouse is dead or divorced.

**ANSWER:**

NAME	STATUS (Dead or Divorced)

**QUESTION 7** - Give the names and places of residence of all the surviving children of deceased, together with the other information called for:

**ANSWER:** (Give names of surviving children only)

NAME OF CHILD	ADDRESS	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	HUSBAND OR WIFE NAME

**QUESTION 8** - Give the name and address of any deceased children of the decedent, together with the other information called for:

**ANSWER:**

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE NAME	DATE OF DEATH OF SPOUSE, IF APPLICABLE

**QUESTION 9** - If decedent was married at the time of death, are all of the above children of that marriage?  Yes  No

**QUESTION 10-** Give the names and addresses of the children of any deceased son or daughter of the decedent:

**ANSWER:**

NAME OF CHILD	ADDRESS OF IF NOT LIVING DATE OF DEATH	DATE OF BIRTH	NAME OF FATHER OR MOTHER

**QUESTION 11** - Did the decedent have any adopted children, or step-children taken into his home?

**ANSWER:**  Yes  No

If yes, provide their names, ages and addresses below:

NAME	ADDRESS	AGE

**QUESTION 12** - Did the decedent have any unpaid debts?

**ANSWER:**  Yes  No

If yes, provide as nearly as possible the amount of the debt and creditor and whether such debt has since been paid

**ANSWER:**

CREDITOR	AMOUNT OF DEBT	HAS DEBT NOW BEEN PAID

**QUESTION 13** - If the decedent left no children, then give below the names and addresses (together with other information called for), or his or her surviving father, mother, brothers, sisters:

**ANSWER:**

NAME	RELATIONSHIP	AGE	ADDRESS OR DATE OF DEATH

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**QUESTION 14** - If the decedent left no children, spouse, mother, father, brother or sister, state all other known relatives:

**ANSWER:**

NAME	RELATIONSHIP	AGE	ADDRESS

**QUESTION 15:** Did the decedent own any real estate in this state?:

**ANSWER:**  Yes  No

If yes, list

Address or short description : County:

Address or short description : County:

Address or short description : County:

Address or short description : County:

Address or short description : County:

**QUESTION 16:** What is your relationship to the deceased?

**ANSWER:**

*Please attach a copy of decedent's death certificate to this questionnaire.*

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