



Black Black & Brown
Attorneys at Law

Estate Administration Questionnaire

Date: _____

Decedent

Decedent's Full Legal Name: _____

Decedent's Date of Birth: _____ Decedent's S.S. No: (provide at your conference)

Decedent's Date of Death: _____ Place of Death: _____

Decedent's Address at Time of Death: _____

Decedent's Employer (if applicable): _____

Decedent's Usual Occupation: _____

Did Decedent have a Will? No Yes

If yes, what is the date the Will was signed? _____

Did Decedent have a Codicil to the Will? No Yes

If yes, what is the date the Codicil to the Will was signed? _____

Spouse

Spouse's Full Legal Name: _____

Spouse's Date of Birth: _____ Spouse's S.S. No: (provide at your conference)

Is the Decedent's Spouse still living? ☐ No ☐ Yes

If Decedent's Spouse is living:

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If Decedent's Spouse is no longer living:

Decedent's Spouse's Date of Death: _____

Decedent's Spouse's Place of Death: _____

Did the Decedent's spouse have a Will or Codicil to the Will? ☐ No ☐ Yes