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ESTATE ADMINISTRATION INFORMATION FORM

Please thoroughly complete this Estate Administration Information Form, which is intended to provide guidance during the probate process. In the event an inquiry relates to information that is not applicable, please write "NA" in the space provided. If extra space is needed to respond, please feel free to use the reverse side of each page or include attachments. Please note: the term "decedent" refers to the person who has passed away.

YOUR GENERAL INFORMATION:

Full Name (First, Middle, Last): _____ Date of Birth: _____

Home Address: _____

Primary Phone: _____ Secondary Phone: _____

E-mail Address: _____ Citizenship: _____

Your relationship to the decedent: _____ Soc. Sec. No. _____

DECEDENT'S GENERAL INFORMATION:

Please include a certified copy of the decedent's Certificate of Death, the last federal and state income tax returns filed by the decedent, and the last personal property tax return filed by the decedent.

Did the decedent have a Will or Trust (if yes, please include the originals)? Y / N

Did the decedent enter into any agreement prior to or during marriage regarding the rights of each spouse in the property of the other (e.g. prenuptial agreement, postnuptial agreement, etc.)? Y / N

Were there any Trusts in which the decedent had an interest? Y / N

DECEDENT'S PRIOR MARRIAGES:

Had the decedent been married at any time during his or her life? Y / N

How many times was the decedent married during his or her lifetime? _____

If the decedent was married at his or her death, please list the name of the decedent's surviving spouse:

Please indicate the name(s) of the former spouse(s) and whether the prior marriage(s) ended by death or divorce (if applicable, please include a copy of the death certificate or divorce decree):

DECEDENT'S CHILDREN:

Please list the name of each child of the decedent (First, Middle, Last), as well as his or her date of birth, address, phone number, email and parent's names:

Has any child of the decedent been adopted? Y / N Did any child predecease the decedent? Y / N

Does any child of the decedent (including adult children) have special educational, medical (including physical, mental or emotional) or financial needs or limitations?

Has a guardian or successor guardian been appointed for any child of the decedent (if yes, please list each guardian's name, address and telephone number; and indicate whether the guardian is limited or plenary)?

BENEFICIARY:

Please list the name of each beneficiary of the decedent (First, Middle, Last), as well as his or her date of birth, address, phone number, email and relationship to the decedent (for our purposes, a beneficiary is a person that is named in the will or trust to receive a gift or benefit):

DECEDENT’S PROFESSIONAL INFORMATION:

If the decedent used the service of the following professionals, please list the name, address and telephone number of each:

Accountant: _____

Life Insurance Representative: _____

Financial Advisor/Stockbroker: _____

Benefits Coordinator through Employer: _____

DECEDENT’S GIFTS:

With respect to each gift the decedent made in the year of his or her death please list the name and address of the recipient; the date of the gift; and the amount or description of the gift.

Did the decedent or the decedent’s spouse ever file a United States Gift Tax Return (Form 709)? Y / N

DECEDENT’S FINANCIAL INFORMATION:

Please include a list of the items that follow, as well as any additional information that is requested in each paragraph. If the item does not apply, please strikethrough the paragraph title.

(a) Employer. Please list the name, address and telephone number of decedent’s employer(s) and approximate gross annual income as of decedent’s date of death:

(b) Social Security Benefits. Did decedent receive any form of Social Security or Medicare (if yes, please describe)? Y / N

(c) Tangible Personal Property. Please estimate the approximate value of personal property of the decedent as of decedent’s date of death (household furniture, furnishings, jewelry, silver, china, appliances, automobiles, etc.). Please note any items of particular value (automobiles, antiques, fine art, collections, etc.).

(d) Bank Deposits. For each bank account, money market account, safe deposit box, certificate of deposit or any other deposit account, please list the name of the bank, the account number, the account owners, and the approximate balance of the account on decedent’s date of death.

(e) Stocks, Bonds and Notes. For each brokerage account or publicly traded stock, bond or note, please include the following information: the name of the brokerage company (if applicable), the name of the issuing entity, the number of shares held on the date of death, the CUSIP number, and the fair market value of the item on decedent’s date of death.

(f) Closely Held Businesses. For each private corporation, company or partnership in which the decedent had an interest, please provide the following information: name of the entity, state of organization, tax returns and copies of financial statements for each of the five fiscal years preceding the date of death, a financial statement for

the year of decedent's death, and a copy of any shareholder agreement or partnership agreement. If the corporation or partnership owns real estate or equipment that may have appreciated in value, it may be necessary to obtain an appraisal.

(g) Real Estate. Please list the street address of each real estate holding of decedent as of decedent's date of death. If the property was owned solely by the decedent, it may be necessary to obtain an appraisal.

(h) Notes. For all notes or mortgages, whether decedent was lender or borrower, please include a copy of the note or mortgage and a statement or accounting.

(i) Retirement Benefits and Annuities. For all retirement accounts, retirement plans, pension plans, annuities and life insurance, please provide the following information: name of custodian or provider and a statement or accounting.

(j) Estate Receipts. For each cash receipt after decedent's date of death, either in the name of the decedent or in the name of the estate of the decedent, please include the following information: the name of the payor, the amount, the date that the payment was received and deposited, and the reason for the payment.

(k) Estate Disbursements. For each disbursement from the estate, and for any payment made after the passing of the decedent for any medical expense, funeral expense, legal expense, accounting expense, debts (including taxes) in the name of the decedent, or other expenses incurred by reason of the passing of the decedent or in connection with the property of the decedent, please include the following information: the name of the payee; the date and amount of the payment; and a brief explanation of the reason for the payment.

(l) Jointly Held Assets. For all assets that were held jointly between the decedent and others, please provide address of real estate or otherwise describe the property, and, if possible, include a copy of the title to each asset and any evidence to show the contribution of each surviving owner to the purchase of the property.

(m) Obligations. Please list all known creditors of the decedent, as well as each creditor's address and telephone number, and any other known debts, obligations or accounts payable.

(n) Other Interests. Please list any other interests or obligations of the decedent not contemplated by the balance of this Probate Information Form.

EXECUTION:

I understand that this Probate Information Form will be relied upon for legal advice and service. I further understand that any material omissions, overstated or understated amounts, or inaccurate ownership information may cause that advice and service to be inappropriate. I affirm that the information furnished is complete and accurate and understand that my attorney will not be making an independent investigation to confirm the data.

Dated: _____ Signed: _____