



Enea, Scanlan & Sirignano, LLP

Attorneys at Law
245 Main Street
White Plains, New York 10601
(914) 948-1500
Facsimile (914) 948-9316
www.esslawfirm.com

Anthony J. Enea
Sara Meyers
Lauren C. Enea

Stella King
Michael P. Enea
Robert Arbuco
Ashley Arcuri

Retired
George A. Sirignano, Jr.
Richard S. Scanlan
Paralegals
Darrell N. Delancey, Jr.
Yaslyn Villanueva
Samantha E. Mariano
Katie Lavin

ESTATE ADMINISTRATION / TRUST ADMINISTRATION QUESTIONNAIRE

Please complete the following questionnaire **to the best of your ability**. This information is helpful to us so that we may properly plan for you, will be held in strict confidence, and will be reviewed during our meeting. The client is the person appointed as the Executor/Trustee and/or the person petitioning the Court to become the Administrator of one's estate.

A. PERSONAL INFORMATION

Client 1:

Client Legal Name: _____

Date of Birth: _____

Preferred Name (if any): _____

Address: _____

Citizenship: _____

Telephone Numbers:

Preferred: _____

Alternate: _____

E-Mail Address: _____

Named Executor / Trustee: Yes No

Client 2:

Client Legal Name: _____

Date of Birth: _____

Preferred Name (if any): _____

Address: _____

Citizenship: _____

Telephone Numbers:

Preferred: _____

Alternate: _____

E-Mail Address: _____

Named Executor / Trustee: Yes No

-----FOR OFFICE USE ONLY-----
Consultation Date: _____ Consultation Fee Paid: Credit Card or Check # _____

____ Conflict Check Performed By: _____ Date: _____

B. DECEASED PARTY (“Decedent”)

Name: _____ Date of Death: _____

Address: _____

Place of Death: _____

E-Mail Address: _____

Citizenship: _____

Marital Status: ___ Single ___ Married ___ Widowed ___ Divorced

C. GENERAL INFORMATION

Who is this consultation for? (check all that apply)

___ Self ___ Spouse ___ Other (parent, child, etc.): _____

What is this consultation regarding? (check all that apply)

___ Probate / Estate Administration ___ Trust Administration Other: _____

How did you hear about us? _____

D. Relatives

Please list all known relatives (living and deceased). Please indicate whether any deceased siblings left any surviving children.

Decedent’s Spouse

Full Name	Address	Date of Death (if applicable) Spouse’s Name (if married)

Decedent’s Parents

Full Name	Address	Date of Death (if applicable)	Spouse’s Name (if married)

Decedent's Siblings

Full Name	Address	Date of Death (if applicable)	Spouse's Name (if married)

Decedent's Children

Full Name	Address	Date of Death (if applicable)	Spouse's Name (if married)

Decedent's Grandchildren

Full Name	Address	Date of Death (if applicable)	Spouse's Name (if married)

Please list any other more remote relatives, if the Decedent has no living descendants in the above listed categories:

Do any of the Decedent's relatives (parents, spouse, siblings, children and/or grandchildren) have special needs or other issues (e.g., substance abuse, creditors, medical conditions, disabilities, divorce concerns, etc.):

If yes, please explain: _____

F. DOCUMENTS

Does the Decedent have a Will? ___ Yes ___ No Date: _____

 If yes, do you have the original? ___ Yes ___ No

Does the Decedent have a Trust? ___ Yes ___ No Date: _____

 If yes, is it revocable or irrevocable? _____

Do you have a death certificate? ___ Yes ___ No
 If yes, do you have an original? ___ Yes ___ No
 Do you have a copy of the paid Funeral Bill? ___ Yes ___ No

*If you have any of the above documents, please bring them to our meeting.

H. INCOME FOR DECEDENT (Please list monthly amounts)

Income Type	Total
Salary	
Annuities	
Social Security	
Interest	
Dividends	
Pension	
IRA/401K RMD	
Rental Income	
Other Taxable Income	
Other Non-Taxable Income	

I. ASSETS AND LIABILITIES of Decedent and Spouse

1. Real Estate

Type of Real Estate (Real Property, Coop, Land, etc.)	Title / Owner	Address	Estimated Fair Market Value	Mortgage Balance	Purchase Price

2. Cash, Bank Accounts and Certificates of Deposit of the Decedent and Spouse

Bank Name	Type of Account (Checking, Savings or Certificate of Deposit)	Owner	Approximate Balance

3. Stocks, Bonds, Brokerage Accounts, Annuities and Cryptocurrencies of Decedent and Spouse

Owner	Type of Account	Approximate Balance
	Individually Held Stock	\$
		\$
		\$
		\$
	Brokerage Accounts	\$
		\$
		\$
		\$
	Mutual Funds	\$
		\$
		\$
		\$
	Savings Bonds	\$
		\$
		\$
	Annuities	\$
		\$
		\$
		\$
	Cryptocurrency	\$
		\$
		\$
		\$

4. Life Insurance of Decedent and Spouse

Owner	Insured	Company	Face Amount	Type of Policy and Cash Value (if whole life)	Beneficiary

5. Retirement Benefits of Decedent and Spouse

Owner	Type	Beneficiary	Approximate Balance
	Pension		\$
			\$
			\$
	Keogh		\$
			\$

			\$
	403B/401K/IRA		\$
			\$
			\$
			\$

6. Business and Professional Interests of Decedent and Spouse

Please provide details for ownership interests in any partnership, joint venture, sole proprietorship, LLC, closely held corporation or other business entity.

Company or Entity Name	Type of Entity	Owner(s) and % of ownership	Company Value

7. Tangible Personal Property of Significant Value of Decedent and Spouse

Please provide information for other significant assets the Decedent owned, either jointly or separately, including items such as boats, automobiles, jewelry, art collections, or any other personal property valued at \$50,000 or more, or any collection valued at \$50,000 or more.

Type of Property	Owner	Approximate Value

J. Information Regarding Other Professionals:

Accountant / Financial Advisor

Name: _____

Firm: _____

Phone Number: _____

Email Address: _____

*Attach additional pages if you need more space.