



**CONFIDENTIAL  
ESTATE ADMINISTRATION  
QUESTIONNAIRE**

I understand that this questionnaire is designed to provide Rivkin, Rivkin, & Kaplan, LLC with important information for estate administration purposes and that the firm's ability to advise me with respect to proper estate administration depends on the accuracy and completeness of such information. I hereby confirm that such information is substantially correct and complete.

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Signature

Date

**EXECUTOR'S AND DECEDENT'S GENERAL INFORMATION**

	DECEDENT (as of date of death)	EXECUTOR / PERSONAL REPRESENTATIVE
Full Legal Name		
Called By		
Social Security Number		
Citizenship		
Residence Street Address		
Residence City, State, Zip		
Year Residence in State Established		
Home Telephone		
Home Fax		
Mobile Phone		
E-mail Address		
How often checked?		
Preferred Form of Communication <i>(e.g. e-mail, work ph., home ph, fax)</i>		
Employer/Business Name		
Position		
Business Street Address		
Business City, State, Zip		
Business Telephone		
Business Fax		
Birth Date		
Date of Death		
Death Certificate Number and Issuing Authority		
Safe Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bank Name and Location		
Rented By		

**DECEDENT'S MARRIAGE INFORMATION**

Was the decedent married at time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of current spouse: _____ Marriage date: _____		
Pre-Marital Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide a copy.</i>		
Date of Birth: _____ U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Social Security Number: _____		
Previously Married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? _____		
Please complete information below on prior marriages and supply copies of divorce decrees if any ongoing obligations at time of death		
Name of prior spouse: _____	Name of prior spouse: _____	Name of prior spouse: _____
Marriage date: _____	Marriage date: _____	Marriage date: _____
Termination date: _____	Termination date: _____	Termination date: _____
Reason for termination: _____	Reason for termination: _____	Reason for termination: _____
Ex-spouse still living? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ex-spouse still living? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ex-spouse still living? <input type="checkbox"/> Yes <input type="checkbox"/> No

**DECEDENT'S EXISTING DOCUMENTS**

	Please supply a copy of all documents.	Date of Document	Location of Document
Will	<i>Named Executor</i> _____		
Revocable Trust	<i>Named Trustee or Successor Trustee (if decedent was acting)</i> _____		
	Irrevocable Trust		
	Prior Gift Tax Returns		
	Real Estate Deed (Home)		
	Other _____		
	Other _____		
	Shareholder, Partnership, or LLC Operating Agreement		

**DECEDENT'S PERSONAL INFORMATION**

<b>DECEDENT'S CHILDREN (including deceased children)</b> <small>Please list children in order of birth.</small>		<b>ADDRESS</b>	<b>BIRTH DATE</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>SPOUSE</b>	<b>NOTES*</b>
1						
2						
3						
4						
5						

In the case of each grandchild listed below, indicate that grandchild's parent by placing the number of such parent (from the previous chart) to the left of the grandchild's name.

<b>#</b>	<b>GRANDCHILDREN (including deceased grandchildren)</b>	<b>ADDRESS</b>	<b>BIRTH DATE</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>SPOUSE</b>	<b>NOTES*</b>

\* Please note if child/grandchild is adopted or if he or she is deceased.

**DECEDENT'S PERSONAL INFORMATION (continued)**

<b>PARENTS (including deceased parents)</b>	<b>ADDRESS</b>	<b>BIRTH DATE</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>SPOUSE</b>	<b>NOTES*</b>

<b>SIBLINGS (including deceased siblings)</b>	<b>ADDRESS</b>	<b>BIRTH DATE</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>SPOUSE</b>	<b>NOTES*</b>

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\* Please note if parent or sibling is deceased.

**DECEDENT'S ADVISORS AND BUSINESS PARTNERS**

Personal banker	
Bank	
Address	
City, State, Zip	
Phone	
Accountant	
Firm	
Address	
City, State, Zip	
Phone	
Investment Advisor/ Brokerage Firm	
Firm	
Address	
City, State, Zip	
Phone	
Life Insurance Agent	
Firm	
Address	
City, State, Zip	
Phone	

Closely Held Business Partner	
Name	
Phone	
Business Name	
Business Type	
Closely Held Business Partner	
Name	
Phone	
Business Name	
Business Type	
Closely Held Business Partner	
Name	
Phone	
Business Name	
Business Type	
Closely Held Business Partner	
Name	
Phone	
Business Name	
Business Type	

**DECEDENT'S ASSETS AND LIABILITIES (SECTIONS A- L)**

For each of the following Sections, please estimate the value of the decedent's assets and liabilities (to the nearest \$100) by type and indicate if they are held individually or jointly. Also, please supply copies of account statements, life insurance policies, stock certificates, business agreements, or other related information. Attach a separate page if necessary. A summary of Sections A – L is provided on the last page.

**SECTION A – DECEDENT'S CASH AND NOTES**

<b>CASH ACCOUNTS (CHECKING, SAVINGS, MONEY MARKET, CD)</b>				
<b>BANK OR OTHER INSTITUTION</b>	<b>TYPE</b>	<b>APPROXIMATE VALUE (as of date of death)</b>	<b>IF JOINT OWNERSHIP, LIST OTHER JOINT OWNER(S)</b>	
			<b>OTHER JOINT OWNER</b>	<b>OTHER JOINT OWNER</b>
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market <input type="checkbox"/> _____	\$		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market <input type="checkbox"/> _____	\$		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market <input type="checkbox"/> _____	\$		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market <input type="checkbox"/> _____	\$		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market <input type="checkbox"/> _____	\$		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market <input type="checkbox"/> _____	\$		
<b>SUBTOTAL CASH ACCOUNTS</b>		\$		
<b>LOANS BY DECEDENT TO THIRD PARTY (MONEY OWED TO DECEDENT)</b>				
<b>DEBTOR</b>	<b>RATE</b>	<b>DATE DUE</b>	<b>APPROXIMATE VALUE (as of date of death)</b>	<b>LIST JOINT LENDER, IF ANY</b>
			\$	
			\$	
			\$	
			\$	
<b>SUBTOTAL LOANS</b>			\$	
<b>TOTAL (Cash plus Loans)</b>			\$	
Comments:				

**SECTION B – CUSTODIAL ACCOUNTS, TRUSTS, AND 529 PLANS FOR CHILDREN / GRANDCHILDREN  
WITH DECEDENT AS THE CONTRIBUTOR**

TYPE OF ACCOUNT	FINANCIAL INSTITUTION OR STATE PLAN SPONSOR	CHILD / GRANDCHILD	DOLLAR VALUE OF ACCOUNT	CUSTODIAN / TRUSTEE
<input type="checkbox"/> UTMA/UGMA (Custodianship) <input type="checkbox"/> Trust <input type="checkbox"/> 529 Plan			\$	
<input type="checkbox"/> UTMA/UGMA (Custodianship) <input type="checkbox"/> Trust <input type="checkbox"/> 529 Plan			\$	
<input type="checkbox"/> UTMA/UGMA (Custodianship) <input type="checkbox"/> Trust <input type="checkbox"/> 529 Plan			\$	
<input type="checkbox"/> UTMA/UGMA (Custodianship) <input type="checkbox"/> Trust <input type="checkbox"/> 529 Plan			\$	
<input type="checkbox"/> UTMA/UGMA (Custodianship) <input type="checkbox"/> Trust <input type="checkbox"/> 529 Plan			\$	
<input type="checkbox"/> UTMA/UGMA (Custodianship) <input type="checkbox"/> Trust <input type="checkbox"/> 529 Plan			\$	
<b>TOTAL</b>			\$	

Comments:



### SECTION C – DECEDENT’S REAL ESTATE

For valuation purposes, use your best estimate of current total values, without regard to any mortgages that may be outstanding. Mortgage information should be described in Section L.

ADDRESS / LOCATION	TYPE	APPROXIMATE VALUE (as of date of death)	IF JOINT OWNERSHIP, LIST OTHER JOINT OWNER(S)		
			OTHER JOINT OWNER	OTHER JOINT OWNER	
1.	_____ _____ <input type="checkbox"/> Residential <input type="checkbox"/> Rental <input type="checkbox"/> Commercial	<input type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Co-Op <input type="checkbox"/> _____	\$		
2.	_____ _____ <input type="checkbox"/> Residential <input type="checkbox"/> Rental <input type="checkbox"/> Commercial	<input type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Co-Op <input type="checkbox"/> _____	\$		
3.	_____ _____ <input type="checkbox"/> Residential <input type="checkbox"/> Rental <input type="checkbox"/> Commercial	<input type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Co-Op <input type="checkbox"/> _____	\$		
4.	_____ _____ <input type="checkbox"/> Residential <input type="checkbox"/> Rental <input type="checkbox"/> Commercial	<input type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Co-Op <input type="checkbox"/> _____	\$		
5.	_____ _____ <input type="checkbox"/> Residential <input type="checkbox"/> Rental <input type="checkbox"/> Commercial	<input type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Co-Op <input type="checkbox"/> _____	\$		
<b>TOTAL</b>			\$		

Annual Income from Real Estate: \$ _____
Comments:

**SECTION D – DECEDENT’S STOCKS / BONDS / MUTUAL FUNDS**

ASSET TYPE	APPROXIMATE VALUE (as of date of death)	IF JOINT OWNERSHIP, LIST OTHER JOINT OWNER(S)	
		OTHER JOINT OWNER	OTHER JOINT OWNER
Publicly-Traded Stocks	\$		
Mutual Funds	\$		
Corporate Bonds	\$		
U.S. Government Bonds, Notes, and Bills	\$		
Municipal Bonds	\$		
Other	\$		
<b>TOTAL</b>	<b>\$</b>		

**SECTION E – DECEDENT’S STOCK OPTIONS**

ISSUING COMPANY	EXERCISE PRICE	APPROXIMATE CURRENT VALUE	VESTED
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	

**SECTION F – DECEDENT’S CLOSELY-HELD BUSINESS INTERESTS**

ASSET (NAME OF BUSINESS)	TYPE	APPROXIMATE VALUE (as of date of death)	IF JOINT OWNERSHIP, LIST OTHER JOINT OWNER(S)	
			OTHER JOINT OWNER	OTHER JOINT OWNER
	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> _____	\$		
	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> _____	\$		
	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> _____	\$		
	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> _____	\$		
	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> _____	\$		
	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> _____	\$		
<b>TOTAL</b>		\$		

Comments:

**SECTION G – LIFE INSURANCE**

<b>INSURANCE ON DECEDENT'S LIFE</b>					
<b>COMPANY</b>	<b>POLICY NO.</b>	<b>FACE AMOUNT (DEATH BENEFIT)</b>	<b>LOANS OUTSTANDING AT DEATH</b>	<b>OWNER</b>	<b>BENEFICIARY / BENEFICIARIES</b>
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
<b>TOTAL</b>		\$	\$		

<b>INSURANCE OWNED BY DECEDENT ON ANOTHER'S LIFE</b>					
<b>COMPANY</b>	<b>POLICY NO.</b>	<b>FACE AMOUNT (DEATH BENEFIT)</b>	<b>LOANS OUTSTANDING AT DEATH</b>	<b>CASH SURRENDER VALUE</b>	<b>BENEFICIARY / BENEFICIARIES</b>
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
<b>TOTAL</b>		\$	\$	\$	

**SECTION H – DECEDENT’S IRAs / OTHER RETIREMENT PLANS / COMMERCIAL ANNUITIES**

<b>RETIREMENT ASSET</b>	<b>PLAN PROVIDER / FINANCIAL INSTITUTION</b>	<b>APPROXIMATE VALUE (as of date of death)</b>	<b>BENEFICIARY/ BENEFICIARIES</b>
IRAs		\$	
		\$	
401(k) Plans		\$	
		\$	
Profit Sharing/Stock Bonus/Money Purchase Plans		\$	
		\$	
Keogh Accounts		\$	
		\$	
Defined Benefit Plans		\$	
		\$	
Nonqualified Deferred Compensation Arrangements		\$	
		\$	
Other Pension Plans		\$	
		\$	
Commercial Annuities		\$	
		\$	
<b>TOTAL</b>		<b>\$</b>	

**SECTION I – DECEDENT’S TANGIBLE PERSONAL PROPERTY**

ITEM	APPROXIMATE VALUE (as of date of death)	IF JOINT OWNERSHIP, LIST OTHER JOINT OWNER(S)	
		OTHER JOINT OWNER	OTHER JOINT OWNER
Furniture and Furnishings	\$		
Automobiles	\$		
Artwork or Art Collections	\$		
Other Collections	\$		
Goods in Storage	\$		
Jewelry	\$		
Furs	\$		
Clothing	\$		
Other _____	\$		
Other _____	\$		
Other _____	\$		
Other _____	\$		
<b>TOTAL</b>	\$		
Describe collections, antiques, heirlooms, etc. that require special consideration, and give any other pertinent comments:			

**SECTION J – DECEDENT’S INTEREST IN EXISTING ESTATES AND TRUSTS**

List existing estates and trusts in which the decedent had a beneficial interest, including the power to control the ultimate disposition of the assets.

INTERESTS IN	NAME OF ESTATE / TRUST	APPROXIMATE VALUE (as of date of death)
Existing Probate Estates		\$
		\$
		\$
Existing Trusts		\$
		\$
		\$
<b>TOTAL</b>		\$

Indicate any fiduciary positions (*e.g.* executor, trustee, guardian) held by the decedent.


**SECTION K – MISCELLANEOUS ASSETS**

List all other assets that are not covered on any of the preceding schedules, such as health or medical savings accounts (HSAs or MSAs), cryptocurrency, non-fungible tokens (NFTs), royalties, claims/potential judgments against third parties, etc.).

ITEM	DECEDENT	SURVIVING SPOUSE	JOINT TENANCY	ADDITIONAL INFORMATION
	VALUE (as of date of death)	VALUE	VALUE (as of date of death)	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
<b>TOTAL</b>	\$	\$	\$	

Comments:



**SECTION L – DECEDENT’S LIABILITIES**

Please list all liabilities, such as mortgages on real estate, notes or loans due to others, charitable pledges, etc.

	<b>APPROXIMATE VALUE (as of date of death)</b>	<b>IF JOINT OBLIGATION, LIST OTHER DEBTOR(S)</b>
Mortgages (use same property numbers as in Section C)		
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
SUBTOTAL MORTGAGES	\$	
Loans/Notes (please identify creditor)	\$	
	\$	
	\$	
	\$	
SUBTOTAL LOANS/NOTES	\$	
Other current and potential liabilities (including charitable pledges and loan guarantees)	\$	
	\$	
	\$	
SUBTOTAL OTHER LIABILITIES	\$	
<b>TOTAL</b> (Mortgages <i>plus</i> Loans/Notes <i>plus</i> Other)	\$	

**SUMMARY OF SECTIONS A – L**

<b>ASSETS AND LIABILITIES</b>	<b>DECEDENT (as of date of death)</b>
Cash and Notes (Section A)	\$
Custodial/Trust Accounts (Section B)	\$
Real Estate (Section C)	
Residential	\$
Rental/Commercial	\$
Stocks/Bonds/Mutual Funds (Section D)	\$
Stock Options (Section E)	\$
Closely-Held Business Interests (Section F)	\$
Life Insurance (Section G)	\$
IRAs/Other Retirement Plans/Commercial Annuities (Section H)	\$
Tangible Personal Property (Section I)	\$
Interest in Existing Estates or Trusts (Section J)	\$
SUBTOTAL ASSETS	\$
Liabilities (Section L)	-\$
<b>NET TOTAL</b> (Assets <i>minus</i> Liabilities)	<b>\$</b>

- END OF QUESTIONNAIRE -