

Finger Lakes Attorney PLLC

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Please complete the following questionnaire to the best of your ability. Do not worry if you cannot answer all of the questions. The term "decedent" refers to the person for whom an estate probate or administration is being completed.

1. CLIENT INFORMATION

Legal Name: _____

Preferred Name: _____

Date of Birth: _____ Pronoun(s): He/Him/His She/Her/Hers They/Them/Their _____

Residence Address: _____

Cell: _____ Email: _____

Occupation/Former Occupation: _____

2. DECEDENT INFORMATION

Legal Name of Decedent: _____

Preferred Name of Decedent: _____

Date of Birth: _____ Pronoun(s): He/Him/His She/Her/Hers They/Them/Their _____

Legal Relationship with Client: Married Domestic Partnership Civil Union None Other _____

Residence Address: _____

Former Occupation: _____

Date of Death (DOD): _____

SSN: _____

Place of Death: _____

Decedent's Residence Address: _____

Please obtain and provide an original death certificate to our office. It is required to be kept on file and electronically filed with the appropriate Surrogate's Court.

DECEDENT'S CHILDREN

Children of decedent (living and deceased). Indicate if adopted, and give the date adopted and the court granting adoption order. (Indicate if deceased by putting "D" and give date of death next to name.)

Legal Name: _____

Preferred Name: _____

Address: _____

Telephone Number(s): _____

Date of Birth: _____ Pronoun(s): He/Him/His She/Her/Hers They/Them/Their _____

Legal Name: _____

Preferred Name: _____

Address: _____

Telephone Number(s): _____

Date of Birth: _____ Pronoun(s): He/Him/His She/Her/Hers They/Them/Their _____

Legal Name: _____

Preferred Name: _____

Address: _____

Telephone Number(s): _____

Date of Birth: _____ Pronoun(s): He/Him/His She/Her/Hers They/Them/Their _____

Legal Name: _____

Preferred Name: _____

Address: _____

Telephone Number(s): _____

Date of Birth: _____ Pronoun(s): He/Him/His She/Her/Hers They/Them/Their _____

Legal Name: _____

Preferred Name: _____

Address: _____

Telephone Number(s): _____

Date of Birth: _____ Pronoun(s): He/Him/His She/Her/Hers They/Them/Their _____

Please list names of any child(ren) who suffer from a disability and/or who are minor and/or who are incarcerated. Please advise regarding the person with whom he/she resides. Please provide facts regarding disability and indicate whether a committee, conservator, guardian, or any other fiduciary been appointed. **If not applicable, please write N/A.**

Did the Decedent have or receive any of the following:

Decedent Social Security? Yes _____ No _____ Monthly Amount: _____
Supplemental Security Income: Yes _____ No _____
Social Security Disability: Yes _____ No _____
Medicare Part A _____ Part B _____ Part C _____
Supplemental Insurance? Yes _____ No _____
Medicare HMO? Yes _____ No _____
Long-Term Care Insurance? Yes _____ No _____
Medicaid Benefits? Yes _____ No _____
Veteran's Benefits? Yes _____ No _____

BURIAL ARRANGEMENTS

Please provide a copy of the funeral invoice and a paid receipt.

ASSETS

1. Real Estate

Owner	Physical Address (Street Name, City/Town, State, Zip Code)	Assessed Value	Mortgage Balance	Original Purchase Price
	(Primary)			
	(Secondary)			
	(Other)			
	(Other)			
	(Other)			
Do you receive a veteran's exemption on your primary residence?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive a senior citizen's exemption on your primary residence?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any of the above-referenced properties investment properties?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, are any held in a Limited Liability Company?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please also provide information regarding rental income:				

2. Cash, Bank Accounts and Certificates of Deposit

Owner	Name of Financial Institution	Current Value
Cash		
Checking Accounts		
Savings/Money Market Accounts		
Certificates of Deposit		

3. Retirement Benefits – List Owner, Description, Beneficiary and Principal Value

Owner	Type (Pension, 401k, 403b, IRA, ROTH)	Current Value

4. Stocks and Bonds, Mutual Funds, and Other Liquid Investments

Owner	Description	Current Value
Individually Held		
(Name of Stock/Bond /# of Shares)		
Brokerage Accounts / Mutual Funds		
(Name of Financial Institution)		
529 Savings Plans		
(Name of Financial Institution)		
Savings Bonds		
(Type/How Bond is Titled)		

5. Life Insurance

Owner	Company	Face Amount	Cash Amount	Loan Balance	Insured	Beneficiary

6. Annuities, Mortgages and Notes (Debt owed to you or your significant other)

Owner	Description	Beneficiary	Value

7. Tangible Personal Property – List Owner, Location and Value

Home Furnishings: _____

Automobiles/Boats/RVs/Snowmobiles: _____

Jewelry/Furs: _____

Other: _____

Safe Deposit Boxes: List Location of Box, Contents, Location of Key and Estimated Value:

8. Intangible Personal Property – List Owner, Location and Value

Business Interests: List Name, Type (i.e. LLC, Corporation, Partnership or Sole Proprietorships):

Digital Assets: List Owner, Location, Type _____

9. Other Information

GIFTS YOU HAVE MADE IN EXCESS OF \$17,000 / PER PERSON.

List Name, Date, Amount:

Miscellaneous and/or Comments: _____

PROFESSIONAL ADVISORS – Name, Company, Address, Phone Number

Financial Advisor: _____

Tax Preparer/Accountant: _____

Insurance Agent: _____

LIABILITIES (Debt owed by Decedent)

Description	Name of Debtor	Balance	Current Payment
Mortgages			
HELOC			
Credit Cards			
Auto Loans			
Student Loans			
Business Loans			