## ESTATE QUESTIONNAIRE FORM

Today's date: _				
Estate of				
	Date			
Decedent's Add	dress:			
City, State, Zip	Code:			
Executor/Admir	nistrator's Name:			
Address:				
Home #:		Cell #:		
Email:				
Executor/Admir	nistrator SSN (for IRS F	orm SS-4):		
		<u>HEIRS</u>		
Name	Relationship	Address	Age	Telephone #

## **ASSETS**

ITEM	VALUE
Real Estate:	\$
Address:	\$
Bank Checking Account:	\$
Bank Savings Account:	\$
Automobiles:	
Year - Make - Model	\$
Year - Make - Model	\$
Other Assets:	\$
	\$
	\$
	\$
	\$
<u>DEBTS</u>	