

**Law Office of James D. Perry**  
**Questionnaire for New Executors and Trustees**

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**DECEDENT INFORMATION**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Referred to as: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
Decedent was:  Resident  U.S Citizen Occupation: \_\_\_\_\_  
Employment Status:  Retired  Employed  Self-Employed  
 Receiving Social Security  Receiving VA Benefits  
Did decedent receive services from state or county hospital or institution or was responsible for someone who did?  Yes  No  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Marital Status :  Married  Single (never married)  Divorced  Legally Separated  
 Widowed (not remarried) Date of marriage/divorce/spouse death: \_\_\_\_\_

**SURVIVING SPOUSE INFORMATION**

Name: \_\_\_\_\_ Surviving Spouse is :  Resident  U.S. Citizen  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**EXECUTOR/TRUSTEE INFORMATION**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**BENEFICIARY INFORMATION**

Name: \_\_\_\_\_ Relationship to decedent: \_\_\_\_\_  
Street Address (if known) : \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

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Street Address (if known) : \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

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City/ State/Zip: \_\_\_\_\_

# INVENTORY OF ASSETS

**Real Estate** (List all real property the decedent had an interest in, including residential, commercial agricultural, recreational, or mineral rights. Include a copy of each deed and real estate tax bill.)

Address or Description	Type	Owner	Fair Market Value

**Securities** (List all stocks, mutual funds, corporate bonds, bearer bonds, U.S Treasury investments, dividend reinvestment accounts, etc. the decedent had an interest in. Include a copy of the actual certificate or last available account statement.)

Name of security and Address of Transfer Agent/ Broker	Account or Certificate Number	Owner	Fair Market Value

**Mortgages/Notes/Contracts** (List all mortgages, notes, and land contracts owed to decedent, whether secured or unsecured. Include a copy of the mortgage, note, or contract.)

Name and Address of Debtor	Date of Note	Owner	Balance Owed

**Cash and Cash Accounts** (List all cash on hand, checking, savings, and money market accounts, certificates of deposit, etc. the decedent had an interest in. Include a copy of the actual certificate or last available account statement)

Name and Address of Account Holder	Account Number	Owner	Account Balance

**Life Insurance** (List all policies insuring decedent's life or that decedent owned insuring the life of another. Include a copy of each policy.)

Name and Address of Insurance Company	Policy Number	Owner/Insured/ Beneficiary	Death Benefit
		Owner: Insured: Beneficiary:	
		Owner: Insured: Beneficiary:	
		Owner: Insured: Beneficiary:	



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<b>DEBTS, MORTGAGES, AND NOTES OWED BY DECEDENT</b>
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<b>Debts, Mortgages, and Notes Owed</b> (List all debts of the decedent at time of death and any obligations owed by decedent secured by mortgages or other liens on property decedent had an interest in at time of death.)
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<b>Name and Address of Creditor</b>	<b>Description</b> (Include a copy of the actual debt, mortgage, or note.)	<b>Debtor</b>	<b>Amount Owed</b>

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<b>GENERAL QUESTIONS</b>
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**Notes and Questions** (Note anything else which may be important to this trust administration, or any questions or concerns you have.)