## Zacharia Brown, PC

## **ESTATE ADMINISTRATION QUESTIONNAIRE**

111 W McMurray Rd McMurray, PA 15317 phone: 724-942-6200 fax number: 724-942-6202

To ensure that we are able to properly advise you, it is important that you complete this form truthfully and provide as much information as you are able.

PART I: Your Personal Information						
Name (as it appears on important legal documents)		Social Security Number		Relationship to Decedent		
Street Address		City		State	Zip Code	
Primary Phone Number	Alternate Phone Number		Email Addre	SS		
PART II: Decedent Information (Prov	ide death certificat	te if availahle)				
Name (as it appears on important legal documents)	rae acatir certificat	Date of Birth (mm/dd/yyy)	/)	Date of Death(mm/dd/yyyy)		
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Alias(es), if any						
(,/,/						
Street Address		City		State	Zip Code	
Sirect Addiess		City		State	Zip code	
County of Residence	Social Security Number		Did the desc	eedent have a Will or Trust?		
County of Residence	Social Security Number			Yes (attach a copy)		
			□ NO I	⊥ yes (at	tacn a copy)	
	<u> </u>	1.11	1 .1 1		1	
PART III: Next of Kin (Provide all know			children, s	siblings, e	tc.), even if	
estranged and any other individual r	named in the Will o	,		Т .		
Name (as it appears on important legal documents)		Relationship		Phone Number		
					T	
Street Address		City		State	Zip Code	
Name (as it appears on important legal documents)		Relationship		Phone Number		
					T	
Street Address		City		State	Zip Code	
Name (as it appears on important legal documents)		Relationship		Phone Number		
Street Address		City		State	Zip Code	
Name (as it appears on important legal documents)		Relationship		Phone Number		
Street Address		City		State	Zip Code	

Name (as it appears on important legal documents)	Relationship	Phone Number		
Street Address	City	State	Zip Code	
Name (as it appears on important legal documents)	Relationship	Phone Number		
Street Address	City	State	Zip Code	
		•		
Name (as it appears on important legal documents)	Relationship	Phone Number		
Street Address	City	State	Zip Code	
Name (as it appears on important legal documents)	Relationship	Phone Number		
Street Address	City	State	Zip Code	
Name (as it appears on important legal documents)	Relationship	Phone Number		
Street Address	City	State	Zip Code	
Name (as it appears on important legal documents)	Relationship	Phone Number		
Street Address	City	State	Zip Code	
		•		
Name (as it appears on important legal documents)	Relationship	Phone Number		
Street Address	City	State	Zip Code	
Name (as it appears on important legal documents)	Relationship	Phone Number		
Street Address	City	State	Zip Code	
Name (as it appears on important legal documents)	Relationship	Phone Number		
Street Address	City	State Zip Code		

Attach additional sheets if necessary.

PART IV: Assets								
Asset Type	Type (house, vacant land, etc.)							
Real Estate								
	Co-Owner(s), if any							
	V 10 - 2007							
	Street Address							
	Street	Addiess						
	City State Zip Code					Approximate Value		
Asset Type	Type (house, vacant land, etc.)							
Real Estate								
	Co-Owner(s), if any							
	Street Address							
	Street Address							
	City State Zip Code					Approximate Value		
	City			State	21	p code		Approximate value
	- 1/		T			T /a /a /a		
Asset Type	Bank/	Company Name	Account Nu	mber		Joint Owner/Beneficia	ary	Balance/Value
Asset Type	Bank/Company Name Account Nu		Account Nu	mber	Joint Owner/Beneficia		ary	Balance/Value
Asset Type	Bank/	Company Name	Account Nu	mber	Joint Owner/Beneficiary		ary	Balance/Value
Asset Type	Bank/Company Name Account		Account Nu	ımber Joint Owner/Ben		Joint Owner/Beneficia	ary	Balance/Value
Asset Type	Rank/	Company Name	Account Nu	mher	Joint Owner/Beneficia		arv	Balance/Value
Asset Type	Bank/Company Name Account Number		ilibei	Joint Owner/Beneficiary		ai y	balance, value	
				(0.00				
Asset Type	Bank/Company Name Account Number		mber	Joint Owner/Beneficiary		ary	Balance/Value	
Asset Type	Bank/Company Name Account Number		mber		Joint Owner/Beneficiary		Balance/Value	
Asset Type	Bank/Company Name Account Number		mber	Joint Owner/Beneficiary		ary	Balance/Value	
Asset Type	Bank/Company Name Account Number		mber	Joint Owner/Beneficiar		ary	Balance/Value	
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DADTI D. L	1 -1							
PART V: Debts and Lia	bilitie				ı .			
Debt/Liability Type Company Name		Company Name			Account Number		Amount	
Debt/Liability Type Company Nam		Company Name			Account Number		Amount	
Debt/Liability Type	Company Name			Account Number		Amount		

Account Number

Account Number

Amount

Amount

Company Name

Company Name

Debt/Liability Type

Debt/Liability Type