



FERNANDEZ
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Date: _____

PROBATE/TRUST ADMINISTRATION QUESTIONNAIRE
CONFIDENTIAL INFORMATION

Instructions | Please print clearly

Please complete this form to the best of your ability so that we may provide the most informative consultation. Print additional pages if needed.

Name: _____

Relationship to the deceased: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____



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**INFORMATION
ABOUT THE
DECEASED**

Name: _____

Address: _____

City, State, Zip: _____

Date of Death: _____

Marital status at the time of death: _____

Does the deceased have a Will? Yes No Does the deceased have a Trust? Yes No

**FAMILY OF
THE DECEASED**

Spouse

If deceased, only
name and date of
death are needed

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

Employer: _____ Retirement Date: _____

Employer Address: _____

City, State, Zip: _____

If deceased, date of death: _____



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**FAMILY OF
THE DECEASED**

Parents

If deceased, only
name and date of
death are needed

Mother's Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

If deceased, date of death: _____

Father's Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

If deceased, date of death: _____

Children

If deceased, only
name and date of
death are needed

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

If deceased, date of death: _____



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**FAMILY OF
THE DECEASED**

Children

If deceased, only
name and date of
death are needed

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

If deceased, date of death: _____

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

If deceased, date of death: _____

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

If deceased, date of death: _____



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Siblings
Required only if
the deceased has
no surviving
spouse, no
surviving parents,
and did not
have children

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____



DEBTS

Does the deceased have debts (i.e. nursing home, hospital, medical, credit cards, or other outstanding bills)?

Yes No If so, please provide copies.

Has a family member or other party been paying bills for the deceased? Yes No

If so, please provide details: _____

Has the deceased filed all federal and state tax returns on a timely basis? Yes No

REAL ESTATE

Home Address: _____

Name(s) on Deed: _____

Mortgage Balance: \$ _____ Market Value: \$ _____

Beneficiary Deed: _____

Other Real Estate Address: _____

Name(s) on Deed: _____

Mortgage Balance: \$ _____ Market Value: \$ _____

Beneficiary Deed: _____



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VEHICLES

Make/Year: _____

Name(s) on Title: _____

Loan Balance: \$ _____ Market Value: \$ _____

Transfer on Death: _____

Make/Year: _____

Name(s) on title: _____

Loan Balance: \$ _____ Market Value: \$ _____

Transfer on Death: _____

**ACCOUNTS &
INVESTMENTS**

Checking

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Average Balance: \$ _____

Payable on Death Beneficiaries: _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Balance: \$ _____

Payable on Death Beneficiaries: _____

Savings

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Balance: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Balance: \$ _____



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**ACCOUNTS &
INVESTMENTS**

Other

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____



INSURANCE

Life

Company: _____ Policy # (last four digits only): _____ Whole Term

Policy Owner: _____ Insured: _____

Beneficiary: _____ Contingent Beneficiary: _____

Face Value: \$ _____ Cash Surrender Value: \$ _____

Company: _____ Policy # (last four digits only): _____ Whole Term

Policy Owner: _____ Insured: _____

Beneficiary: _____ Contingent Beneficiary: _____

Face Value: \$ _____ Cash Surrender Value: \$ _____