



# THE BLACKBURN LAW FIRM, PLLC

P. O. Box 70, Olive Branch, MS 38654  
Phone: 662-895-6116 / Fax: 662-895-6121

## Administration Questionnaire - Georgia (Decedent died without Will)

### **Client Information:**

Name: \_\_\_\_\_ Relationship to deceased: \_\_\_\_\_

Social Security No: \_\_\_\_\_ date of birth \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**What is the best way to contact you? \_\_\_\_\_ Email \_\_\_\_\_ US Mail \_\_\_\_\_ Phone no: \_\_\_\_\_**

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### **Information on deceased individual:**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

SS#: \_\_\_\_\_ Date of death: \_\_\_\_\_ Age at death: \_\_\_\_\_

Address at death: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number of years decedent lived in Georgia: \_\_\_\_\_

Did deceased leave a **surviving spouse**? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, state name of spouse: \_\_\_\_\_ spouse's SS#: \_\_\_\_\_

Was decedent **predeceased by a spouse**? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, provide name of deceased spouse: \_\_\_\_\_

Spouse's date of death: \_\_\_\_\_ Spouse's SS#: \_\_\_\_\_

Does decedent have any **surviving parents**? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, state name of each parent, city and state of residence:

<u>Name</u>	<u>City</u>	<u>State</u>
_____	_____	_____
_____	_____	_____

Does decedent have any **surviving children**? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, state name of each child, city and state of residence:

<u>Name</u>	<u>City</u>	<u>State</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does decedent have any **deceased children**? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, state name of each deceased child and date of death:

<u>Name</u>	<u>Date of Death</u>
_____	_____
_____	_____
_____	_____

Does decedent have any **surviving grandchildren**? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, state name of each grandchild, city and state of residence and parent's name:

<u>Name</u>	<u>City</u>	<u>State</u>	<u>Parent's Name</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does decedent have any **surviving siblings**? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, state name of each sibling, city and state of residence:

<u>Name</u>	<u>City</u>	<u>State</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**Beneficiary/Administrator information:**

List the name, address, Social Security number, date of birth and relationship of each heir to the decedent.

<u>Full name</u>	<u>Address</u>	<u>Social Security #</u>	<u>DOB</u>	<u>Relationship</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List the name, address, Social Security number, date of birth and relationship of each Administrator / Administratrix of the Estate:

<u>Full name</u>	<u>Address</u>	<u>Social Security #</u>	<u>DOB</u>	<u>Relationship</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does the Administrator / Administratrix intend to charge a fee for his / her services? yes \_\_\_\_\_ no \_\_\_\_\_

If so, please state amount: \_\_\_\_\_

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Did the decedent have a safe deposit box? yes \_\_\_\_\_ no \_\_\_\_\_

If so, where was it located? Bank name \_\_\_\_\_ bank address \_\_\_\_\_

Total cost of funeral expenses, even if prepaid by decedent: \_\_\_\_\_

List address and approximate value of all real property owned by the decedent:

<u>Address</u>	<u>County</u>	<u>State</u>	<u>Approx. Value</u>	<u>any mortgage?</u>	
				<u>yes</u>	<u>no</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

For any mortgage checked above, list the name and address of the mortgage company, the account number and the approximate balance owed at the time of death:

<u>Name &amp; Address of mortgage company</u>	<u>Account Number</u>	<u>Approx. Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List name of all accounts (bank accounts, CDs, IRAs, Money Market Accounts, Retirement Accounts, Stocks, Bonds, etc.) owned by decedent, account number, name and address where located, phone number and approximate value at the time of death:

1.

Name of Account/Type of Account	Account number	Value at death
Address/location of Account		Phone number

2.

Name of Account/Type of Account	Account number	Value at death
Address/location of Account		Phone number

3.

Name of Account/Type of Account	Account number	Value at death
Address/location of Account		Phone number

4.

Name of Account/Type of Account	Account number	Value at death
Address/location of Account		Phone number

5.

Name of Account/Type of Account	Account number	Value at death
Address/location of Account		Phone number

6.

Name of Account/Type of Account	Account number	Value at death
Address/location of Account		Phone number

List all life insurance policies owned by or on the life of the decedent, name and address of insurance company, the beneficiary, the policy number and its value:

1.

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Insurance Company name and address

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Policy number	Beneficiary name	value
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2.

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Insurance Company name and address

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Policy number	Beneficiary name	value
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3.

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Insurance Company name and address

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Policy number	Beneficiary name	value
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**Please provide this office with copies of the following documents:**

1. **Death Certificate**
2. **Provide copies of last statement after death of all bank accounts, CDs, IRAs, Money Market Accounts, Retirement Accounts, Stocks, Bonds, etc.**
3. **Provide copy of all Certificate of Deposits**
4. **Inventory of Safe Deposit Box**
5. **Copy of all insurance policies**