



# 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 with 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 \_\_\_\_\_

**Will Information:**

Does client have the decedent's Last Will and Testament in your possession? yes \_\_\_\_\_ no \_\_\_\_\_

If no, who has possession of said Will \_\_\_\_\_

Are you aware of any Codicils to the Last Will and Testament of Decedent? yes \_\_\_\_\_ no \_\_\_\_\_

Did the Will waive Bond? yes \_\_\_\_\_ no \_\_\_\_\_ Was Accounting waived? yes \_\_\_\_\_ no \_\_\_\_\_

Did the Will waive Inventory? yes \_\_\_\_\_ no \_\_\_\_\_ Was Appraisal waived? yes \_\_\_\_\_ no \_\_\_\_\_

Is any beneficiary named in the Will a minor? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, state name and date of birth: \_\_\_\_\_

Is any beneficiary named in the Will disabled? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, state name and disability: \_\_\_\_\_

**Beneficiary/Executor information:**

List the name, address, Social Security number, date of birth and relationship of each beneficiary named in the Last Will and Testament:

<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 Executor / Executrix named in the Last Will and Testament:

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

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

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

**Decedent Information**

How long did decedent live 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 children? yes \_\_\_\_\_ no \_\_\_\_\_

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

<u>Name</u>	<u>City</u>	<u>State</u>	<u>Social Security No.</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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Estate Information**

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. **Last Will and Testament**
2. **Any Codicils to Last Will and Testament**
3. **Death Certificate**
4. **Provide copies of last statement after death of all bank accounts, CDs, IRAs, Money Market Accounts, Retirement Accounts, Stocks, Bonds, etc.**
5. **Provide copy of all Certificate of Deposits**
6. **Inventory of Safe Deposit Box**
7. **Copy of all insurance policies**