



ESTATE ADMINISTRATION WORKBOOK IF DECEDENT DIED WITHOUT HAVING A WILL

Please complete this Workbook to the best of your ability. Your answers to the questions asked herein will allow us to provide you with the most appropriate counsel and care. If you have a question about any of the information requested, or are unsure how to answer any question asked herein, please leave it blank and we can review it with you at your appointment.

1. EXECUTOR

A. Full Name of Person applying as Administrator _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

E-mail Address _____ Fax No. _____

Social Security No. _____

B. Full Name of Person applying as Co-Administrator (if applicable) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

E-mail Address _____ Fax No. _____

Social Security No. _____

2. **DECEDENT**

A. Legal Name of Decedent _____

B. Decedent’s Domicile at Date of Death:

Street Address _____

City _____ State _____ Zip _____

Year of Domicile: _____

C. Birth and Death Information:

Date of Decedent’s Birth _____ Place of Decedent’s Birth _____

Date of Decedent’s Death _____ Age of Decedent at Date of Death _____

Place of Decedent’s Death _____

Approximate Date Decedent Became a New Jersey Resident _____

Decedent was a Citizen of: USA _____

D. Important Numbers:

Social Security Number _____ VA ID Number _____

Dates of Service _____ Branch of Service _____

3. **DECEDENT’S SPOUSE**

If Decedent’s spouse is different than the Executor above, furnish the following information:

Full Name of Spouse _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

4. PRIOR MARRIAGES

Provide the names and addresses of all other persons to whom Decedent was married, date and manner in which such marriage was terminated (i.e., divorce, death, annulment):

Name of Former Spouse _____

Current Address of Former Spouse (if known): _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

E-mail Address _____ Fax No. _____

Dates of Marriage _____

Marriage was Terminated by: Divorce - Date of Divorce _____

Death - Date of Death _____

Annulment - Date of Annulment _____

5. DECEDENT'S CHILDREN (if applicable)

A. Name of Child _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail Address _____

Date of Birth _____ Social Security Number _____

B. Name of Child _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail Address _____

Date of Birth _____ Social Security Number _____

C. Name of Child _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone Number _____ E-mail Address _____
 Date of Birth _____ Social Security Number _____

D. Name of Child _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone Number _____ E-mail Address _____
 Date of Birth _____ Social Security Number _____

E. Name of Child _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone Number _____ E-mail Address _____
 Date of Birth _____ Social Security Number _____

F. Did any of Decedent’s children predecease Decedent? Yes No

If so, please list the child’s name and the child’s surviving children:

Name of Deceased Child _____

Name(s) of Deceased Child’s Surviving Child(ren):

If any are minors, list name of parent or legal guardian _____

6. DECEDENT'S FAMILY

A. Were the Decedent's parents living? _____ Yes _____ No

If Yes, list parents:

(1) Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

(2) Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

B. Did Decedent have any living siblings? _____ Yes _____ No

If Yes, list siblings:

(1) Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

(2) Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

(3) Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

7. EMPLOYMENT

Name of Decedent’s Current or Former Employer _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

E-mail Address _____

Nature of Decedent’s Former Occupation _____

Name of Human Resources Contact (if any) _____

8. PRIOR GIFTS

Did Decedent make any gifts in excess of \$10,000 in any calendar year to any one individual?

Yes No

If yes, please attach a list of the names and addresses of the recipients, the dates, and the amounts.

9. SAFE DEPOSIT BOX

Name of Bank _____

Name of Contact Person _____

Branch - Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

Name(s) in Which Box Was Held _____

10. SOCIAL SECURITY AND VETERAN’S BENEFITS

Has Funeral Director applied for lump sum death benefit? Yes No

Has Surviving Spouse applied for survivor’s benefit? Yes No

Is Decedent a Veteran? Yes No

If yes, has Funeral Director applied for Veteran’s benefit for head stone? Yes No

11. CERTIFICATION

The undersigned hereby represents to Fendrick Morgan, LLC that the information contained in this intake form is accurate and complete. The undersigned is aware that the law firm will rely on this information and further understands that the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Administrator/or Proposed Administrator:
