

**RUFF & RUFF, LLC**  
**ESTATE ADMINISTRATION QUESTIONNAIRE**

**Part 1 – The Decedent**

Legal Name \_\_\_\_\_

Date of Death \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Decedent's Last Will (if any): \_\_\_\_\_

Dates of any trusts created by the Decedent during lifetime (if any): \_\_\_\_\_

Was Decedent a US citizen?  Yes  No Was Decedent a beneficiary of any trusts created by others?  Yes  No

Did Decedent ever file any gift tax returns?  Yes  No Was Decedent predeceased by any children?  Yes  No

**Part 2 – Fiduciary, Family Members, Other Beneficiaries, and Advisors**

**Fiduciary (Personal Representative or Trustee)**

Legal Name \_\_\_\_\_

Birthdate \_\_\_\_\_ SSN \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #s \_\_\_\_\_

**Surviving Spouse**

Legal Name \_\_\_\_\_

Birthdate \_\_\_\_\_ SSN \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #s \_\_\_\_\_

Is the surviving spouse a US citizen?  Yes  No

Date of Marriage \_\_\_\_\_ Existing Premarital Agreement?  Yes  No

**Children (by Birth or Adoption)**

**Child 1**

Legal Name \_\_\_\_\_ Birthdate \_\_\_\_\_

SSN \_\_\_\_\_ Email \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Child 2**

Legal Name \_\_\_\_\_ Birthdate \_\_\_\_\_

SSN \_\_\_\_\_ Email \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Child 3**

Legal Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
SSN \_\_\_\_\_ Email \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Child 4**

Legal Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
SSN \_\_\_\_\_ Email \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Child 5**

Legal Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
SSN \_\_\_\_\_ Email \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Child 6**

Legal Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
SSN \_\_\_\_\_ Email \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Other Beneficiaries:**

- 1. Legal Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Relation if any \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 2. Legal Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Relation if any \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3. Legal Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Relation if any \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 4. Legal Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Relation if any \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Advisors**

Accountant \_\_\_\_\_ Phone \_\_\_\_\_

Financial Advisor \_\_\_\_\_ Phone \_\_\_\_\_

Other Advisor \_\_\_\_\_ Phone \_\_\_\_\_

Referred to Our Firm By \_\_\_\_\_

**Part 3 – Property**

**Please give your best estimates of all values. Please use another sheet of paper to continue any lists.**

To identify the Owner, use “D” for Decedent; “T” for Decedent’s Revocable Trust; “JS” for joint ownership between Decedent and Decedent’s spouse; “JO” for joint ownership between Decedent and someone else; and “U” for unknown.

**Real Estate.** *For any real estate outside of South Carolina, please identify where such real estate is located.*

	Description	Owner	Debt	Value
<b>Real Estate</b>	1. Personal Residence			
	2.			
	3.			
	4.			
	5.			
	6.			

**Bank and Savings Accounts.** *Do not include Retirement Accounts or Annuities.*

	Financial Institution	Owner	Type of Account	Value
<b>Bank and Savings Accounts</b>	1.			
	2.			
	3.			
	4.			
	5.			
	6.			

**Stocks, Bonds, or Investment Accounts.** *Do not include Retirement Accounts or Annuities.*

	Stock, Bond or Investment Account	Owner	Type of Account	Value
<b>Stocks, Bonds, or Investment Accounts</b>	1.			
	2.			
	3.			
	4.			
	5.			
	6.			

**Retirement Accounts.** Please identify the type of account (e.g., IRA, Roth IRA, SEP, SIMPLE, 401(k), 403(b), Profit Sharing).

	Custodial Institution	Owner	Type of Plan	Value
<b>Retirement Accounts</b>	1.			
	2.			
	3.			
	4.			
	5.			
	6.			

Describe Beneficiaries of Retirement Accounts (if known): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Life Insurance Policies and Annuities.** Please use "T" for term insurance, "CV" for cash value insurance, "A" for annuities.

	Insurance Company	Owner	Insured	Type	Cash Value	Death Benefit
<b>Life Insurance/ Annuities</b>	1.					
	2.					
	3.					
	4.					
	5.					
	6.					

Describe Beneficiaries of Life Insurance Policies/Annuities (if known): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Property.** List other property that does not fit into any other listed category (e.g., closely-held business, money owed)

	Description	Owner	Value
<b>Other Property</b>	1.		
	2.		
	3.		
	4.		