

Clingman Law Firm LLC

1522 Richland Street | PO Box 7096
Columbia, South Carolina 29202-7096
Office (803) 787-0557 Fax (803) 782-7607



Sarah Linley Clingman, CELA

Certified Elder Law Attorney
by The National Elder Law Foundation
Certified Circuit Court Mediator
Also admitted in Maryland

CONFIDENTIAL QUESTIONNAIRE FOR TRUST & ESTATE ADMINISTRATION (PROBATE)

WHAT IS THE PURPOSE OF THIS FORM? The information and documents requested will assist everyone in organizing the decedent's personal and financial affairs so that we can provide useful advice regarding the type of administration needed.

WHO SHOULD COMPLETE THIS FORM? Typically, the person supplying the answers on this form is the decedent's chosen personal representative or executor of the estate (the term "estate" refers to a probate estate) or named successor trustee under the decedent's living trust. If there is no will or trust, this form should be completed by an adult relative or other person who has an interest in the estate.

WHO IS THIS FIRM'S CLIENT? In probate cases, this firm most often is retained to advise and represent the personal representative of an estate. In such cases, the firm represents the personal representative (or other fiduciary) only in his or her fiduciary capacity. This means that all legal efforts are focused on advising and assisting the fiduciary in properly carrying out his or her official duties to the estate as a whole. Sometimes, when the personal representative is also a beneficiary of the estate, it is necessary for the fiduciary to separate his duty from his interest as a beneficiary and to seek legal advice and representation as an individual. While we can provide limited advice to beneficiaries, if we advise and/or represent an individual beneficiary, we could not continue our representation of either the beneficiary or the fiduciary if a subsequent conflict were to arise. If the fiduciary is also the sole beneficiary, such conflicts rarely arise. So that everyone is clear as to what type of advice and/or representation this firm provides, we request that you consider and decide this issue in advance and place your initials below next to the type of representation you desire.

PLEASE INITIAL ONE BOX:

- ___ I / We desire representation as a **fiduciary** and not as an individual beneficiary
- ___ I / We desire representation as an **individual** and not as a fiduciary
- ___ I / We desire representation as both **fiduciary and individual**. I/We understand that in the event of a conflict, this firm must withdraw from representation.

Information About The Person(s) Completing This Form

If more than one person seeks appointment in a fiduciary role, please provide complete information for each.

Personal Representative _____ SSN _____

Relationship to Decedent _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail Address _____

By whom were you referred to this office _____

Specific issues or questions to be addressed _____

Co-Personal Representative _____ SSN _____

Relationship to Decedent _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail Address _____

By whom were you referred to this office _____

Specific issues or questions to be addressed _____

CERTIFICATION

We understand that Clingman Law Firm, LLC will rely on the information supplied by us regarding estate administration/probate. We also understand that inaccurate or incomplete information could negatively impact advice or recommendations. Consequently, we agree to provide updated, accurate and complete information as requested within this Questionnaire and Checklist of Documents.

Signature of Personal Representative _____

Signature of Co-Personal Representative _____

Date _____

This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please answer each question completely. Place N/A in response to any question which does not apply to you.

Information About The Decedent

Full Name (as shown on death certificate) _____

Other names known as _____

Address _____

City _____ State ____ Zip Code _____ County _____

Was the decedent a veteran? Yes No

Date of Birth __/__/____ Date of Death __/__/____ SSN _____

Marital Status at death: Single Married Separated Divorced Widowed

Surviving Spouse _____ SSN _____

Address _____

City _____ State ____ Zip Code _____ County _____

Home Phone _____ Date of Marriage _____

Please list all former marriages

Spouse Name _____ Date of Marriage _____

Was this marriage ended by divorce? Date & place of divorce _____

Was this marriage ended by death of spouse? Date & place of death _____

Spouse Name _____ Date of Marriage _____

Was this marriage ended by divorce? Date & place of divorce _____

Was this marriage ended by death of spouse? Date & place of death _____

Beneficiary Information

Please list all of the decedent's children, step-children, and legally adopted children. You must list any deceased children, as well as the deceased child's children. If the decedent had NO children, please list the decedent's surviving parent(s). If there are no surviving parents, list the decedent's siblings, if any. Also list any beneficiaries named in the decedent's will or trust, whether related to the decedent or not. If any person named has special medical, educational or financial needs, please indicate.

1. Relationship _____ Name _____ DOB __/__/____

Address _____

City _____ State ____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail _____ Special Needs? _____

2. Relationship _____ Name _____ DOB __/__/____

Address _____

City _____ State ____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail _____ Special Needs? _____

3. Relationship _____ Name _____ DOB __/__/____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
E-mail _____ Special Needs? _____

4. Relationship _____ Name _____ DOB __/__/____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
E-mail _____ Special Needs? _____

5. Relationship _____ Name _____ DOB __/__/____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
E-mail _____ Special Needs? _____

6. Relationship _____ Name _____ DOB __/__/____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
E-mail _____ Special Needs? _____

Information about the Will or Trust

Please complete the information requested in this Section describing the documents, if any, signed by the decedent prior to death.

1. Did the decedent have a will? Yes No (If No, proceed to question 3)

2. Do you have the original will? Yes No

If No, do you have a copy of the will? Yes No

Do you believe the will is lost? Yes No

Is there reason to believe that the original will was destroyed by a person other than the decedent? Yes No If so, whom? _____

3. Was the decedent survived by minor children for whom Guardians must be appointed? If so complete information for any person nominated by decedent to act as Guardian(s).

Proposed Guardian Name _____ SSN _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
E-mail _____

Proposed Guardian Name _____ SSN _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
E-mail _____

4. If the decedent had a Will, please list the person(s) named as Personal Representative(s). If this information is the same as listed on page 2, proceed to the next question.

Personal Representative _____ SSN _____
Relationship to Decedent _____
Address _____
Home Phone _____ Work Phone _____
Cell Phone _____ E-mail Address _____
Is this person able and willing to serve? Yes No

Co-Personal Representative _____ SSN _____
Relationship to Decedent _____
Address _____
Home Phone _____ Work Phone _____
Cell Phone _____ E-mail Address _____
Is this person able and willing to serve? Yes No

5. If the decedent had a Living Trust or if the Will creates a trust upon the decedent's death, please list the person(s) named as Trustee(s).

Trustee _____ SSN _____
Relationship to Decedent _____
Address _____
Home Phone _____ Work Phone _____
Cell Phone _____ E-mail Address _____
Is this person able and willing to serve? Yes No

Trustee _____ **SSN** _____
 Relationship to Decedent _____
 Address _____

 Home Phone _____ Work Phone _____
 Cell Phone _____ E-mail Address _____
 Is this person able and willing to serve? Yes No

Decedent's Financial Information

Please complete the following Asset and Liability Summary Tables. Whenever possible, the value of each asset should reflect its value on **THE DATE OF DEATH**.

Summary of Assets:

Real Estate [In Decedent's name alone or titled jointly. Also list oil/mineral rights and time shares. If the property is encumbered, list the Fair Market Value (FMV) of the property here and the mortgages, if any, in the liability section.]

| Description | FMV | Solely Owned | Jointly Owned | JTWROS | Owned by Trust |
|--|-----|--------------|---------------|--------|----------------|
| Address _____ County _____ TMS # _____ Deed Book _____ Page No _____ <input type="checkbox"/> House <input type="checkbox"/> Lot <input type="checkbox"/> Buildings <input type="checkbox"/> Acreage | | | | | |
| Address _____ County _____ TMS # _____ Deed Book _____ Page No _____ <input type="checkbox"/> House <input type="checkbox"/> Lot <input type="checkbox"/> Buildings <input type="checkbox"/> Acreage | | | | | |
| Address _____ County _____ TMS # _____ Deed Book _____ Page No _____ <input type="checkbox"/> House <input type="checkbox"/> Lot <input type="checkbox"/> Buildings <input type="checkbox"/> Acreage | | | | | |
| Address _____ County _____ TMS # _____ Deed Book _____ Page No _____ <input type="checkbox"/> House <input type="checkbox"/> Lot <input type="checkbox"/> Buildings <input type="checkbox"/> Acreage | | | | | |
| Address _____ County _____ TMS # _____ Deed Book _____ Page No _____ <input type="checkbox"/> House <input type="checkbox"/> Lot <input type="checkbox"/> Buildings <input type="checkbox"/> Acreage | | | | | |

Stocks, Bonds [In Decedent's name alone or titled jointly.]

| Description | # Shares | Value | Solely Owned | Jointly Owned | JTWROS | Owned by Trust |
|-------------|----------|-------|--------------|---------------|--------|----------------|
| | | | | | | |
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Cash, Bank Accounts, Notes Receivables [In Decedent's name alone or titled jointly. List the last 4 digits of each account #. Checking, Savings, CDs, money market, brokerage, employment bonus, cash award, final paycheck, cash on hand, notes payable to Decedent and survival action proceeds.]

| Description | Account # | Value | Solely Owned | Jointly Owned | JTWROS | Owned by Trust |
|-------------|-----------|-------|--------------|---------------|--------|----------------|
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Life Insurance [Payable to the Decedent's estate only.]

| Company | Policy No | Value |
|---------|-----------|-------|
| | | |
| | | |
| | | |

Miscellaneous Personal Property [In Decedent's name alone or titled jointly. List tangible personal property, including household goods and furnishings, vehicles, boats/trailers, mobile homes that are not de-titled, airplanes, equipment, interest in a partnership or unincorporated business, articles or collections having either artistic or intrinsic value including coins, guns, artwork, jewelry, etc. and any other miscellaneous probate items not listed elsewhere, including any digital assets.]

| Description | VIN | FMV | Solely Owned | Jointly Owned | JTWROS | Owned by Trust |
|-------------|-----|-----|--------------|---------------|--------|----------------|
| | | | | | | |
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Transfers during Decedent's Life [Payable to the Decedent's estate only. A trust created by Decedent in which income for life was retained by the Decedent, power to revoke or other incidents of ownership retained by the Decedent, lifetime transfers of real property in which Decedent retained life estate, etc.]

| Description | Value |
|-------------|-------|
| | |
| | |

Powers of Appointment [Payable to the Decedent's estate only. List property, both real and personal, over which Decedent possessed a Power of Appointment, whether testamentary or otherwise.]

| Description | Value |
|-------------|-------|
| | |
| | |

Annuities and IRAs [Payable to the Decedent's estate only.]

| Description | Account # | Value |
|-------------|-----------|-------|
| | | |
| | | |
| | | |
| | | |

Liabilities [List all debts and encumbrances e.g., mortgages, liens, judgments, vehicles loans, etc. Describe the encumbrance.]

| Description | Balance | Encumbered by what property? |
|-------------|---------|------------------------------|
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Checklist of Documents

Please submit the following items prior to your consultation appointment along with your completed questionnaire and consultation fee.

- COPY of drivers license/ID card for the Personal Representative(s)
- COPY of most current tax notices on all real estate
- COPY of deeds for all real estate
- COPY of titles to all vehicles, boats, RVs etc
- COPY of life insurance policies
- COPY of current statements for ALL financial assets (checking, savings, CD accounts, investment and brokerage accounts, and retirement accounts)
DATED AT OR AROUND THE TIME OF DEATH
- COPY of any trust agreements
- COPY of funeral home statement
- COPY of the obituary or funeral card
- ORIGINAL Last Will and Testament/Codicils (if available)
- ORIGINAL death certificate
- List of all debts
- COPY of decedent's tax returns for the past 3 years
- COPY of any gift tax returns filed by decedent