

Estate Questionnaire

New Jersey Decedent

IN CONNECTION WITH THE ESTATE OF _____, DECEASED

PERSONAL REPRESENTATIVE (EXECUTOR or ADMINISTRATOR): _____

1. STATE THE DATE OF DEATH _____
(IF DATE OF DEATH IS LESS THAN ONE YEAR FROM PRESENT DATE, PLEASE SIGN **INDEMNITY OF ESTATES DEBTS** FORM PROVIDED BY THE COMPANY)
2. STATE THE PLACE OF DEATH _____
3. DID DECEDENT LEAVE A LAST WILL AND TESTAMENT? ☐ YES ☐ NO
IF YES, WHERE WAS THE WILL PROBATED? STATE: _____ COUNTY: _____
4. HAS A CAVEAT BEEN FILED OR THREATENED TO BE FILED AGAINST THE WILL?
☐ YES ☐ NO
5. IF DECEDENT DID NOT LEAVE A WILL WHERE AND WHEN WERE LETTERS OF ADMINISTRATION ISSUED?
STATE: _____ COUNTY: _____
DATE LETTERS ISSUED: _____
6. WHO ARE THE DEVISEES OR HEIRS AT LAW OF THE DECEDENT AND WHAT IS THEIR RELATIONSHIP TO THE DECEDENT?

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

USE ADDITIONAL PAGE(S) FOR MORE NAMES.
7. STATE APPROXIMATE **GROSS** VALUE OF ESTATE AS COMPUTED UNDER FEDERAL LAW.

8. STATE APPROXIMATE OF CASH AND LIQUID SECURITIES NOW HELD IN THE ESTATE ACCOUNT.

CONTINUED ON NEXT PAGE

9. WHAT IS THE TOTAL APPROXIMATE AMOUNT OF UNPAID DECEDENT DEBTS?

IS ANY CLAIM OR ACTION PENDING OR THREATENED, TO YOUR KNOWLEDGE, BY ANY CREDITOR?

☐ YES ☐ NO IF YES, STATE PARTICULARS.

10. HAVE **NEW JERSEY TRANSFER INHERITANCE** TAXES, IF ANY, BEEN PAID? ☐ YES ☐ NO

IF YES, WHAT AMOUNT? _____

HAS AN INHERITANCE TAX WAIVER BEEN RECORDED? ☐ YES ☐ NO

IF NO, STATE THE ESTIMATED AMOUNT OF NJ INHERITANCE TAX DUE ON THE ESTATE

11. HAVE **NEW JERSEY ESTATE** TAXES, IF ANY, BEEN PAID? ☐ YES ☐ NO

IF YES, WHAT AMOUNT? _____

HAS AN NEW JERSEY ESTATE TAX WAIVER BEEN RECORDED? ☐ YES ☐ NO

IF NO, STATE THE ESTIMATED AMOUNT OF NJ ESTATE TAX DUE ON THE ESTATE

12. HAVE **FEDERAL ESTATE** TAXES, IF ANY, BEEN PAID? ☐ YES ☐ NO

IF YES, WHAT AMOUNT? _____

HAS A CLOSING LETTER (IRS FORM LETTER 627) BEEN RECEIVED FROM THE IRS? () YES () NO

IF NO, STATE THE ESTIMATED AMOUNT OF FEDERAL ESTATE TAX DUE ON THE ESTATE

13. HAS DISTRIBUTION OF ANY ESTATE ASSETS BEEN MADE? ☐ YES ☐ NO

IF YES, PLEASE GIVE DETAILS. _____

THE ABOVE INFORMATION IS SUBMITTED TO _____ (Title Insurance and/or Settlement Agency) AND
_____ (Title Insurance Underwriter) KNOWING IT WILL BE RELIED UPON TO ISSUE A POLICY OF TITLE INSURANCE
AFFECTING PREMISES OWNED BY THE DECEDENT INSURING AGAINST COLLECTION OF ANY DEBTS OF DECEDENT OUT OF PREMISES IN
QUESTION AND ANY TAXES DUE FROM THE ESTATE. **THE UNDERSIGNED HEREBY REPRESENTS AND WARRANTS THAT ALL OF THE
DECEDENT'S DEBTS HAVE OR WILL BE PAID, AND ALL NEW JERSEY INHERITANCE TAXES, NEW JERSEY ESTATE TAXES AND FEDERAL
ESTATE TAXES HAVE OR WILL BE PAID.**

DATED: _____, 20 ____

ESTATE OF _____, deceased

WITNESS:

Signed: _____

Print name of Personal Representative:

Address: _____

Telephone: _____