

ESTATE QUESTIONNAIRE  
IN CONNECTION WITH THE ESTATE OF,  
\_\_\_\_\_, Deceased

Name of deceased: \_\_\_\_\_

Name(s) of Personal Representative(s): \_\_\_\_\_

1. State the date of death. \_\_\_\_\_
2. State the place of death of decedent. \_\_\_\_\_
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 decedent and their relationship to decedent?

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____

7. State approximate gross value of estate as computed under Federal Law.  
\$ \_\_\_\_\_
8. State approximate amount of cash and liquid securities now held in the estate account.  
\$ \_\_\_\_\_
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, in 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, in what amount? \$ \_\_\_\_\_  
Has an New Jersey Estate Taxes Waiver been recorded? ( ) Yes ( ) No  
If no, state the estimated amount of Estate Tax due on the estate. \$ \_\_\_\_\_
12. Have Federal Estate Taxes, if any, been paid? ( ) Yes ( ) No  
If yes, in what amount? \$ \_\_\_\_\_  
Has a Closing Letter (IRS Form letter 627) been received from the Internal Revenue Service? ( ) Yes ( ) No If yes, attach a copy.  
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 Stewart Title Guaranty Company knowing it will be relied upon to issue a policy of title insurance affecting premises owned by 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 Estates Taxes and Federal Estate taxes have or will be paid.

DATED: \_\_\_\_\_

Estate of \_\_\_\_\_

WITNESS:

By: \_\_\_\_\_

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

TELEPHONE