

**QUESTIONNAIRE IN CONNECTION WITH  
DEBTS OR CLAIMS, IF ANY, IN THE ESTATE OF**

\_\_\_\_\_  
**Decedent**

1. Date and place of death: \_\_\_\_\_

2. Did decedent leave a Last Will and Testament?

If Yes, where probated? \_\_\_\_\_

If No, were Letters of Administration issued?

If so, provide details: \_\_\_\_\_

3. Devisees or heirs at law:

<u>Name</u>	<u>Age</u>	<u>Relation to Decedent</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Age of decedent at time of death: \_\_\_\_\_

5. Business or occupation, if any, of decedent at the time of death: \_\_\_\_\_

6. Gross value of estate: \$ \_\_\_\_\_ (approximately)

7. Net value of estate: \$ \_\_\_\_\_ (approximately)

8. Cash and liquid securities now owned by estate: \$ \_\_\_\_\_ (approximately)

9. List the known unpaid debts, if any:

<u>Creditor – Name, Address, Phone</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

10. Have funeral expenses and expenses of last illness been paid in full? (*state particulars*)

11. Have New Jersey transfer inheritance taxes, if any, been paid and release or waiver of tax procured?
12. Have Federal estate taxes, if any, been paid and release obtained?
13. Is any claim or action pending or threatened, to your knowledge, by any creditor?  
*(If so, state particulars.)*
14. Have bequests and/or distribution of estate assets been made?  
*(If so, state particulars.)*

The above information is submitted to **All Jersey Title, LLC** with the knowledge that such information will be relied upon for the issuance of title insurance insuring against collection of any debts of decedent affecting premises owned by decedent.

*(If additional space is required, attach rider.)*

Dated: \_\_\_\_\_ NAME: \_\_\_\_\_

Address: \_\_\_\_\_