ESTATE SETTLEMENT QUESTIONNAIRE

For the Estate of

____

The Law Offices
Of
Robert M.L. Baker III
LAWYERS AND COUNSELORS
2001 Wilshire Blvd., Suite 505
Santa Monica, California 90403

ESTATE SETTLEMENT QUESTIONNAIRE

INSTRUCTIONS FOR ANSWERING QUESTIONS AND FILLING IN ANSWERS AND SCHEDULES

This ESTATE SETTLEMENT QUESTIONNAIRE contains questions pertaining to the statistical information regarding the Estate of the Decedent as well as individual Schedules for the listing of all assets, liabilities, deductions, and other data relating to the Estate.

The questions on all pages should be answered and the information completed. All Schedules should be completed. If a particular Schedule has no information to be listed, simply state "none" on that particular Schedule. Please answer all questions where information is available and indicate where information is not available. If a question is not applicable, state “N/A”. We do not expect you to know the answer to every question.

When you desire to meet with us to review and/or complete the Questionnaire, please contact us to set up an appointment. Our goal is to assist, serve, and advise you throughout the Estate Settlement proceedings.

PLEASE RETURN THIS QUESTIONNAIRE TO:
LAW OFFICES OF ROBERT M.L. BAKER III
2001 Wilshire Blvd., Suite 505
Santa Monica, California 90403-5640

ESTATE SETTLEMENT QUESTIONNAIRE

1. Decedent's first name, middle name, and last name (including maiden name, if any).

   ____

   ____

2. Any other names used.

   ____

   ____

   ____

3. Date of death.

   ____

4. Place of death.

   ____

5. Decedent's residence at time of death.

   ____

6. Country of Citizenship.

   ____

7. Year residence was established in state of residence.

____

8. Other States or Countries where a home is owned.

____

____

____

9. Decedent's Social Security Number.

____

10. Decedent's date of birth.

____

11. Decedent's place of birth.

____

12. Decedent's business(es) or occupation
(If retired, occupation prior to retirement).

____

____

13. Address of business(es).

____

____

____

14. Marital status of decedent at time of death.

_____Married ______ Widowed ______ Single _____ Divorced

14a. If widowed, name and date of death of deceased spouse.

____

____

15. Legal Representative's (Trustee or Executor) - Social Security Number.

____

15a. Legal Representative's current home address.

____

____

15b. Legal Representative's current telephone number(s).

____

____

16. Surviving spouse's name(s).

____

16a. Surviving spouse's home address.

16b. Surviving spouse's telephone number(s).

17. Other than the surviving spouse, individual(s) who receive benefits from the Estate.

(Do not include Charitable Beneficiaries):

Name of Individual	Identification of kind of gift (Example:property/cash)	Estimated value of gift

17a. Charities who receive benefits from the Estate

Name of Charity	Identification of kind of gift (Example:property/cash)	Estimated value of gift

18. Do you elect to use the alternate valuation?
Yes___ No___

19. Do you elect to use the special use valuation?
Yes___ No___
(these two questions will be discussed at a later date)

20. Have Federal Gift Tax Returns ever been filed?
Yes___ No___

20a. If yes, please attach copies of the Returns, if available, and furnish the following information:

Period(s) covered by Return(s)

____

____

____

20b. Internal Revenue offices where filed

____

____

____

21. List all gifts during the past ten years made by the Decedent

Date of Gift	Amount	Person Receiving Gift

22. Was there any life insurance on the Decedent?
Yes ____ No ____

22a. Did the Decedent own any life insurance on another?
Yes ____ No ____

(If yes to either question, please attach a copy of each policy including all application pages.)

23. Did the Decedent, at the time of death, own any property as a joint tenant with right of survivorship in which:

    (1) the other joint tenant was the surviving spouse or another person.
    Yes ____ No ___
    (If yes, list on Schedule A, Page 11);

24. Did the Decedent, at the time of death, have (or have access to), a safe deposit box? Yes ____ No ___
    (If yes, state the bank and location.)

    ____

24a. If held in joint names of Decedent and another, state name and relationship of joint depositor):

    ____

25. Did the Decedent, at the time of death, own any interest in a Partnership or other unincorporated business?
    Yes____ No____
    (If yes, list on Schedule E, Page 15.)

26. Did the Decedent, at the time death, own any article of artistic or collectible value, valued in excess of $10,000.00 total, or any collection the value of which exceeded $10,000.00?
    Yes ____ No ____
    (If yes, give full details on Schedule F, Page 16.)

27. Has the Decedent's estate, spouse, or any other person, received (or will receive) any bonus or award as a result of Decedent's employment or death? Yes ____ No ____

27a. What is (are) the amount(s)?

____

____

28. Was the Decedent a Beneficiary under a Will or a Trust from which benefits were being received? Describe in detail and attach all relative documents.

____

____

____

____

____

29. Did the Decedent own any interest in any property outside the United States? Yes ____ No ____

If yes, list as follows:

Description of Asset	Location in detail	Estimated Value

29. Please attach copies of the following documents:

(a) Trust and any Amendments to Trust
(b) Wills and any Codicils
(c) Assignment
(d) Memorandum of Property Ownership
(e) All Deeds
(f) All other documents of Title (Example: Deeds of Trust)
(g) Three (3) years of Form 1040 Tax Returns
(h) Insurance Policies

(g) ______________________________________

(h) ______________________________________

(i) ______________________________________

(j) ______________________________________

(k) ______________________________________

(l) ______________________________________

(m) ______________________________________

30. Please provide six (6) Certified Death Certificates.

Please complete the attached Schedules with as many details as you have available and, as far as you are able, answer all questions listed.

We will assist you with any detail needed in this Questionnaire. (see next page)

Date Prepared: ______________________

Prepared by: ______________________

SCHEDULE A

<u>REAL ESTATE</u>

(Any property owned by a Trust should be shown on Schedule G)

Item No.	Description	Form of Title*	Estimated Value

TOTAL: $_______

*J/T=Joint Tenancy; T/C=Tenancy in Common; T/E=Tenancy by Entirety; C/P=Community Property

(If more space is needed, please use reverse side of this Schedule.)

FOR <u>EACH</u> ASSET LISTED, PLEASE PROVIDE A PHOTOCOPY OF THE ASSET DOCUMENT. (E.g.-Grant Deed)

SCHEDULE B

STOCKS AND BONDS

(Any property owned by a Trust Should be shown on Schedule G)

Item No.	Company Name	CUCIP No.	No. Shares or Units	Public or Private	Estimated Value

TOTAL: $_______

(If more space is needed, please use reverse side of this Schedule.)

FOR EACH ASSET LISTED, PLEASE PROVIDE A PHOTOCOPY OF THE ASSET DOCUMENT.
(E.g.- Stock Certificate or recent Account Statement)

SCHEDULE C

PROMISSORY NOTES (SECURED OR UNSECURED) BY DEED OF TRUST OR MORTGAGE

(Any property owned by a Trust should be shown on Schedule G)

Item No.	Description	Face Amount	Amount Owed on Day of Death

TOTAL: $________ $___________

(If more space is needed, please use reverse side of this Schedule.

FOR EACH ASSET LISTED, PLEASE PROVIDE A PHOTOCOPY OF THE ASSET DOCUMENT.

SCHEDULE D

LIFE INSURANCE ON THE DECEDENT

(Any property owned by a Trust should be shown on Schedule G)

Item No.	Name of Insurance Co.	Face Amount	Beneficiary	Relationship

(If more space is needed, please use reverse side of this Schedule.)

FOR EACH ASSET LISTED, PLEASE PROVIDE A PHOTOCOPY OF THE ASSET DOCUMENT.

SCHEDULE E

PARTNERSHIP INTEREST

(Any property owned by a Trust should be shown on Schedule G)

Item No.	Name of Partner	General or Managing Partner and Address	G/P or L/P*	% Interest Owned	Estimated Value

TOTAL: $________ $___________

* G/P=General Partner; L/P=Limited Partner

(If more space is needed, please use reverse side of this Schedule.)

FOR <u>EACH</u> ASSET LISTED, PLEASE PROVIDE A PHOTOCOPY OF THE ASSET DOCUMENT.

SCHEDULE F

MISCELLANEOUS PROPERTY NOT REPORTED ON ANY OTHER SCHEDULE

E.G. L.L.C.*

(Any property owned by a Trust should be shown on Schedule G)

Item No.	Description	Estimated Value

TOTAL: $___________

(If more space is needed, please use reverse side of this Schedule.)

FOR EACH ASSET LISTED, PLEASE PROVIDE A PHOTOCOPY OF THE ASSET DOCUMENT.

SCHEDULE G

TRANSFERS OF REAL PROPERTY AND OTHER ASSETS TO TRUST DURING THE DECEDENT’S LIFE

Item No.	Description	Estimated Value

(If more space is needed, please use reverse side of this Schedule.)

FOR EACH ASSET LISTED, PLEASE PROVIDE A PHOTOCOPY OF THE ASSET DOCUMENT.

SCHEDULE H

GIFT TRANSFER DURING DECEDENT'S LIFE

Item No.	Description	Estimated Value

SCHEDULE I

POWERS OF APPOINTMENT

Item No.	Description

(If more space is needed, please use reverse side of this Schedule.)

SCHEDULE J

ANNUITIES

1a. Was the Decedent, immediately before death, receiving an annuity?

Yes_____ No_____

1b. If "Yes," was the annuity paid pursuant to an approved plan?

Yes_____ No_____

1c. If the answer to 1b is "Yes," state the amount of the Decedent's contribution to the total purchase price of the annuity:

____

____

2a. If the Decedent was employed at the time of death, did an annuity benefit become payable to any Beneficiary because the Beneficiary survived the Decedent?

Yes_____ No_____

2b. If "Yes," state the ratio or dollar amount of the Decedent's contribution to the total purchase price of the annuity:

____

____

3a. Did the annuity under an Individual Retirement Account (IRA), annuity, or bond described in §2039(e) become payable to any Beneficiary because the Beneficiary survived the Decedent?

Yes_____ No_____

3b. If "Yes," is the annuity payable to the Beneficiary for life or for at least 36 months following the Decedent's death?

Yes_____ No_____

3c. If the answer to 3a is "Yes," state the ratio of the amount paid for the Individual Retirement Account, annuity, or bond that was not allowable as an income tax deduction under §219 (other than rollover contribution) to the total amount paid for the account, annuity, or bond:

____

FOR <u>EACH</u> ASSET LISTED, PLEASE PROVIDE A PHOTOCOPY OF THE ASSET DOCUMENT.

SCHEDULE K

FUNERAL EXPENSES AND EXPENSES INCURRED IN ADMINISTERING PROPERTY SUBJECT TO CLAIMS

NOTE: If executor's commissions, attorney fees, etc., are claimed and allowed as a deduction for estate tax purposes, they are not allowable as a deduction in computing the taxable income of the estate for Federal Income Tax purposes. They are allowable as an Income Tax deduction on Form 1041 if a waiver is filed to waive the deduction on Form 706.

Item No.	Description	Cost

(If more space is needed, use reverse side of this Schedule.)

FOR EACH EXPENSE LISTED, PLEASE PROVIDE A PHOTOCOPY OF THE EXPENSE DOCUMENT.

SCHEDULE L

DEBTS OF THE DECEDENT

Item No.	Description	Value

(If more space is needed, please use reverse side of this Schedule.)

FOR EACH DEBT LISTED, PLEASE PROVIDE A PHOTOCOPY OF THE DEBT DOCUMENT.

SCHEDULE M

MORTGAGES AND LIENS OF THE DECEDENT

(Notes secured by mortgage or deeds of trust or other liens owed by Decedent to others)

Item No.	Description	Estimated Value

(If more space is needed, please use reverse side of this Schedule.)

FOR EACH LISTED MORTGAGE OR LIEN, PLEASE PROVIDE A PHOTOCOPY OF THE MORTGAGE OR LIEN DOCUMENT.

SCHEDULE N

NET LOSSES DURING ADMINISTRATION OF ESTATE

Item No.	Description	Amount of Loss

(If more space is needed, please use reverse side of this Schedule.)

SCHEDULE O

EXPENSES INCURRED IN ADMINISTERING PROPERTY

Item No.	Description	Amount

(If more space is needed, please use reverse side of this Schedule.)

FOR EACH EXPENSE LISTED, PLEASE PROVIDE A PHOTOCOPY OF BILLS OR INVOICES.

SCHEDULE P

INTERNAL REVENUE SERVICE §2032A SPECIAL USE VALUATION (IF ANY)

Enter the requested information for each party who received any interest in the specially valued property. Complete and attached the required agreements.

Name	Identifying No.	Address

Identifying No.	Relationship to Decedent	Fair Market Value	Special Use Value

SCHEDULE Q

CHARITABLE, PUBLIC AND SIMILAR GIFTS AND BEQUESTS

1a. If the transfer was made by Will, has any action been instituted to have interpreted or to contest the Will or any provision thereof affecting the charitable deductions claimed in this Schedule?

Yes_____ No_____

If "Yes," please submit full details with this Schedule.

1b. According to the information and belief of the person(s) completing this form, is any such action contemplated?

Yes_____ No_____

If "Yes," please submit full details with this Schedule.

2. Did any property pass to a charity as a result of a Qualified Disclaimer?

Yes_____ No_____

If "Yes," please attach a copy of the written Disclaimer required by §2518(b).

Item No.	Name and Address of Beneficiary	Character of Institution	Amount

(If more space is needed, please use reverse side of this Schedule.)