

HEALY CROWLEY AHERN solicitors

Probate/Administration Questionnaire

Thank you for instructing Healy Crowley Ahern solicitors, of Killorglin and Caherciveen Co Kerry in relation to the administration of the estate of your loved one. We hope that you find our service efficient and professional. To assist us in administering the estate of the deceased below, we should be grateful if you could complete the information contained on this questionnaire and post it or email back to our office. Please note all of the details provided below will be kept in strictest of confidence.

DETAILS OF THE DECEASED

Name: _____ Date of Birth: _____

Address: _____ Date of Death: _____

PPS Number: _____ Place of death _____

Occupation of Deceased

Marital Status

Please indicate the following in relation to the deceased. Were they at the date of death:-

Married Single Divorced

Legally Separated Civil Partner Surviving Civil Partner

Former Civil Partner

Please indicate the relatives surviving

Children Please insert No. _____

Parent(s) Grandparents Remoter Relative None

Has the death been registered?:- Yes No

If **YES**, please supply two original death certificates together with this form.

If **NO**, please make arrangements to register the death. If you require assistance please contact this office.

Was the deceased an Irish National? Yes No

If **NO**, please specify the Nationality of the deceased _____

Was the deceased ordinarily resident in Ireland as of the date of death? Yes No

If **NO**, please specify where the deceased was ordinarily resident

WILL OR NO WILL

Did the deceased make a will? Yes No

If **YES**, please specify the location of the will

Please specify the details of the executors named in the will

First Executor

Name _____ Occupation _____

Address _____

Telephone Number _____ PPS Number _____

Second Executor (if any)

Name _____ Occupation _____

Address _____

Telephone Number _____ PPS Number _____

Third Executor (if any)

Name _____ Occupation _____

Address _____

Telephone Number _____ PPS Number _____

ANTI-MONEY LAUNDERING

For the purposes of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010, we are obliged to satisfy ourselves regarding the identity of our clients. Therefore, we should be grateful if you could provide us with respect to **EACH** executor

- A copy of his/her passport **OR** driving licence; **AND**
- A copy of any **one** of the following which have been issued to him/her in the last six months:-
 - Utility bill (eg ESB, telephone, gas bill,etc); **OR**
 - A bank or credit card statement; **OR**
 - Mobile phone bill; **OR**
 - Any correspondence from the Revenue Commissioners or the Department of Social Protection.

REAL PROPERTY ASSETS

Was the deceased the owner in his or her **SOLE** name of any real property assets (eg a house, farm, land etc)? If yes please specify. **DO NOT INCLUDE ANY PROPERTY IN JOINT NAMES HERE**

Type
(eg house, farm, land, other) _____

Location/Address _____

Type
(eg house, farm, land, other) _____

Location/Address _____

Type
(eg house, farm, land, other) _____

Location/Address _____

IF THERE ARE FURTHER REAL PROPERTY ASSETS PLEASE COMPLETE ON A ADDITIONAL SHEET

If the deceased had real property assets then we need to organise a valuation, please answer the following:-

- I do not have a valuer and I would like Healy Crowley Ahern to organise one for me
- I have a valuer and I would like you to use:-

Name of Valuer _____

Address of Valuer _____

Telephone Number of Valuer _____

Title Documents

Registered Property. Do you have any folio numbers of the deceased?

- No
- Yes, please give details

Do you have any title deeds of the deceased or know their whereabouts

- No
- Yes, please give details

CARS/BOATS

Please provide details of any cars and boats of the deceased

Year	Make	Model

BUSINESS ASSETS

Farming Assets

Please specify farming assets of the deceased (such as livestock, bloodstock, farm implements, machinery etc)

Other business assets

Please set out any other business assets (goodwill, plant and equipment, stock in trade, book debts etc)

ASSETS WITH FINANCIAL INSTITUTIONS

Please supply details below of any accounts held with banks, building societies, credit union etc. in the deceased **SOLE** name only. **DO NOT INCLUDE JOINT ACCOUNTS HERE.**

Name of Institution	Branch	Account Number if Known

LIFE POLICIES

Please supply details of all life policies of the deceased

Institution	Policy Number if known

DEBTS OWED TO THE DECEASED

Please supply details of any monies owed to the deceased as of the date of death

Name of Person who owes money to the deceased	Address of this person	Estimate of amount owed

STOCKS, SHARES AND SECURITIES

Please provide details of quoted stocks and shares held in the **SOLE** name of the deceased. **DO NOT INCLUDE JOINT ACCOUNT INFORMATION HERE.**

Name of quoted company	Number of shares held if known

UNPAID PURCHASE MONEY

Did the deceased agree to sell any property or assets before his death, which has yet to be paid to the deceased?

- No
- Yes, please give details

PLEASE SET OUT ANY OTHER ASSETS IN THE SOLE NAME OF THE DECEASED NOT INCLUDED ABOVE (eg prize bonds, cash in house, valuable jewellery, paintings, antiques etc)

DEBTS AND FUNERAL EXPENSES

Please specify the following debts that may be owed by the deceased and funeral expenses

Funeral Expenses

Name of Undertaker	Address	Amount Owed

Please forward to us the undertakers bill

Wake expenses

Please provide us details of the funeral meal/drinks

Name of location of funeral meal/drinks <i>(ie Hotel, pub, community hall etc)</i>	Address	Amount Owed

Please provide us copy invoice of the funeral meal/drinks

Headstone

Please provide us details of those providing the headstone (if known)

Name of person providing headstone (If known)	Address (If known)	Amount Owed (If known)

Please provide us an invoice for the headstone (if available)

Utilities

Please specify any utilities owed, if known, as of the date of death

Name of company (ESB, Airtricity, Eircom etc)	Amount owed

Mortgages/Loans

Please set out any outstanding mortgages or other loans of the deceased as of the date of death

Name of institution/person owed money	Branch/Address	Amount

FOREIGN PROPERTY

Please set out property in the **SOLE** name of the deceased not held in Ireland. **DO NOT INCLUDE JOINT PROPERTY IN THIS SECTION**

Description	Location	Approximate value (if known)

Please set out any debts owing by the deceased outside of Ireland (eg a loan taken out with a UK bank, or a mortgage in Spain, etc)

Set out the name of the person/institution owed the money	Address/location	Approximate value (if known)

JOINT PROPERTY

Please set out here the joint property of the deceased, this includes property **in or outside Ireland**

First Property

Please specify the nature of the asset held, eg, property, bank account, shares etc

Please specify value (if known): _____

Please specify the names and address of the other joint holders

Name	Address

Second Property

Please specify the nature of the asset held, eg, property, bank account, shares etc

Please specify value (if known): _____

Please specify the names and address of the other joint holders

Name	Address

Third Property

Please specify the nature of the asset held, eg, property, bank account, shares etc

Please specify value (if known): _____

Please specify the names and address of the other joint holders

Name	Address

IF THERE IS MORE JOINT PROPERTY PLEASE COMPLETE ON ADDITIONAL SHEET

OTHER REQUIRED INFORMATION

Did the deceased make a nomination on any account (eg post office, credit union etc).

- No
- Yes, please supply

Description of Holding	Name of beneficiary

Is the deceased due any monies from any pension products other than a state pension?

- No
- Yes, please give details

Was the deceased in receipt of any state pension?

- No
- Yes
- Contributory Non-Contributory Don't know

Please supply the pension card of the deceased

Was the deceased in receipt of any other social welfare payments other than state pension?

- No
- Yes, please give details

Please respond to each of these questions

Was the deceased in receipt of any payments under the Nursing Home Support Scheme	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Did the deceased hold any property solely for their life i.e. as a life tenant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Did the deceased benefit from a right of residence in a house at the time of his or her death	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Did the deceased at any time after 5 December 1991 make a gift over €3000 to any person (e.g. transfer of land, monies put into joint account, gift of shares etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Did the deceased create a discretionary trust at any time during his or her life or under his or her will	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know

<p>If any of the answers to the above are Yes, please provide us further information</p>
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If known to you, please set out the following in connection with those who benefit under the will or on the death of the deceased

First Beneficiary

Name _____ PPS No (if known) _____

Address _____

Telephone No. (if known) _____

Relationship to the deceased _____

Second Beneficiary

Name _____ PPS No (if known) _____

Address _____

Telephone No. (if known) _____

Relationship to the deceased _____

Third Beneficiary

Name _____ PPS No (if known) _____

Address _____

Telephone No. (if known) _____

Relationship to the deceased _____

Fourth Beneficiary

Name _____ PPS No (if known) _____

Address _____

Telephone No. (if known) _____

Relationship to the deceased _____

Fifth Beneficiary

Name _____ PPS No (if known) _____

Address _____

Telephone No. (if known) _____

Relationship to the deceased _____

Sixth Beneficiary

Name _____ PPS No (if known) _____

Address _____

Telephone No. (if known) _____

Relationship to the deceased _____

PLEASE COMPLETE ON AN ADDITIONAL SHEET ANY FURTHER BENEFICIARIES

Thank you for taking the time to complete this form. The information provided will be held in strict confidence. Remember, please provide us any of the following if you have them:-

- Death Certificate
- Land Registry Folios
- Funeral Bill
- Bill for funeral meal/drinks
- ESB bills or other similar utility bill
- Social Welfare/Pension Card
- Additional sheets of information to accompany this form

FOR EXECUTORS ONLY

- Copy passport/driving licence **AND**
- ONE OF**
- Utility bill **OR** Bank/credit card statement **OR**
- Mobile phone bill **OR**
- Correspondence from Revenue/Social Welfare