

**ESTATE QUESTIONNAIRE**

APPLICATION NO.: **RANJ**

**RE: Estate of** \_\_\_\_\_

PROPERTY ADDRESS: . Tax Lot , Tax Block in the , County of , State of **NJ**.

In connection with the proposed transfer of title or mortgage, application has been made to Chicago Title Insurance Company to insure title including insurance against claims for decedent's debts against the above Estate and Estate taxes which are or may become due by virtue of the demise of the above decedent. The information set forth herein is furnished to induce Chicago Title Insurance Company to insure and assist in its determination of the risk of issuing title insurance.

1. State date and place of death of the decedent.
2. Has Will been probated or have Letters of Administration been issued? \_\_\_\_\_ Yes \_\_\_\_\_ No State particulars, including dates, the court and case numbers.
3. Have release and refunding bonds been signed by all devisees and distributees? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Has a caveat been filed or threatened to be filed against the Will? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. The business or occupation of the decedent, at the time of death was \_\_\_\_\_.
6. The approximate gross value of the estate \$ \_\_\_\_\_.
7. The approximate net value of the estate is \$ \_\_\_\_\_.
8. The approximate value of cash and liquid securities now owned by the estate is \$ \_\_\_\_\_.
9. Have the expenses of the last illness been paid? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Attach copies of all bills and, if paid, proof of payment.
10. Have the funeral expenses been paid? \_\_\_\_\_ Yes \_\_\_\_\_ No
11. If 9 & 10 are not paid, state how payment will be made: \_\_\_\_\_
12. 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. \$ \_\_\_\_\_
13. Have New Jersey Estate Taxes, if any, been paid? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, in what amount? \$ \_\_\_\_\_  
Has a New Jersey Estate Tax Waiver been recorded? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, state the estimated amount of the Estate Tax due on the estate. \$ \_\_\_\_\_

14. Have Federal Estate Taxes, if any, been paid? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, in what amount? \$ \_\_\_\_\_

Has a Closing Letter ( 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. \$ \_\_\_\_\_

15. The unpaid debts of the estate, by name and amount are:

16. Is, to your knowledge, any claim or action pending or threatened? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, state particulars:

17. Has distribution of any estate assets been made? \_\_\_\_\_ Yes \_\_\_\_\_ No

18. Who are the devisees or heirs at law of decedent and their relationship to decedent?

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

19. If you offer to indemnify Chicago Title Insurance Company against possible debts against the estate, please furnish the following information:

- A. Your Net Worth: \$ \_\_\_\_\_
- B. Bank Reference: \$ \_\_\_\_\_
- C. Your occupation, employer & address: \_\_\_\_\_

The above information is submitted to Chicago Title Insurance 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' 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:

WITNESS:

\_\_\_\_\_ BY: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_