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

Decedent				
Dat	e and place of death:			
	the decedent leave a Last Will and Testament? Yes, where was it probated?	YES	□ NO	
	No, were the Letters of Administration issued? If so, provide details:	YES	□ NO	
Dev	visees or heirs at law:			
	<u>Name</u>	Age	Rela	ation to the Decedent
_				
_				
Age	e of the decedent at the time of death:			
Bus	siness or occupation, if any, of decedent at the tin	ne of death:		
Gro	oss value of the estate:	\$_		(approximately
Net	value of the estate:	\$_		(approximately
Cas	sh and liquid securities now owned by the estate:	\$_		(approximately
List	t the known unpaid debts, if any:			
	<u>Creditor – Name, Address, Phone</u>			Amount
_		\$_		(approximately
_		\$_		(approximately
_		\$_		(approximately
		\$_		(approximately

12.	Have Federal Estate Taxes, if any, been paid and release obtained? YES NO
13.	Is there any claim or action pending or threatened, to your knowledge, by any creditor? YES NO (if so, state the particulars)
14.	Have bequests and/or distribution of estate assets been made? (if so, state the particulars) YES NO
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upon 1	bove information is submitted to Iconic Title Agency LLC with the knowledge that such information will be relied for the issuance of title insurance insuring against collection of any debts of the decedent affecting premises owned edecedent.
Dated	:Name:
Addre	ess:

(If additional space is required, use the back of this form or attach a rider)