



FOR NON-LEGAL ASSISTANCE, EMAIL EQ@BMI.COM OR CALL 1- 212-554-7070

ESTATE QUESTIONNAIRE

Instructions: The term DECEDENT refers to the BMI songwriter, composer or publisher who has died. Please answer each question fully and completely. If the question does not apply, write N/A (not applicable). If you do not know the answer to a question, write UNKNOWN. Any omission or blank item may delay the preparation of the substitution agreement. If you need more room for any answers, attach a separate sheet and number it accordingly. It is suggested that you retain the assistance of an attorney if you have any legal questions regarding the completion of this form. BMI cannot give you legal advice.

• Decedent's Name _____

Other Name(s) used by the decedent: _____

Last address: _____
(Street)

(City) (State) (Zip)

Citizenship: (check one): U.S.A. Other: _____
(Name of Country)

Social Security Number: _____ - _____ - _____

Date and Place of Death: _____ / _____ / _____
(City) (State)

➤ **DOCUMENT REQUIRED: DEATH CERTIFICATE**
DID DECEDENT HAVE A WILL? NO: COMPLETE SECTIONS A AND C YES: COMPLETE SECTIONS A, B AND C

SECTION A

A1. Decedent left a surviving (Check one) _____ spouse _____ domestic partner _____ neither

A2. The surviving spouse or domestic partner is:

Name _____

Address: _____
(Street) (City) (State) (Zip)

Telephone number _____ E-mail _____

Date of Marriage or Civil Union ____ / ____ / ____ at _____, _____ State
Mo Day Year City

A3. Decedent left (Check one) _____ no children _____ children

✓ **How many children survived decedent, from any relationship, including all biological and adopted ones, regardless of who the other parent is? _____**

✓ **Did the decedent have any children who died before him or her? No ___ Yes ___: IF YES, LIST THEIR NAMES AND THE NAMES AND CONTACT INFORMATION OF THOSE DECEASED CHILDREN'S LIVING CHILDREN ON A SEPARATE SHEET LABELED "CHILDREN WHO DIED BEFORE DECEDENT"**

A4. The decedent's surviving children are:

a.
Name _____

Address: _____
(Street)

(City) (State) (Zip)

Telephone number _____

E-mail _____

If under 18, Date of birth: ____ / ____ / ____
Mo Day Year

If under 18, Name of Legal Guardian _____

b.
Name _____

Address: _____
(Street)

(City) (State) (Zip)

Telephone number _____

E-mail _____

If under 18, Date of birth: ____ / ____ / ____
Mo Day Year

If under 18, Name of Legal Guardian _____

SECTION C

- Did the Decedent leave his/her royalties and/or copyright interest(s) to a trust? No Yes
 - If Yes, **DOCUMENT REQUIRED: A COPY OF THE FULL DOCUMENT CREATING THE TRUST, PLUS ANY AMENDMENTS OR RESTATEMENTS OF THE TRUST CREATED TO DATE**

Name of Trust: _____ Trust Tax I.D. Number: ____ - _____

Trustee's Name: _____

Co-Trustee's Name _____

Address: _____
(Street)

Address: _____
(Street)

(City) (State) (Zip)

(City) (State) (Zip)

E-mail _____

E-mail _____

Telephone Number _____

Telephone Number _____

- The names of the executors or administrators and successor executors or administrators are:

Name: _____

Name: _____

Address: _____
(Street)

Address: _____
(Street)

(City) (State) (Zip)

(City) (State) (Zip)

E-mail _____

E-mail _____

Telephone Number _____

Telephone Number _____

Relationship: _____

Relationship: _____

- The name of the estate's attorney (if any) is:

Name: _____

Law Firm's Name: _____

Address: _____
(Street)

(City) (State) (Zip)

Telephone Number _____

E-mail _____

- Has the estate been closed? No Yes If Yes, date estate closed _____

Was an order of distribution issued by a probate court? No Yes

- If Yes, list below the persons whom the probate court ordered to receive decedent's BMI royalties and attach a copy of the order. Attach a separate sheet if needed for additional beneficiaries. **DOCUMENT REQUIRED: ORDER OF DISTRIBUTION OR FINAL ACCOUNTING.**

Name: _____

Name: _____

Address: _____
(Street)

Address: _____
(Street)

(City) (State) (Zip)

(City) (State) (Zip)

E-mail _____

E-mail _____

Telephone Number _____

Telephone Number _____

Relationship: _____

Relationship: _____

Percentage awarded _____%

Percentage awarded _____%

Did Decedent own an interest in any BMI publishing company either as a partner or stockholder? No
 Yes If yes, please specify the name of the BMI publishing companies:

Name of person completing this Questionnaire _____

Address: _____
(Street)

(City) (State) (Zip)

E-mail _____

Telephone Number _____

Relationship to Decedent _____

✓ **YOU MUST SIGN AND DATE THE DECLARATION BELOW**

<p><u>DECLARATION (NO NOTARY REQUIRED)</u></p> <p>I declare under penalty of perjury that, to the best of my knowledge and belief, the foregoing information is true and correct and all questions have been answered fully and completely and without any intent to deceive BMI with respect to the facts concerning the decedent, his/her estate, and/or his/her lawful heirs or beneficiaries.</p> <p>_____ Signature</p> <p>_____ Print name of signer</p> <p>_____ Today's Date</p>

Please make sure to include with this Questionnaire all of the following documents, if applicable. Legible copies are acceptable. Check all that you are sending to BMI:

- Death Certificate of decedent
- Last Will and Testament and all codicils of the decedent
- Letters Testamentary for Executor or Letters of Administration for Administrator
- Trust documents in their entirety
- Order of Distribution
- Other relevant documents pertaining to the decedent's estate _____

IF AS THE RESULT OF THE INFORMATION GIVEN ON THIS QUESTIONNAIRE, BMI REQUIRES ANY ADDITIONAL DOCUMENTS, YOU WILL BE NOTIFIED

MAIL THE COMPLETED QUESTIONNAIRE AND ALL DOCUMENTS TO:

BMI Legal & Business Affairs, Performing Rights
320 West 57th Street
New York, New York 10019-3790