

PROBATE QUESTIONNAIRE

Your name: \_\_\_\_\_

Your relationship to the Decedent: \_\_\_\_\_

Your Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

VITAL STATISTICS

Decedent's Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Decedent's SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Legal Residence at Death: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

(Name and address of hospital or nursing home)

Decedent's Marital Status:	Single	Married	Divorced
(Circle one)	Widow	Widow	Legally Separated

Cause of Death: \_\_\_\_\_

Length of last illness: \_\_\_\_\_

Retired from: \_\_\_\_\_

SPOUSE

If there is a surviving spouse, please complete the following:

Spouse's name: \_\_\_\_\_

Spouse's SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If the spouse did not survive, please give the date and place of death: \_\_\_\_\_

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WILL

Did the decedent leave a will? Yes No (Circle one)

If yes, please bring the original will with you to our appointment.

Known beneficiaries

<u>Name/Relationship</u>	<u>Date of birth</u>	<u>Address</u>	<u>SS#</u>
_____	_____	_____	____-____-____
_____	_____	_____	____-____-____
_____	_____	_____	____-____-____
_____	_____	_____	____-____-____

Other individuals named in the will:

<u>Name/Relationship</u>	<u>Date of birth</u>	<u>Address</u>	<u>SS#</u>
_____	_____	_____	____-____-____
_____	_____	_____	____-____-____
_____	_____	_____	____-____-____

If decedent died without a will or if the following are not named in the will, please provide the following:

Heirs at Law: (name, address and SS# for each)

Surviving spouse \_\_\_\_\_  
\_\_\_\_\_

Decedent's children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Children of any deceased child of Decedent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Decedent was not survived by children or descendants of deceased children:

Decedent's Parent(s): \_\_\_\_\_  
\_\_\_\_\_

If Decedent was not survived by spouse, children, parents or descendants of deceased children, list the same information and relationship for all other heirs at law, including all brothers and sisters of Decedent, children of deceased brothers and sisters, grandparents, aunts and uncles:

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REAL ESTATE

If the decedent owned any real estate, please complete the following:

Type: (circle one)    Residence    Commercial    Farm    Other

Description: \_\_\_\_\_  
(Street address or other information)

Name(s) on Deed (attach copy of deed): \_\_\_\_\_

Estimated Fair Market Value at Date of Death: \_\_\_\_\_

If decedent had other Real Estate, please list the above information on a separate sheet of paper and attach a copy of the deed(s). **Please bring a copy of the deed to our meeting.**

BANK ACCOUNTS IN DECEDENT'S NAME ONLY

Checking Accounts in Decedent's Name Only:

<u>Account No.</u>	<u>Location</u>	<u>Approximate Balance at Death</u>
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____

Savings Accounts in Decedent's Name Only: (CDs, IRAs, etc. \*)

<u>Account No.</u>	<u>Location</u>	<u>Approximate Balance at Death</u>
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____

\*List any beneficiaries: \_\_\_\_\_  
 \_\_\_\_\_

SAFE DEPOSIT BOX

Name of Bank, address, and box number:



JOINT BANK ACCOUNTS

Joint Checking Accounts:

<u>Account No.</u>	<u>Location</u>	<u>Names as they appear on account</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

<u>Approx Balance At Death</u>	<u>How much was Decedent's?</u>	<u>Address/Relation of Co-Owner</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Joint Savings Accounts

<u>Account No.</u>	<u>Location</u>	<u>Names as they appear on account</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

<u>Approx Balance At Death</u>	<u>How much was Decedent's?</u>	<u>Address/Relation of Co-Owner</u>
1\$ _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

VEHICLES

Automobiles, trucks, boats, trailers and other vehicles (if you need more space, please attach papers).

<u>Year</u>	<u>Model &amp; Make</u>	<u>Names as they appear on title</u>	<u>Date through which insurance is paid</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Fair market value at Date of Death:

- 1. \$ \_\_\_\_\_
- 2. \$ \_\_\_\_\_
- 3. \$ \_\_\_\_\_

INSURANCE

Insurance on Decedent's Life:

<u>Name and address of company</u>	<u>Policy No.</u>	<u>Policy Owner</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

<u>Beneficiary</u>	<u>Face Amount</u>	<u>Actual Death Benefit</u>
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____

Did Decedent own insurance on anyone else? Yes No (Circle one)

STOCK, BONDS & ANNUITIES

If the decedent owned any stock, bonds, or annuities, please complete the following: (if you need additional space, please attach papers):

STOCKS

<u>Number of Shares</u>	<u>Name of Company</u>	<u>Type (Pref, com)</u>	<u>Certificate Number</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

<u>Name(s) as they appear on the Certificate:</u>	<u>Estimated Value</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

BONDS (If you need additional space, please attach papers)

<u>Face Value</u>	<u>Issuer</u>	<u>Description</u> <u>Issue Date</u>	<u>Serial</u> <u>Number</u>	<u>Name(s)</u> <u>on Bonds</u>	<u>Estimated</u> <u>Value</u>
\$ _____	_____	_____	_____	_____	\$ _____
\$ _____	_____	_____	_____	_____	\$ _____
\$ _____	_____	_____	_____	_____	\$ _____

Did decedent own or receive any money from an annuity?    Yes    No    (Circle one)

LIFETIME GIFTS AND TRUSTS

Trusts created by decedent during his lifetime. Give description.

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Please list any gifts (except holiday gifts) by decedent made within the last year.

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\*If you need additional space, please attach papers.

TAX INFORMATION

Did the decedent file Federal and state income tax returns for the year prior to death?    Yes    No    (Circle one)  
(If yes, attach copies of returns)

Did the decedent make estimated tax payments?    Yes    No    (Circle one)

MISCELLANEOUS PERSONAL PROPERTY

Did decedent own any of the following? \*

<u>Item</u>	<u>Description</u>	<u>Estimated Value</u>
Cash	_____	\$ _____
Furniture	_____	_____
Household Goods	_____	_____
Clothing	_____	_____
Antiques	_____	_____
Jewelry	_____	_____
Stamp Collection	_____	_____
Coin Collection	_____	_____
Silver	_____	_____
China	_____	_____
Tools	_____	_____
Partnership	_____	_____
Proprietorship	_____	_____
Promissory Notes	_____	_____
Land Sale Contracts	_____	_____
Other:	_____	_____
	_____	_____
	_____	_____

\*If you need additional space, please attach papers.



PROFESSIONAL ADVISORS

Accountant's Name and address:

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Stockbroker's Name and address:

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Trustee's Name and address (Lifetime trust):

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Insurance Agent's Name and address:

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Attorney's Name and address:

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DEBTS

List here mortgages, trust deeds, notes, contract payments, accounts payable and all bills unpaid at date of decedent's death:\*

<u>Creditor's Name</u>	<u>Address</u>	<u>Description (include type of document, if any)</u>	<u>Amount</u>
			\$

\*If you need additional space, please attach papers.

MISCELLANEOUS

Names of physicians who have treated decedent within the last three years:

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Any other information that you think we should know:

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