

## PROBATE QUESTIONNAIRE

**Instructions:** This questionnaire is completely confidential. Please complete this questionnaire to the best of your ability prior to your initial consultation appointment. If you have any questions with respect to any portion of this form, simply leave it blank and your attorney will be happy to address your questions during your consultation.

### **PART ONE: Your Information**

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Legal Name: \_\_\_\_\_ Other names used (if any): \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Date of Birth (M/D/Y): \_\_\_\_\_ Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

\*If a probate case is filed, the clerk of court will request the following information about you:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Race: \_\_\_\_\_

### **PART TWO: Decedent's Information**

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

Other names used (if any): \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_\_

Date of Birth (M/D/Y): \_\_\_\_\_ Date of Death (M/D/Y): \_\_\_\_\_

Did Decedent leave a Last Will and Testament?  Yes  No

If yes, do you have the original?  Yes  No

Was the Decedent married?  Yes  No Spouse's Legal Name: \_\_\_\_\_

Spouse's Address: \_\_\_\_\_

Did the Decedent and surviving spouse have children together?  Yes  No

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth (M/D/Y): \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth (M/D/Y): \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth (M/D/Y): \_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth (M/D/Y): \_\_\_\_\_

Did the Decedent have children from a previous marriage?  Yes  No

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth (M/D/Y): \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth (M/D/Y): \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth (M/D/Y): \_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth (M/D/Y): \_\_\_\_\_

**PART THREE: Decedent's Family Information**

**\*(ONLY COMPLETE IF NO CHILDREN OR SURVIVING SPOUSE) \***

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**If no spouse or children of Decedent, list the closest relatives (parents, siblings, nieces, nephews):**

**Parents:**

1. Legal Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ DOB (M/D/Y): \_\_\_\_\_  
Address: \_\_\_\_\_ Is he/she living?  Yes  No

2. Legal Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ DOB (M/D/Y): \_\_\_\_\_  
Address: \_\_\_\_\_ Is he/she living?  Yes  No

**Siblings:**

1. Legal Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Is he/she living?  Yes  No DOB (M/D/Y): \_\_\_\_\_

2. Legal Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Is he/she living?  Yes  No DOB (M/D/Y): \_\_\_\_\_

3. Legal Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Is he/she living?  Yes  No DOB (M/D/Y): \_\_\_\_\_

4. Legal Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Is he/she living?  Yes  No DOB (M/D/Y): \_\_\_\_\_

**Nieces/Nephews:**

1. Legal Name: \_\_\_\_\_ DOB (M/D/Y): \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

2. Legal Name: \_\_\_\_\_ DOB (M/D/Y): \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

3. Legal Name: \_\_\_\_\_ DOB (M/D/Y): \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

4. Legal Name: \_\_\_\_\_ DOB (M/D/Y): \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

**PART FOUR: Decedent's Financial Information**

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Describe the Decedent's assets known to you. Explicit detail is not required, but it will help if you give us more information. Let us know how you believe each asset is titled.

<b><u>Real Estate Address:</u></b> (primary residence, vacation home, income producing property)	<b><u>How titled?</u></b> (Joint tenancy, community property, etc.)	<b><u>Estimated Value:</u></b>	<b><u>Mortgage Balance:</u></b>

<b><u>Brokerage Accounts – Company</u></b>	<b><u>How titled?</u></b>	<b><u>Estimated Value:</u></b>

<b><u>Individually held stocks/bonds – Company &amp; # of shares</u></b>	<b><u>How titled?</u></b>	<b><u>Estimated Value:</u></b>

<u>Bank Accounts (checking, savings, money market, certificates of deposit, annuities) – Bank name &amp; type of account</u>	<u>How titled?</u>	<u>Estimated Balance:</u>

<u>IRAs &amp; other qualified retirement plans- List institution and account type</u>	<u>Owner</u>	<u>Primary and Contingent Beneficiary (IES)</u>	<u>Balance or Value:</u>

Do you know if Decedent was taking distributions?  Yes  No

Do you know if Decedent has taken his/her required minimum distribution this year?  Yes  No

<u>Automobiles, mobile homes, recreational vehicles – year &amp; make</u>	<u>How titled?</u>	<u>Estimated Value:</u>

<u>Life Insurance – company name</u>	<u>Insured</u>	<u>Cash Value:</u>	<u>Face Amount:</u>	<u>Primary &amp; Contingent Beneficiary (IES)</u>

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<u>Prepaid burial &amp; funeral arrangements – name of plan, funeral home or cemetery</u>	<u>Type of Arrangement:</u>	<u>Amount:</u>

<u>Other assets (savings bonds, timeshares, partnerships, corporations, LLCs, oil/gas/mineral leases, promissory notes under deeds of trust, patents, copyrights, brands, etc.) – list a brief description</u>	<u>How titled?</u>	<u>Estimated Value:</u>

Did the Decedent have any assets outside the United States?  Yes  No  Unknown

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

<u>Debts owed to Decedent (include short description)</u>	<u>Estimated Balance:</u>

Did the Decedent have a financial advisor?  Yes  No  Unknown

If so, please provide his/her name, address, and phone number:  
 \_\_\_\_\_  
 \_\_\_\_\_

Did the Decedent have a tax preparer?  Yes  No  Unknown

If so, please prove his/her name, address, and phone number:

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