

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

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

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) ***

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

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.

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

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

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

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

<u>IRAs & 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 & 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 & Contingent Beneficiary (IES)</u>

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<u>Prepaid burial & 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:
