

Date: _____

PROBATE QUESTIONNAIRE

I. Decedent Information

Decedent's Full Name: _____

Other names used: _____

Date of Death: _____ Place of Death: _____

Social Security Number: _____ Date of Birth: _____

Citizenship: _____

Address on Date of Death:

Street _____

City _____ County _____ State _____ Zip _____

Legal domicile on date of death (if different from above):

Street _____

City _____ County _____ State _____ Zip _____

Year domicile established: _____

Most recent U.S. income tax return filed for 20 ____

Address on return (if different from above):

Street _____

City _____ County _____ State _____ Zip _____

States in which Decedent resided within past three (3) years: _____

II. Occupation of Decedent

Employer: _____

Address: _____

If retired, former employer: _____

Address: _____

If self-employed, trade name: _____

Address: _____

III. Heirs and Distributees

Heirs – are defined to include spouse, children, parents (if no children), and siblings (if no surviving children of parents); regardless of whether a person included in a specific will provision.

Distributees – are defined to include all persons and/or entities named in a will to receive assets.

SPOUSE

Name _____ SSN _____
Address _____ Phone _____
Employer or occupation _____
Address _____ Phone _____
Date of birth _____ Place of Birth _____

CHILDREN

Name _____ SSN _____
Address _____ Phone _____
Date of Birth _____ Spouse's Name _____

Name _____ SSN _____
Address _____ Phone _____
Date of Birth _____ Spouse's Name _____

Name _____ SSN _____
Address _____ Phone _____
Date of Birth _____ Spouse's Name _____

STEPCHILDREN

Name _____ SSN _____
Address _____ Phone _____
Date of Birth _____ Spouse's Name _____

DECEASED CHILDREN

Name _____ SSN _____
Date of Birth _____ Date of Death _____
Spouse's Name _____
Address _____ Phone _____

GRANDCHILDREN

Name _____ SSN _____
Address _____ Phone _____
Date of Birth _____ Spouse's Name _____

Name _____ SSN _____
Address _____ Phone _____
Date of Birth _____ Spouse's Name _____

DISTRIBUTEES OTHER THAN HEIRS

Name _____ SSN _____
Relationship to Decedent _____
Date of Birth _____ Spouse's Name _____
Address _____ Phone _____

Name _____ SSN _____
Relationship to Decedent _____
Date of Birth _____ Spouse's Name _____
Address _____ Phone _____

Name _____ SSN _____
Relationship to Decedent _____
Date of Birth _____ Spouse's Name _____
Address _____ Phone _____

IV. Martial Status of Decedent

1. What was the Decedent's marital status on his / her date of death?

- Single Married Divorced Widowed

2. If the Decedent was *married*, please provide the following information:

Name of Spouse: _____

Date of Marriage: _____ Domicile when married: _____

3. If the Decedent was *divorced*, please provide the following information:

Former Spouse's Name: _____

Date of marriage to former spouse: _____

Date of dissolution from former spouse: _____

4. If the Decedent was *widowed*, please provide the following information:

Deceased Spouse's Name: _____

Date of Deceased Spouse's Death: _____

a. If the Decedent was widowed, was there a probate filed for the deceased spouse?

- Yes No

If yes, please provide the following information:

County and State of Probate Court: _____

Case No. _____

IV. Estate Plan History of Decedent

1. Did the decedent have a Will? Yes No

2. Did the decedent have a Trust(s)? Yes No

3. Did the decedent have a safe deposit box? Yes No

If yes, please indicate location: _____

Persons other than Decedent with right of access: Yes No

Name: _____ Relationship: _____

VI. Asset Summary of the Decedent

Please give your best, conservative estimate of value to the nearest \$1,000. Use gross values and indicate related liabilities in the space below. You may substitute all or part of the information requested with statements or financial reports.

A. Monetary / Financial Assets

FINANCIAL ASSETS	\$ AMOUNT	FINANCIAL INSTITUTION	PURPOSE OF ACCOUNT
Checking Account / Account Balance			
Checking Account / Account Balance			
Closely Held Partnerships/LLC's			
Closely Held Partnerships/LLC's			
Closely Held Corporation			
Marketable Securities			
Marketable Securities			
Real Estate (Home)			
Real Estate (other, specify)			
Notes Receivable			
Life Insurance Owned (amount payable upon death)			
401K or Retirement Benefits			
IRA Accounts			
TOTALS			

B. Tangible Assets -- Decedent's Tangible Personal Property and Other Assets

Please list all tangible personal property of significant value (e.g. artworks, jewelry, antiques, coins, rare books, stamps, silver, and furs) or other non-tangible assets (e.g. interest in a lawsuit, copyright, patents, mineral rights) that the Decedent owned, and indicate an approximate value for each:

TANGIBLE ASSETS	\$ VALUE	LOCATION	CONTACT PERSON
Household Furniture			
Automobiles			
Antiques and Collectibles			
Other (specify)			
Other (specify)			
Other (specify)			
TOTALS			

C. Employee Benefit Schedule

Pension Plans, Profit Sharing Plans, IRA's Keogh (HR-10), Stock Bonus Plans, etc.

OWNER	FUND	VALUE	EXPECTED RETIREMENT BENEFIT	DEATH BENEFIT	BENEFICIARY

Other Employee Benefits:

Please describe any stock options, deferred compensation or similar agreements and provide copies. _____

D. Life Insurance Schedule

OWNER	INSURER	AMOUNT PAYABLE ON DEATH	BENEFICIARY	TERM OR PERMANENT	CURRENT CASH VALUE (IF ANY)

E. Real Property

Please attach copies of all deeds and/or tax bills for, and buy-out agreements affecting, parcels of property listed below:

Parcel 1

Acquisition Date: _____ Price \$ _____

Name(s) of Property Owner(s): _____

Address _____

Type of Property _____

(e.g. residence, rental or investment property, vacation property, etc.)

Approximate Fair Market Value \$ _____ Equity \$ _____

Remaining Mortgage \$ _____

Parcel 2

Acquisition Date: _____ Price \$ _____

Name(s) of Property Owner(s): _____

Address _____

Type of Property _____

(e.g. residence, rental or investment property, vacation property, etc.)

Approximate Fair Market Value \$ _____ Equity \$ _____

Remaining Mortgage \$ _____

F. Decedent-Owned Business

Name of Business _____

Type of Business _____

(e.g. sole proprietorship, partnership, corporation, LLC)

Nature of Business _____

Location _____

Approximate Fair Market Value of Business \$ _____

Co-Owners and ownership interest: _____

Had the Decedent entered into a buy-sell agreement, partnership agreement, employment agreement, key executive insurance agreement, or pension and profit-sharing plan?

Yes No If yes, please describe and attach copies:

VII. Consultants

Accountant _____

Accounting Firm _____

Address _____

Phone _____ Fax _____

Banker _____

Bank/ Financial Institution _____

Address _____

Phone _____ Fax _____

Stockbroker / Financial Manager _____

Brokerage Firm _____

Address _____

Phone _____ Fax _____

Insurance Agent _____

Agency _____

Address _____

Phone _____ Fax _____

Other person familiar with business or finances _____

Firm / Company / Title _____

Address _____

Phone _____ Fax _____

VIII. Gifts

Did the Decedent make gifts to anyone of cash, property or other items valued at an amount over \$10,000 within the past three (3) years? Yes No

If yes, please provide the name of the recipient, a description of what was given, the value of the gift when the gift was made, the year in which the gift was made. If the Decedent filed a gift tax return, please attach a copy.

IX. Creditors Worksheet

NAME OF CREDITOR	AMOUNT OWED	DATE OF LAST STATEMENT	COPY SENT TO ATTORNEY	CREDITOR CLAIM RECEIVED

CHECKLIST OF DOCUMENTS TO BRING

We recommend that you bring the following documents with you to your meeting with the attorney or send to them to our office shortly after initial consultation:

BROUGHT TO MEETING	NO SUCH DOCUMENT EXISTS	COPY TO BE LOCATED LATER	DOCUMENT DESCRIPTION	NOTES AND ADDITIONAL INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copies of current or prior wills or trusts (including if the decedent was a beneficiary of a trust)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copy of decedent's death certificate	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial Statement or summary	<ul style="list-style-type: none"> • Copies of current bank and investment account statements • Printout from computerized finance program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deeds to the decedent's house or other real property owned by decedent	<ul style="list-style-type: none"> • Was there shared ownership of the property? • Property legal description
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retirement Benefits	(statement of current value) <ul style="list-style-type: none"> • 401(k) • IRA • SEP • Keogh
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee Benefits	Any summary of benefits provided by the decedent's employer (especially life insurance and retirement)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life Insurance Policy	Copy of: <ul style="list-style-type: none"> • policy • billing statement • application