

**PROBATE QUESTIONNAIRE**

**I. DECEDENT**

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:

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Year established: \_\_\_\_\_

Most recent income tax return filed for 20 \_\_\_\_\_

Address on return:

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**II. OCCUPATION**

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 \_\_\_\_\_ 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**

- Married: Date \_\_\_\_\_ Domicile when married \_\_\_\_\_
- Widow(er): Date of death \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Probate Court \_\_\_\_\_ Cause No. \_\_\_\_\_  
Attorney for Personal Representative \_\_\_\_\_
- Divorced: Date \_\_\_\_\_ Former Spouse's Name \_\_\_\_\_
- Divorced: Date \_\_\_\_\_ Former Spouse's Name \_\_\_\_\_
- Legally Separated: Legal separated Spouse's Name: \_\_\_\_\_
- Single

**V. SAFE-DEPOSIT BOX**

- Is there a safe-deposit box?  Yes  No
- 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	CONTACT PERSON or BROKER
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			
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			
<b>TOTALS</b>			

**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 your own indicate an approximate value for each:

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

**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.

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**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 for, and buy-out agreements affecting, parcels of property listed below:

**Parcel 1**

Acquisition Date: \_\_\_\_\_ Price \$ \_\_\_\_\_

Address \_\_\_\_\_

Type of Property \_\_\_\_\_  
(e.g. your resident, rental or investment property, vacation property, etc.)

Approximate Fair Market Value \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_

Remaining Mortgage \$ \_\_\_\_\_

Community Property                       Separate Property

**Parcel 2**

Acquisition Date: \_\_\_\_\_ Price \$ \_\_\_\_\_

Address \_\_\_\_\_

Type of Property \_\_\_\_\_  
(e.g. your resident, rental or investment property, vacation property, etc.)

Approximate Fair Market Value \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_

Remaining Mortgage \$ \_\_\_\_\_

Community Property                       Separate Property

**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**

A. Accountant \_\_\_\_\_  
Accounting Firm \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

B. Banker \_\_\_\_\_  
Bank/ Financial Institution \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

C. Stockbroker / Financial Manager \_\_\_\_\_  
Brokerage Firm \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

D. Physician \_\_\_\_\_  
Office/Medical Center \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

E. Insurance Agent \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

F. Other person familiar with business or finances \_\_\_\_\_  
Firm / Company / Title \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**VIII. GIFTS**

Did Decedent make gifts to anyone of cash, property or other items valued at an amount over \$11,000 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 gift tax returns, please attach a copy.

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**IX. CREDITORS WORKSHEET**

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