



PROBATE QUESTIONNAIRE

1. LEGAL NAME OF DECEDENT: _____

PERMANENT RESIDENCE AT TIME OF DEATH (prior to nursing home):

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

WAS DECEDENT EVER ON MEDICARE? _____ YES _____ NO

WAS DECEDENT EVER ON MEDICAID? _____ YES _____ NO

2. LOCATION OF WILL, IF ANY: _____

DATE OF WILL: _____

LOCATION OF CODICIL, IF ANY: _____

DATE OF CODICIL: _____

3. PROPOSED PERSONAL REPRESENTATIVE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

EMAIL: _____

(by providing this email address, you authorize this firm to email you and to provide documents to you by email)

RELATIONSHIP TO DECEDENT: _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER: _____

ALTERNATE PERSONAL REPRESENTATIVE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMAIL: _____
TELEPHONE: _____
RELATIONSHIP TO DECEDENT: _____

4. BENEFICIARIES OR HEIRS AT LAW:

DECEDENT'S SPOUSE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMAIL: _____
TELEPHONE: _____
DATE OF BIRTH _____ SOCIAL SECURITY NUMBER: _____
DATE OF MARRIAGE: _____

DECEDENT'S CHILDREN:

CHILD # 1: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMAIL: _____
TELEPHONE: _____
DATE OF BIRTH _____ SOCIAL SECURITY NUMBER: _____

CHILD # 2: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMAIL: _____
TELEPHONE: _____
DATE OF BIRTH _____ SOCIAL SECURITY NUMBER: _____

CHILD # 3: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

TELEPHONE: _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER: _____

CHILD # 4: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

TELEPHONE: _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER: _____

CHILD # 5: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

TELEPHONE: _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER: _____

CHILD # 6: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

TELEPHONE: _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER: _____

OTHER BENEFICIARIES:

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

EMAIL: _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH _____ **SOCIAL SECURITY NUMBER:** _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

EMAIL: _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH _____ **SOCIAL SECURITY NUMBER:** _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

EMAIL: _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH _____ **SOCIAL SECURITY NUMBER:** _____

ASSETS:

SAFE DEPOSIT BOX: YES: _____ NO: _____

DO YOU HAVE THE KEY: YES: _____ NO: _____

LOCATION (i.e, bank name/branch): _____

HOW TITLED: _____

DIGITAL DEVICES (COMPUTERS, TABLETS, SMARTPHONES, ETC.):

ITEM	ACCESS INFORMATION	INSTRUCTIONS
_____	_____	_____
_____	_____	_____

EMAIL ACCOUNTS:

ACCOUNT	ACCESS INFORMATION	INSTRUCTIONS
_____	_____	_____
_____	_____	_____

SOCIAL NETWORKING (FACEBOOK, TWITTER, ETC.):

ACCOUNT	ACCESS INFORMATION	INSTRUCTIONS
_____	_____	_____
_____	_____	_____

ONLINE BANKING/FINANCIAL ACCOUNTS:

ACCOUNT	ACCESS INFORMATION	INSTRUCTIONS
_____	_____	_____
_____	_____	_____

ONLINE MEDIA ACCOUNTS (MUSIC, PHOTOS, ETC.):

ACCOUNT	ACCESS INFORMATION	INSTRUCTIONS
_____	_____	_____
_____	_____	_____

OTHER DIGITAL ASSETS:

ACCOUNT	ACCESS INFORMATION	INSTRUCTIONS
_____	_____	_____
_____	_____	_____

REAL ESTATE:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

HOMESTEAD: YES: _____ NO: _____

MORTGAGE: YES: _____ NO: _____

THROUGH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

MORTGAGE: YES: _____ NO: _____

THROUGH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

MORTGAGE: YES: _____ NO: _____

THROUGH: _____

STOCKS AND BONDS:

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

BANK ACCOUNTS:

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

MONEY MARKET ACCOUNTS OR CERTIFICATES OF DEPOSIT:

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

U.S. GOVERNMENT SAVINGS BONDS (E, EE, H):

HOW TITLED: _____

LOCATION OF BONDS: _____

TO BE CASHED: YES _____ NO _____

IF YES, NAME OF TRANSFEREE: _____

DATE OF DEATH VALUE: _____

INSURANCE ON DECEDENT'S LIFE:

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

ANNUITIES:

COMPANY NAME: _____ POLICY #: _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

MOTOR VEHICLES (i.e., car, truck, boat, trailer, mobile home):

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MISCELLANEOUS PERSONAL PROPERTY (with value in excess of \$500):

OTHER QUESTIONS:

1. Are any of the children of the Decedent disabled? _____
2. If yes, please identify and provide additional information regarding nature of disability.

DOCUMENTS NEEDED BY THIS OFFICE:

- _____ DEATH CERTIFICATE (certified copy **without** cause of death, if available)
- _____ PAID FUNERAL BILL (Showing \$0 balance **and** indicating paid by whom)
- _____ LAST WILL AND TESTAMENT (ORIGINAL **MUST** BE FILED WITH CLERK OF COURT)
- _____ DRIVER'S LICENSE (copy) OF PROPOSED PERSONAL REPRESENTATIVE
- _____ REAL ESTATE DEEDS (copies)
- _____ BANK STATEMENTS (copies)
- _____ VEHICLE TITLES (copies)
- _____ COPIES OF ANY BILLS/CREDITORS ADDRESSES

PERSONAL REPRESENTATIVE

1. Has applicant ever been charged with, arrested for or convicted of a felony? _____
If "yes" was answered, please give date and complete details _____

2. Has applicant ever been charged with, arrested for or convicted of any other crimes?

If "yes" was answered, please give date and complete details _____

3. Does applicant have any physical disabilities? _____
If "yes" was answered, please explain _____
4. Will any physical disability listed above affect ability to serve as personal representative?

5. Has applicant ever been treated for the following?
 - a. Mental condition _____
 - b. Alcohol _____
 - c. Drugs _____
 - d. Other _____Nature of Condition _____

If "yes" was answered to any of the above, please state date, time, location of treatment,
and name of physician or professional involved _____

**UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM THAT THE
INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY
INFORMATION AND BELIEF.**

DATED THIS _____ DAY OF _____, 20__.

PRINT NAME: _____