

PROBATE OF ESTATE PERSONAL AND FINANCIAL QUESTIONNAIRE

DATE: _____

DECEDENT'S INFORMATION

1. Marital Status			
<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced
<input type="checkbox"/> Separated or divorce proceeding pending			
2. Name (First, Middle, Last)	Soc. Sec. No.	Date of Death	
3. Spouse's Name (First, Middle, Last)	Soc. Sec. No.	Date of Death (if applicable)	
4. Home Address (Number, Street)	City	State	Zip

YOUR INFORMATION (Executor/Administrator/Personal Representative)

1. Name (First, Middle, Last)	Soc. Sec. No.
2. Home Address (Number, Street)	City State Zip
3. Mailing Address If Different From Above (Number, Street)	City State Zip
4. Home Phone	Cell Phone
()	()
Other Phone	Email Address(es)
()	

PLEASE PROVIDE INFORMATION ABOUT THE DECEDENT	
1. U.S. citizen?.....	Yes No
2. Does the Decedent have a Will or Trust? (bring original documents).....	Yes No
3. Was the Decedent expecting to receive property or money from (circle all that apply):..... If so, approximately how much?.....	Gift/Inheritance/Lottery Lawsuit - Other \$
4. How many children does the Decedent have? (include living and deceased).....	
5. Do all the children legally belong to the Decedent (natural or legally adopted)?.....	Yes No
6. How many stepchildren does the Decedent have?.....	
7. Are the Decedent's parents still living?.....	
8. How many siblings does the Decedent have? (include living and deceased).....	
9. In which State(s) does the Decedent own real estate? (BRING DEEDS).....	
10. Did the Decedent have a divorce decree affecting any property rights? (if yes, bring Divorce Agreement and Decree).....	Yes No
If "yes" to questions 2, 9 or 10, bring these documents to your appointment, if available.	

NOTE: WE WILL NEED THE FOLLOWING:

- (a) Original Will and/or Trust documents; (b) At least two certified Death Certificates and (c) Complete names of all Heirs, Devisees and Legatees.**

HEIRS, DEVISEES AND LEGATEES

1. List the Decedent's children (living and deceased):

Name	Address	Age	T=This Marriage P=Previous Marriage	Deceased? Y or N	Number of Children

2. List the children of Decedent's deceased children:

Name	Address	Age	T=This Marriage P=Previous Marriage	Deceased? Y or N	

3. If Decedent left no spouse and no children or grandchildren, list parents:

Name	Address	Age	T=This Marriage P=Previous Marriage	Deceased? Y or N	Number of Children

4. If Decedent left no spouse, no children, grandchildren, or parents, list siblings **(living and deceased)** and the children of any deceased siblings.

Name	Address	Age	T=This Marriage P=Previous Marriage	Deceased? Y or N	Number of Children

BENEFICIARIES

5. **Special Gifts To Organizations under the Will**
 These may include a charity, foundation, religious or fraternal organization.

Name of Organization	Description of Gift	Alternate Beneficiary

6. **Special Gifts To Individuals under the Will**
 Does the Decedent give any specific items or cash gifts to a family member or other individual?
 (For example: wedding ring to daughter, stamp collection to a son or nephew, etc.)

Name of Person	Description of Gift or Amount	Alternate Beneficiary

7. **Beneficiaries under the Will**
 Who receives the rest of the Estate after the special gifts have been distributed?

Name of Person/Organization	Amount/Percentage	Alternate Beneficiary

ASSETS

FINANCIAL INFORMATION

1. Does the Decedent own a home or any other real estate? (provide Deed, if available)

Description and Location	Titled in whose name (See Deed) Indicate if Joint or Beneficiary and name	Purchase Price	Fair Market Value (if assessed value please note)	Mortgage	Fair Market Value less <u>Mortgage</u> = Equity
Total Net Value					

2. Does the Decedent own any other titled property such as a car, boat, etc.? (locate Title, if available)

Description	Titled in whose name Indicate if Joint or Beneficiary and name	Market Value	Less Loan	Equity
Total Net Value				

3. Does the Decedent have any checking accounts? (provide statements, if available)

Name of Bank	Titled in whose name Indicate if Joint or Beneficiary and name	Approx. Balance
Total Value		

**4. Does the Decedent have any interest bearing accounts (savings, money market and/or CDs)?
(provide bankbooks/statements, if available)**

Name of Bank	Titled in whose name Indicate if Joint or Beneficiary and name	Approx. Balance
Total Value		

**5. Does the Decedent own any stocks, bonds or mutual funds (including company stock)?
(provide statements/certificates, if available)**

Number Shares	Name of Security	Titled in Whose Name Indicate if Joint or Beneficiary and name	Purchase Price	Current Value
Total Value				

**6. Does the Decedent have any profit sharing, 401ks, 403bs, IRAs or pension plans?
(Bring an Account Statement, if available)**

Description/Location	Primary Beneficiary	Secondary Beneficiary	Current Value
Total Value			

7. Does the Decedent have any life insurance policies and/or annuities? (Bring life insurance policies, if available)

Name of Company	Insured	Policy Owner	Primary Beneficiary	Secondary Beneficiary	Death Benefit
Total Value					

8. Does anyone owe the Decedent money? (Bring proof of debts owed, if available)

Description	Approx. Value
Total Net Value	

9. Does the Decedent have any special items of value such as coin collections, antiques, jewelry, etc.?

Description	Approx. Value
Total Value	

10. Does the Decedent have an ownership interest in any business?

Description	Approx. Value
Total Value	

11. Does the Decedent have any debts other than mortgage(s) and loans listed above (credit cards, mortgages, car loan, personal loans, etc.)?

Description	Amount Owed
Total Debt	

12. Does the Decedent have a safe deposit box(es)?

Location	Titled in whose name	Contents

13. What is the approximate total value of all the Decedent's remaining personal property--whatever he/she owned that has not been included above? (clothes, household belongings, furniture, and jewelry, etc.)

Just estimate\$ _____

INCOME

1. Decedent's Monthly Income

Description of Income Source (i.e. Wages, Social Security, Pension, etc.)	Monthly Income
Total Monthly Income	

THE ESTATE MANAGEMENT TEAM

1. Personal Representative/Executor: Manages the probate and settlement of the Estate, named in the Will.

Name: _____

Address: _____

Still living? Yes No

If living, does this person intend to serve or decline Yes No

Successor Personal Representative/Executor: If first personal representative named in Will dies/resigns.

1st Successor: Name: _____

 Address: _____

2nd Successor: Name: _____

 Address: _____

2. Trustee: If the Will contains a Trust, or there is a separate Trust document, please list the named Trustees, if applicable. (and provide copy of Trust documents)

Name : _____

Address : _____

Still living? Yes No

If living, does this person intend to serve or decline Yes No

Successor Trustee (or Co-Trustee): Steps in after first Trustee dies/resigns, if applicable.

1st Successor: Name: _____

 Address: _____

2nd Successor: Name: _____

 Address: _____

3. Guardians For Minor Children named in the Will, if applicable.

If applicable, does this person intend to serve or decline Yes No

#1 Choice: Name: _____

 Address: _____

#2 Choice: Name: _____

 Address: _____

#3 Choice: Name: _____

 Address: _____