



## 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:** \_\_\_\_\_

**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: \_\_\_\_\_