

ESTATE (PROBATE) INTAKE QUESTIONNAIRE

One major task in estate and trust administration is to promptly gather accurate information and it is one in which you will actively participate. This task is typically an ongoing project throughout the administration. This form indicates some of that information which is required initially for the attorney to prepare the petition for administration and other papers that must be filed with the court to "open" the estate. Also, each item of information provided may alert the attorney to special issues that may be dealt with at the outset to avoid future problems.

Please complete as much information as possible as soon as possible, leaving blanks as required to be completed later, and return a copy of this document to the attorney. This information can be supplemented or changed later if more accurate or more complete information becomes available. It is important initially to provide as much information as possible, as soon as possible.

If any information does not apply, please so indicate "NA". If you have questions, please call the attorney. If additional space is required, attach a separate sheet.

1. NAME OF DECEDENT: _____

PERMANENT RESIDENCE AT TIME OF DEATH (Prior to Nursing Home or Hospital): _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____

SOCIAL SECURITY NUMBER: _____

WAS DECEDENT EVER ON MEDICAID? (Please circle one) YES NO

WAS DECEDENT EVER ON MEDICARE? (Please circle one) YES NO

2. LOCATION OF WILL, IF ANY: _____

DATE OF WILL: _____

LOCATION OF CODICIL, IF ANY: _____

DATE OF CODICIL: _____

3. PERSONAL REPRESENTATIVE (NAMED IN WILL OR PROPOSED): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

TELEPHONE: _____

RELATIONSHIP TO DECEDENT: _____

EMAIL ADDRESS: _____

ALTERNATE PERSONAL REPRESENTATIVE (NAMED OR PROPOSED): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

TELEPHONE: _____

RELATIONSHIP TO DECEDENT: _____

EMAIL ADDRESS: _____

4. BENEFICIARIES OR HEIRS AT LAW:

DECEDENT'S SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

EMAIL ADDRESS: _____

DECEDENT'S CHILDREN:

CHILD # 1: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

DATE OF BIRTH: _____

EMAIL ADDRESS: _____

CHILD # 2: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

DATE OF BIRTH: _____

EMAIL ADDRESS: _____

CHILD # 3: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

DATE OF BIRTH: _____

EMAIL ADDRESS: _____

CHILD # 4: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

DATE OF BIRTH: _____

EMAIL ADDRESS: _____

CHILD # 5: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

DATE OF BIRTH: _____

EMAIL ADDRESS: _____

OTHER BENEFICIARIES (INCLUDE LIVING SIBILINGS AND LIVING PARENTS):

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH: _____

EMAIL ADDRESS: _____

NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
TELEPHONE: _____
RELATIONSHIP TO THE DECEDENT: _____
DATE OF BIRTH: _____
EMAIL ADDRESS: _____

NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
TELEPHONE: _____
RELATIONSHIP TO THE DECEDENT: _____
DATE OF BIRTH: _____
EMAIL ADDRESS: _____

5. ASSETS:

SAFE DEPOSIT BOX: YES: _____ NO: _____

LOCATION: _____

REAL ESTATE:

ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
COUNTY: _____ **DOD VALUE:** _____
HOW TITLED: _____
HOMESTEAD: YES: _____ NO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

HOMESTEAD: YES: _____ NO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

HOMESTEAD: YES: _____ NO: _____

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: _____

MORTGAGES AND NOTES (RECEIVABLE):

MORTGAGOR 1: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

DATE OF DEATH VALUE: _____

MORTGAGOR 2: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

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: _____

VEHICLES:

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:

6. DEBTS

Please list all debts owed by the decedent, including the amount owed, at the time of their death. (Example of debts would be credit cards, automobile loans, home loans, doctor's bills, etc.)

CREDITOR: _____ ACCOUNT # _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____ ACCOUNT # _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____ ACCOUNT # _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____ ACCOUNT # _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____ ACCOUNT # _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____ ACCOUNT # _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____ ACCOUNT # _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

7. OTHER QUESTIONS:

ARE ANY OF DECEDENT'S CHILDREN DISABLED? YES or NO

IF YES, PLEASE LIST THE CHILD'S NAME AND NATURE OF DISABILITY: _____

8. DOCUMENTS NEEDED BY THIS OFFICE:

_____ DEATH CERTIFICATE WITHOUT CAUSE OF DEATH (SHORT FORM)

_____ COPY OF PAID FUNERAL BILL WITH \$0.00 BALANCE OR PROOF OF PAYMENT

_____ COPIES OF ANY REAL ESTATE DEEDS

_____ COPIES OF ANY VEHICLE TITLES

_____ COPIES OF ANY BILLS

_____ LAST WILL AND TESTAMENT (IF ONE EXISTS) (**ORIGINAL NEEDED**)

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Print Name:_____