



PROBATE & ESTATE ADMINISTRATION QUESTIONNAIRE

In order for us to assist you with the probate and estate administration process, please complete the attached questionnaire. All asset values listed on the following pages should be the approximate fair market value as of the date of death of the deceased.

The completion of this questionnaire prior to your appointment will enable us to better serve you in a more timely and professional manner. All information provided by you in this form will be held in complete confidence.

In addition to the information requested in this questionnaire, **please try to bring the following documents with you, if available:**

1. Will / Trust Document (original copies)
2. Certified Death Certificate (original copy)
3. Any Prenuptial or Postnuptial / Separation Agreements
4. Last Income Tax Return of Decedent
5. Deeds on all Real Estate and Associated Tax Bills
6. Statements on Tax Deferred Accounts (401K, IRA, etc.)
7. Current Stock Brokerage Account Statements and Stock Certificates
8. Current Mutual Fund Statements
9. Current Bank Statements and Safe Deposit Box Information
10. Savings Bonds
11. Life and Health Insurance Policies and Annuities
12. Vehicle Titles
13. Current Bills from Creditors
14. Paid Funeral Bills

If you have any questions or need any additional information prior to our meeting, please do not hesitate to contact us.

PERSONAL DATA OF DECEDENT

Full Legal Name _____ Date of Death _____
Street Address at Time of Death _____
City _____ County _____ State _____ Zip Code _____
Occupation at Time of Death _____ Employer _____
Relationship of Client to Decedent _____

EXECUTOR / ADMINISTRATOR INFORMATION

Person Nominated by Will (if any) to be Executor _____
If no Will, Name of Proposed Administrator _____
Street Address _____
City _____ County _____ State _____ Zip Code _____
Telephone Number _____ E-Mail _____
Social Security Number _____

DECEDENT'S SPOUSE'S INFORMATION

Spouse's Full Legal Name _____ Surviving? Y N
Street Address _____
City _____ County _____ State _____ Zip Code _____
Telephone Number _____ E-Mail _____
Date of Birth _____ Social Security Number _____

DECEDENT'S CHILDREN'S INFORMATION

1. Child's Full Legal Name _____ Surviving? Y N
Street Address _____
City _____ County _____ State _____ Zip Code _____
Telephone Number _____ E-Mail _____
Date of Birth _____ Natural / Adoptive Child of Decedent and Spouse? Y N
Social Security Number _____

Married? Y N Children? Y N If the child has children, please list separately below.

Grandchild's Name	_____	Date of Birth	_____
	_____		_____
	_____		_____
	_____		_____

2. Child's Full Legal Name _____ Surviving? Y N

Street Address _____

City _____ County _____ State _____ Zip Code _____

Telephone Number _____ E-Mail _____

Date of Birth _____ Natural / Adoptive Child of Decedent and Spouse? Y N

Social Security Number _____

Married? Y N Children? Y N If the child has children, please list separately below.

Grandchild's Name	_____	Date of Birth	_____
	_____		_____
	_____		_____
	_____		_____

3. Child's Full Legal Name _____ Surviving? Y N

Street Address _____

City _____ County _____ State _____ Zip Code _____

Telephone Number _____ E-Mail _____

Date of Birth _____ Natural / Adoptive Child of Decedent and Spouse? Y N

Social Security Number _____

Married? Y N Children? Y N If the child has children, please list separately below.

Grandchild's Name	_____	Date of Birth	_____
	_____		_____
	_____		_____
	_____		_____

4. Child's Full Legal Name _____ Surviving? Y N

Street Address _____

City _____ County _____ State _____ Zip Code _____

Telephone Number _____ E-Mail _____

Date of Birth _____ Natural / Adoptive Child of Decedent and Spouse? Y N

Social Security Number _____

Married? Y N Children? Y N If the child has children, please list separately below.

Grandchild's Name _____ Date of Birth _____

5. Child's Full Legal Name _____ Surviving? Y N

Street Address _____

City _____ County _____ State _____ Zip Code _____

Telephone Number _____ E-Mail _____

Date of Birth _____ Natural / Adoptive Child of Decedent and Spouse? Y N

Social Security Number _____

Married? Y N Children? Y N If the child has children, please list separately below.

Grandchild's Name _____ Date of Birth _____

OTHER BENEFICIARIES NAMED IN WILL

Name _____ Relationship _____ Surviving? Y N

Street Address _____

City _____ County _____ State _____ Zip Code _____

Telephone Number _____ E-Mail _____

Date of Birth _____ Social Security Number _____

Named in Will? Y N Other _____

Name _____ Relationship _____ Surviving? Y N

Street Address _____

City _____ County _____ State _____ Zip Code _____

Telephone Number _____ E-Mail _____

Date of Birth _____ Social Security Number _____

Named in Will? Y N Other _____

Name _____ Relationship _____ Surviving? Y N

Street Address _____

City _____ County _____ State _____ Zip Code _____

Telephone Number _____ E-Mail _____

Date of Birth _____ Social Security Number _____

Named in Will? Y N Other _____

Name _____ Relationship _____ Surviving? Y N

Street Address _____

City _____ County _____ State _____ Zip Code _____

Telephone Number _____ E-Mail _____

Date of Birth _____ Social Security Number _____

Named in Will? Y N Other _____

Name _____ Relationship _____ Surviving? Y N

Street Address _____

City _____ County _____ State _____ Zip Code _____

Telephone Number _____ E-Mail _____

Date of Birth _____ Social Security Number _____

Named in Will? Y N Other _____

Notes: _____
