

# Probate Questionnaire

## PART I: Personal Data

NAME OF DECEDENT: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Was Decedent U.S. Citizen: \_\_\_\_\_  
If naturalized, date and place of naturalization: \_\_\_\_\_

Location of Will: \_\_\_\_\_  
Date of Will: \_\_\_\_\_  
Location of Codicils: \_\_\_\_\_  
Date of Codicils: \_\_\_\_\_

NAME OF PERSONAL REPRESENTATIVE: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

NAME OF ALTERNATE REPRESENTATIVE  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

## PART 2—BENEFICIARIES or HEIRS AT LAW

NAME OF SPOUSE  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date and Place of Marriage: \_\_\_\_\_

NAME OF FORMER SPOUSE	Date of Death/Divorce	Living
_____	_____	Yes/No

Yes/No

CHILDREN'S INFORMATION

Name	Living	Age	Birthdate	Married	Address
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____

For each child, state the name of the child's other parent, if not decedent's surviving spouse.

Name	Other Parent
_____	_____
_____	_____
_____	_____
_____	_____

OTHER DEPENDENTS, IF ANY:

Name	Age	Address:
_____	_____	_____
_____	_____	_____

Grandchildren's Information

Name	Age	Birthdate:	Parents' Names
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Decedent's parents, brothers, and sisters:

Name	Relationship	Living	Residence
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

**PART 3—ASSETS OF DECEDENT AT DEATH**

Cash on hand: \_\_\_\_\_  
 Traveler's Checks: \_\_\_\_\_  
 Money orders: \_\_\_\_\_

**Accounts**

Name of financial institution: \_\_\_\_\_  
 Address/Phone Number: \_\_\_\_\_  
 Account type: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

Balance as of \_\_\_\_\_ : \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

Address/Phone Number: \_\_\_\_\_

Account type: \_\_\_\_\_

Account Number: \_\_\_\_\_

Balance as of \_\_\_\_\_ : \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

Address/Phone Number: \_\_\_\_\_

Account type: \_\_\_\_\_

Account Number: \_\_\_\_\_

Balance as of \_\_\_\_\_ : \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

Address/Phone Number: \_\_\_\_\_

Account type: \_\_\_\_\_

Account Number: \_\_\_\_\_

Balance as of \_\_\_\_\_ : \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

Address/Phone Number: \_\_\_\_\_

Account type: \_\_\_\_\_

Account Number: \_\_\_\_\_

Balance as of \_\_\_\_\_ : \_\_\_\_\_

Real Estate:

Street Address: \_\_\_\_\_

County/State: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Current Fair Market Value as of \_\_\_\_\_ : \$ \_\_\_\_\_

Mortgage Company Name/Address: \_\_\_\_\_

Mortgage Account Number: \_\_\_\_\_

Current Mortgage balance as of \_\_\_\_\_ : \_\_\_\_\_

Other liens: \_\_\_\_\_

Street Address: \_\_\_\_\_

County/State: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Current Fair Market Value as of \_\_\_\_\_ : \$ \_\_\_\_\_

Mortgage Company Name/Address: \_\_\_\_\_

Mortgage Account Number: \_\_\_\_\_  
Current Mortgage balance as of \_\_\_\_\_ : \_\_\_\_\_  
Other liens: \_\_\_\_\_

Street Address: \_\_\_\_\_  
County/State: \_\_\_\_\_  
Legal Description: \_\_\_\_\_

Current Fair Market Value as of \_\_\_\_\_ : \$ \_\_\_\_\_  
Mortgage Company Name/Address: \_\_\_\_\_  
Mortgage Account Number: \_\_\_\_\_  
Current Mortgage balance as of \_\_\_\_\_ : \_\_\_\_\_  
Other liens: \_\_\_\_\_

Street Address: \_\_\_\_\_  
County/State: \_\_\_\_\_  
Legal Description: \_\_\_\_\_

Current Fair Market Value as of \_\_\_\_\_ : \$ \_\_\_\_\_  
Mortgage Company Name/Address: \_\_\_\_\_  
Mortgage Account Number: \_\_\_\_\_  
Current Mortgage balance as of \_\_\_\_\_ : \_\_\_\_\_  
Other liens: \_\_\_\_\_

Mineral Interests Address: \_\_\_\_\_  
County/State: \_\_\_\_\_

Brokerage/Mutual Fund Accounts:

Name of Brokerage Firm/Mutual Fund: \_\_\_\_\_  
Name on account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Value as of \_\_\_\_\_ : \_\_\_\_\_

Name of Brokerage Firm/Mutual Fund: \_\_\_\_\_  
Name on account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Value as of \_\_\_\_\_ : \_\_\_\_\_

Name of Brokerage Firm/Mutual Fund: \_\_\_\_\_  
Name on account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Value as of \_\_\_\_\_ : \_\_\_\_\_

Name of Brokerage Firm/Mutual Fund: \_\_\_\_\_

Name on account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Value as of \_\_\_\_\_ : \_\_\_\_\_

### Stocks, Bonds, and Other Securities

Name of Security: \_\_\_\_\_  
Type: Common/preferred/other \_\_\_\_\_  
Certificate Numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Current Market Value as of \_\_\_\_\_ : \_\_\_\_\_

Name of Security: \_\_\_\_\_  
Type: Common/preferred/other \_\_\_\_\_  
Certificate Numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Current Market Value as of \_\_\_\_\_ : \_\_\_\_\_

Name of Security: \_\_\_\_\_  
Type: Common/preferred/other \_\_\_\_\_  
Certificate Numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Current Market Value as of \_\_\_\_\_ : \_\_\_\_\_

Name of Security: \_\_\_\_\_  
Type: Common/preferred/other \_\_\_\_\_  
Certificate Numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Current Market Value as of \_\_\_\_\_ : \_\_\_\_\_

Name of Security: \_\_\_\_\_  
Type: Common/preferred/other \_\_\_\_\_  
Certificate Numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Current Market Value as of \_\_\_\_\_ : \_\_\_\_\_

Name of Security: \_\_\_\_\_  
Type: Common/preferred/other \_\_\_\_\_  
Certificate Numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Current Market Value as of \_\_\_\_\_ : \_\_\_\_\_

### Retirement Benefits

Name of Plan: \_\_\_\_\_

Plan Administrator's name and address: \_\_\_\_\_

Type: IRA SEP KEOGH Defined Contribution Plan Defined Benefit Plan

Other: \_\_\_\_\_

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Stating date of service: \_\_\_\_\_ Percent Vested: \_\_\_\_\_

Account Number: \_\_\_\_\_

Payee of Survivor benefits: \_\_\_\_\_

Designated Beneficiary: \_\_\_\_\_

Current Account balance as of \_\_\_\_\_ : \_\_\_\_\_

Name of Plan: \_\_\_\_\_

Plan Administrator's name and address: \_\_\_\_\_

Type: IRA SEP KEOGH Defined Contribution Plan Defined Benefit Plan

Other: \_\_\_\_\_

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Stating date of service: \_\_\_\_\_ Percent Vested: \_\_\_\_\_

Account Number: \_\_\_\_\_

Payee of Survivor benefits: \_\_\_\_\_

Designated Beneficiary: \_\_\_\_\_

Current Account balance as of \_\_\_\_\_ : \_\_\_\_\_

Name of Plan: \_\_\_\_\_

Plan Administrator's name and address: \_\_\_\_\_

Type: IRA SEP KEOGH Defined Contribution Plan Defined Benefit Plan

Other: \_\_\_\_\_

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Stating date of service: \_\_\_\_\_ Percent Vested: \_\_\_\_\_

Account Number: \_\_\_\_\_

Payee of Survivor benefits: \_\_\_\_\_

Designated Beneficiary: \_\_\_\_\_

Current Account balance as of \_\_\_\_\_ : \_\_\_\_\_

Life Insurance

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Designated Beneficiary: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Type of Insurance: Term Whole Universal Face Amount: \$ \_\_\_\_\_  
Amount of Premiums: \_\_\_\_\_  
Cash Surrender Value: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Name of Owner: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Designated Beneficiary: \_\_\_\_\_  
Date of Issue: \_\_\_\_\_

Type of Insurance: Term Whole Universal Face Amount: \$ \_\_\_\_\_  
Amount of Premiums: \_\_\_\_\_  
Cash Surrender Value: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Name of Owner: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Designated Beneficiary: \_\_\_\_\_  
Date of Issue: \_\_\_\_\_

Type of Insurance: Term Whole Universal Face Amount: \$ \_\_\_\_\_  
Amount of Premiums: \_\_\_\_\_  
Cash Surrender Value: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Name of Owner: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Designated Beneficiary: \_\_\_\_\_  
Date of Issue: \_\_\_\_\_

Type of Insurance: Term Whole Universal Face Amount: \$ \_\_\_\_\_  
Amount of Premiums: \_\_\_\_\_  
Cash Surrender Value: \_\_\_\_\_