

CONFIDENTIAL
PROBATE AND ESTATE ADMINISTRATION
QUESTIONNAIRE



USING THIS ORGANIZER WILL ASSIST US IN HANDLING THE PROBATE ESTATE. ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE

PERSONAL INFORMATION: YOU

Referred by: _____

Date Prepared: _____

Name of Referrer

APPLICANTS / PETITIONERS for PERSONAL REPRESENTATIVE:

YOU

Full Legal Name _____

Name Used to Sign _____

Prefer to be Called _____

A/K/A's _____

Home Address _____

City _____ State _____

County _____ Zip Code _____

Home Phone _____ Social Security No. _____

Birth Date _____ Age _____ U.S. Citizen? YES NO

Email Address _____

Employer _____ Occupation _____

City _____ State _____ Zip Code _____

Business Phone _____ Own Business? YES NO

Marital Status: _____ Married; _____ Single; _____ Divorced; _____ Separated; _____ Widowed

Relationship to Decedent: _____

CO-APPLICANT / PETITIONER (if applicable)

Full Legal Name _____

Name Used to Sign _____

Prefer to be Called _____

A/K/A's _____

Home Address _____

City _____ State _____

County _____ Zip Code _____

Home Phone _____ Social Security No. _____

Birth Date _____ Age _____ U.S. Citizen? YES NO

Email Address _____

Employer _____ Occupation _____

City _____ State _____ Zip Code _____

Business Phone _____ Own Business? YES NO

Marital Status: _____ Married; _____ Single; _____ Divorced; _____ Separated; _____ Widowed

Relationship to Decedent: _____

DECEDENT INFORMATION

Decedent's Full Legal Name _____
 A/K/A's (other names) _____
 Home Address at death _____
 City _____ State _____
 County at death _____ Zip Code _____
 Social Security No. _____ U.S. Citizen? YES NO
 Date of death _____ Birth Date _____
 Employer _____ Occupation _____
 Own Business? YES NO; If yes, describe _____
 Marital Status: _____ Married; _____ Single; _____ Divorced; _____ Separated; _____ Widowed

1. Does the Decedent have a Last Will, Codicil and/or Revocable Trust Agreement? YES NO
 *Please bring copies of Decedent's wills, codicils, trust agreements, powers of attorney, living wills and health care decision-making documents.
2. Are there any other probate or estate proceedings pending in this state or elsewhere? YES NO
 If yes, describe _____
3. Was Decedent receiving social security, disability, medicaid or other governmental benefits? YES NO
 If yes, describe _____
4. Did Decedent live in or own property in any of the following community property states while married to current spouse? Washington, Idaho, California, Nevada, Arizona, New Mexico, Texas, Louisiana, Wisconsin If YES, list which state(s) and the time period Decedent owned property there:
 State _____ Dates _____ State _____ Dates _____
5. Did Decedent ever sign a pre- or post-marriage contract? YES NO
 If YES, please provide a copy of the same.
6. Was Decedent ever been divorced? YES NO
 If YES, whom? _____ Date: _____
7. Was Decedent ever widowed? YES NO
 If YES, whom? _____ Date: _____
8. Was Decedent a veteran of the US Armed Forces? YES NO
 If YES, give branch and dates of service: _____
9. Did Decedent hold a power of appointment in anyone else's trust? YES NO
 If YES, please provide a copy of the trust.
10. Did Decedent ever make any large gifts to any person in any one year? YES NO
 If YES, please describe and provide copies of any state or federal gift tax returns filed: _____
11. Did Decedent have any designated beneficiary agreements? YES NO

DECEDENT'S ADVISORS:

	NAME	CITY/STATE	TELEPHONE
Attorney			
Accountant			
Financial Planner			
Life Insurance Agent			
Insurance Agent			
Personal Bank			
Business Bank			

FAMILY/BENEFICIARY/HEIR INFORMATION

Please list the names and addresses of the Decedent's spouse, children, dependents and heirs.

- ◆ If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
- ◆ If a minor child is listed, list the child's parent(s), guardian or conservator.
- ◆ If a spouse or child has predeceased the Decedent, include the date of death.

Name	Address (or date of death)	Age, only if Minor	Relationship (e.g. spouse, child, brother, guardian for spouse, etc.)

QUESTIONS ABOUT DECEDENT’S SPOUSE, CHILDREN, DEPENDENTS AND OTHER BENEFICIARIES:

(Circle YES or NO)

1. Do any of Decedent’s spouse, children, dependents or beneficiaries receive governmental support or benefits because of a disability or handicap? YES NO
2. Do any of Decedent’s spouse, children, dependents or beneficiaries have special educational, medical or physical needs? YES NO
3. Are any of Decedent’s spouse, children, dependents or beneficiaries institutionalized? YES NO
4. Did the Decedent leave behind any stored genetic material which could result in conception of children after the Decedent’s death? YES NO
5. Any other special needs? YES NO

If you answered YES to any of the above questions, please describe the details here: _____

DOCUMENTS NEEDED:

Please furnish copies of each of the following documents of the Decedent that are in existence and to which you have access. If a document exists and you are unable to obtain a copy of it, please so indicate.

- Death Certificates.
- Last Will and all codicils thereto; powers of attorney; personal property memorandums; “instructions.”
- All trusts created by Decedent.
- Deeds to Real Estate.
- Leases—real estate and/or personal property.
- Original insurance policies.
- Designated beneficiary agreements.
- Copies of current bank statements.
- Copies of automobile titles.
- Stock certificates.
- Income tax returns for prior 3 to 4 years.
- All wills or trusts of which Decedent is a beneficiary.
- All separation or property settlement agreements or divorce decrees to which Decedent is a party.
- All prenuptial, postnuptial or marriage contracts to which Decedent is a party.
- If Decedent has an ownership interest in a small or closely held business, copies of the following relevant documents: Partnership Agreements; Operating Agreements and Articles of Organization of Limited Liability Companies; Shareholders’ Agreements; Articles of Incorporation and By-laws of Corporation; Buy-out Agreements; Buy-Sell Agreements; Stock Purchase Agreements; other agreements or options for the purchase or sale of a business to which you or your spouse is a party.

COMPENSATION FOR THE PERSONAL REPRESENTATIVE:

The Personal Representative may receive compensation for its services. The following matters must be determined and disclosed to the Probate Court:

- (a) The hourly rates to be charged; \$ _____
- (b) any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services;
- (c) any other bases upon which a fee charged to the estate will be calculated.

SUMMARY OF DECEDENT'S ASSETS AND LIABILITIES

ASSETS	FAIR MARKET VALUE OF ASSETS
1. Real Estate and Interests in Real Estate	\$
2. Bank Accounts	\$
3. Retirement Plans & Funds	\$
4. Investments, Stocks, Bonds	\$
5. Automobiles; Motor Vehicles; RVs; Boats	\$
6. Personal Effects; Furniture; Art; Jewelry; etc.	\$
7. Life Insurance; Annuities	\$
8. Notes; Other Receivables	\$
9. Business Interests; Trusts; Partnerships; LLCs	\$
10. Entitlement to Inheritance, Gift, Lawsuit proceeds	\$
11. Guns and Firearms	\$
12. Other Assets	\$
	\$
	\$
TOTAL ASSETS	\$

LIABILITIES and CREDITORS		
	Creditor Name and Address	Amount owed
1. Real Estate Mortgage- Residence		\$
2. Real Estate Mortgage- Other		\$
3. Automobile loans		\$
4. Business loans		\$
5. Credit cards and other unsecured debt		\$
6. Taxes and other debt to government entities		\$
7. Loans against life insurance		\$
8. Student loans		\$
9. Other debts, liabilities and obligations		\$
		\$
TOTAL LIABILITIES:		\$

Summary:

TOTAL ASSETS	\$
less (TOTAL LIABILITIES)	\$
NET ESTATE:	\$