

**PROBATE OF ESTATE INTAKE QUESTIONNAIRE**

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your date of Birth: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your City/State/Zip: \_\_\_\_\_

Your email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Your Relationship to Decedent: \_\_\_\_\_

NAME OF DECEDENT: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Location of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Address and Location at Death: \_\_\_\_\_

Age AT TIME OF DEATH: \_\_\_\_\_

ADDRESS OF DECEDENT: \_\_\_\_\_

COUNTY: \_\_\_\_\_

Decedent's City/State/Zip Code: \_\_\_\_\_

DECEDENT'S SOCIAL SECURITY # \_\_\_\_\_

TAX I.D.# \_\_\_\_\_

LENGTH OF LAST ILLNESS: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_

TREATING PHYSICIAN: \_\_\_\_\_

PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LAST ILLNESS: \_\_\_\_\_

DEBTS: \_\_\_\_\_

FUNERAL EXPENSES: \_\_\_\_\_

Did the decedent leave a will? Yes  No  Unknown

If yes, do you have a copy of the will? Yes  No

Are you named as the executor or administrator in the will? Yes  No

If no, who is named? \_\_\_\_\_

Are you named as a beneficiary in the will? Yes  No

What was the marital status of the decedent? \_\_\_\_\_

If married or separated, please provide the name and address of the spouse:

\_\_\_\_\_

Did the decedent have any children? Yes  No  Unknown

If yes, list their names and addresses. If no, please list the names and addresses of the decedents closest known relatives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anyone not listed above (including charitable organizations) who is named as a beneficiary of the will, if any? Yes  No  Unknown

If yes, list their names and addresses: \_\_\_\_\_

Please describe any concerns you have about this estate: \_\_\_\_\_

Describe what you would like to happen to resolve your concerns (your preferred outcome): \_\_\_\_\_

Have other attorneys worked on this matter? Yes  No

If yes, provide names, addresses, and a brief description of their involvement:

---

**SUMMARY OF ESTATE PROPERTY:**

Please list all Real Estate Owned (as well as an estimate of value for such) by the Decedent at the time of his death:

---

---

---

---

---

Do you intend to sell the real estate or have it distributed out to one or more of the heirs? \_\_\_\_\_

Has a purchaser been found for this real estate? \_\_\_\_\_ If so, Purchaser's names & address: \_\_\_\_\_

---

Sale Price: \$ \_\_\_\_\_

Has a contract for the sale of the real estate been signed? \_\_\_\_\_

Please list all Personal Property Owned (as well as an estimate of value for such) by the Decedent at the time of his death: \_\_\_\_\_

---

---

Please list all Sources of income (and the specific amounts of each) of the Decedent at the time of his death (ex: Social Security, Employer Pension, Life Insurance Annuity, etc.): \_\_\_\_\_

---

Did the Decedent own any life insurance policies? If yes, please list the following:

Name of insurance Company: \_\_\_\_\_

Policy No. \_\_\_\_\_

Beneficiaries:

---

Please list all Bank accounts owned by Decedent at the time of his/her death:

BANK: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

BALANCE \$ \_\_\_\_\_

BANK: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

BALANCE \$ \_\_\_\_\_

Please list all Stocks owned by Decedent at the time of his/her death:

\_\_\_\_\_

Please list all Automobiles and Equipment owned by Decedent at the time of his/her death (please include VIN numbers, if applicable):

\_\_\_\_\_

**HEIR, DEVISEE & LEGATEE INFORMATION**

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

RELATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOC SEC # \_\_\_\_\_

NAME: \_\_\_\_\_

AGE : \_\_\_\_\_

RELATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOC SEC #: \_\_\_\_\_

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

RELATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOC SEC # \_\_\_\_\_

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

RELATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOC SEC # \_\_\_\_\_

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

RELATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOC SEC # \_\_\_\_\_

**SPECIAL INSTRUCTIONS OR NOTES:**

Before the estate can be closed it will be necessary to file with the Court a Final Account which must balance to the penny. Although all checks will have to be signed by the personal representative, in some instances, the personal representatives prefer to have the attorney's office handle the bookkeeping and actually prepare all checks, balance the checkbook monthly, etc. (See letter to prospective personal representative.)

Estate checks & ledger will be kept by: Representative \_\_\_\_\_ Atty \_\_\_\_\_