

PROBATE QUESTIONNAIRE

This form is extremely important in probateing this estate correctly. Your accuracy and completeness will help me to best represent you. **Please take time to complete all applicable sections. We cannot begin the probate process until we have complete and accurate information from you.** Please also list names as they would appear on legal documents. You may use the back of each page if you need additional space to provide complete information. Should you need assistance in completing this form, please call and we will be happy to assist you.

NOTE: Please furnish us with two (2) original Death Certificates, the original Will and Trust, if applicable.

This Questionnaire completed by: _____ on: _____

I. DECEDENT

A. DECEDENT INFORMATION

NOTE: If the decedent lived at a facility but owned a home at time of death, please put address of home.

Name of Decedent: _____

Also Known As: _____

Address: _____

City: _____ State, Zip Code: _____

Decedent's Social Security No.: _____ Date of Birth: _____

Decedent's Date of Death: _____

In what county did the Decedent reside at his/her time of death: _____

B. DECEDENT'S SPOUSE

Name of spouse: _____

Is the Decedent's Spouse Living: _____ or Deceased: _____ (check one)

If deceased, when: _____ "Non-tax" Proceeding for Deceased Spouse Done: _____

Address: _____ City: _____

State, Zip code: _____ Telephone: _____

II. PERSONAL REPRESENTATIVES

A. PERSONAL REPRESENTATIVES/TRUSTEES NAMED IN WILL OR TRUST (if no Will or Trust name Petitioner)

1. Name: _____

Relationship to Decedent: _____ SS#: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail: _____

Preferred Method of Communication: Email Home Phone Cell Phone

2. Name: _____
Relationship to Decedent: _____ SS#: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ E-Mail: _____
_____ Preferred Method of Communication: Email Home Phone Cell Phone

III. BENEFICIARIES

A. BENEFICIARIES NAMED IN WILL (if no Will name Children or closest living relatives)

1. Name: _____ Relationship to Decedent: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ E-Mail: _____
Date of Birth (if minor): _____ SS#: _____

2. Name: _____ Relationship to Decedent: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ E-Mail: _____
Date of Birth (if minor): _____ SS#: _____

3. Name: _____ Relationship to Decedent: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ E-Mail: _____
Date of Birth (if minor): _____ SS#: _____

4. Name: _____ Relationship to Decedent: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ E-Mail: _____
Date of Birth (if minor): _____ SS#: _____

5. Name: _____ Relationship to Decedent: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ E-Mail: _____
Date of Birth (if minor): _____ SS#: _____

B. IF A BENEFICIARY IS DECEASED, NAME CHILDREN OF DECEASED BENEFICIARY

1. Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ E-Mail: _____
Date of Birth (if minor): _____ SS#: _____

2. Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ E-Mail: _____
Date of Birth (if minor): _____ SS#: _____

IV. ASSETS (NOTE: Please provide to us any and all statements, deeds, bond certificates, car title etc.)

A. REAL ESTATE

What kind of Real Estate (house, land, etc.): _____
Name on Title / Deed: _____ Est. Value: _____
Is Real Estate Located in Florida: _____
Did Decedent own any Real Estate outside of Florida: _____
If so Where: _____

B. BANK ACCOUNTS

1. What Type of Account: _____
Name(s) on account: _____
Beneficiaries named on account: _____
Name of Bank and location: _____
Account No.: _____ Date of Death Value: _____

2. What Type of Account: _____
Name of Bank and location: _____
Name(s) on account: _____
Beneficiaries named on account: _____
Account No.: _____ Date of Death Value: _____

C. LIFE INSURANCE

Company: _____
Policy No.: _____ Date of Death Value: _____
Beneficiaries: _____
(If the beneficiary is the Estate, please provide a copy of the life insurance policy)

D. SECURITIES

Owner(s): _____
Beneficiaries: _____ Account No.: _____
Date of Death Value: _____ Broker Name: _____
Contact: _____ Telephone: _____
Address: _____

E. MORTGAGES / ACCOUNTS RECEIVABLE

Description: _____ Owner(s): _____
Date of Death Value: _____ Amount Owed: _____
Debtor: _____

F. CASH / SAVINGS / CDS

Description: _____ Owner(s): _____
Est. Value: _____ Bank Branch: _____
CD #: _____
Beneficiaries: _____

G. RETIREMENT ACCOUNTS / IRA / KEOGH / SEPP / PENSIONS

Company & Address: _____
Owner: _____ Value: _____
Beneficiaries: _____
Other Records: _____

H. VEHICLES / MOBILE HOMES / BOATS (Please provide copy of title/s)

1. Description: _____ Owner(s): _____

Est. Value: _____ Amount Owed: _____

Documents (VIN): _____

2. Description: _____ Owner(s): _____

Est. Value: _____ Amount Owed: _____

Documents (VIN): _____

I. JEWELRY / COLLECTIBLES

General Description: _____

Estimated Value: _____

V. CREDITORS

A. PLEASE LIST ALL KNOWN CREDITORS

1. Company: _____

Address: _____ Total Owed: _____

2. Company: _____

Address: _____ Total Owed: _____

3. Company: _____

Address: _____ Total Owed: _____

4. Company: _____

Address: _____ Total Owed: _____

Notes / Comments: _____

