

PROBATE QUESTIONNAIRE

Name of contact: _____ Phone: _____

Address of contact: _____

Email of contact: _____

Relationship to decedent: _____

Name of decedent: _____ Date of death: _____

Occupation: _____ Veteran (yes or no) _____

Had the decedent ever received Medicaid benefits? (yes or no) _____

Was the decedent a United States Citizen? _____ If no, citizen of what? _____

Social Security Number: _____ Marital status: _____

Name of spouse: _____ Date of death, if applicable: _____

Had the decedent been previously married? _____

Resident of decedent: _____

Property in whose name(s)? _____

Please list any additional property or real estate owned by the decedent:

Please list all heirs, addresses, and ages (children, grandchildren, siblings, parents, etc.):

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Please list all assets held by the decedent:

Bank accounts:

Bank	Type of Acct.	Amount	Whose names?

Life Insurance Policies:

Insurance Co.	Type of Policy	Amount	Beneficiaries

Investments:

Company	Type of investment	Amount	Beneficiaries

Trusts

Name of trust	Donor	Trustee(s)	Amount	Beneficiaries

PROBATE QUESTIONNAIRE

Please provide our office with the following documents:

1. The decedent's original will
2. Certified copy of the death certificate
3. Copies of deeds to all real property owned by the decedent