****

**Probate/Administration Questionnaire**

**The Petitioner:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Your Full Name:** |       |  | **Phone:** |       |
| **Address:** |       |  | **Email:** |       |
| **City**  |       |  | **ST:** |        |  | **Zip :** |       |
| **For confirmations via text message, please list your phone carrier:** |       |
| **PLEASE NOTE:** *Texting is for scheduling purposes only. Legal questions* ***cannot*** *be answered via text message.* |

**The Decedent:**

|  |  |
| --- | --- |
| **Name of Decedent:** |       |
| **Social Security #:** |       |  | **Date of Death:** | Click or tap to enter a date. |
| **Date of Birth:** |       |  | **Place of Birth:** |       |

**Residence at time of death:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Street:**  |       |  | **Apt:** |       |
| **City**  |       |  | **ST:** |        |  | **Zip :** |       |
| **County:** |       |  | **How long did decedent live here?** |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Place of death:** |       |  | **Cause of death:** |        |
| **# of Marriages** |       | **Was decedent:** | **[ ]  Single** **[ ]  Married** **[ ]  Divorced** **[ ]  Widowed** |

**About the Decedent’s Spouse (*if married at time of death*):**

|  |  |
| --- | --- |
| **Name of Surviving Spouse or Deceased Spouse:** |       |
| **Date of Birth:** |       |  | **Date of Marriage:** |       |  | **Date of Death:** |       |

|  |  |
| --- | --- |
| **Spouse’s domicile at death:** |       |

**Previous Marriages (*if Decedent was divorced/widowed prior to his or her last marriage*):**

|  |  |
| --- | --- |
| **Name of Former Spouse:** |       |
| **Did this marriage end in death or divorce?** |       |  | **County/State:** |       |
| **Date of spouse’s death?** |       |  | **Date of Divorce:** |       |

|  |  |
| --- | --- |
| **Name of Former Spouse:** |       |
| **Did this marriage end in death or divorce?** |       |  | **County/State:** |       |
| **Date of spouse’s death?** |       |  | **Date of Divorce:** |       |

***Note: The Court may request a certified copy of any/all divorce decree(s)***

**Full Name of Heirs (immediate family) and Beneficiaries (*any biological or adopted children or descendants*):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Relationship** | **Age** | **Full Address with City, ST Zip** |
|       |       |  |       |  |       |
|       |       |  |       |  |       |
|       |       |  |       |  |       |
|       |       |  |       |  |       |

**Did decedent ever adopt child/children? [ ]  Yes [ ]  No**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of adoption:** |       |  | **Place of adoption:** |       |

**Decedent’s Estate :**

**Did decedent have a trust or will?** **[ ]  Yes** **[ ]  No If Yes, please answer below:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Will Dated:** |       |  | **Codicil dated:** |       |  | **Trust Dated:**  |       |
| **Who is in possession of the will?** |       |

**Attorney or Law Firm that drafted the will and/or trust:**

|  |  |
| --- | --- |
| **Name**:  |       |
| **Address:** |       |

**Did decedent leave a Personal Property Memorandum?** **[ ]  Yes** **[ ]  No**

**Does the Will have a self-proving witness affidavit? (*check last page of Will*) [ ]  Yes [ ]  No**

**If no, please list names and addresses of witnesses:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |       |  | **Address:** |       |
| **City:** |       |  | **ST:** |       |  | **Zip:** |       |
| **Name:** |       |  | **Address:** |       |
| **City:** |       |  | **ST:** |       |  | **Zip:** |       |

**Who will sign a probate petition? (i.e. Who will be the petitioner of the decedent?)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |       |  | **Relationship:** |       |
| **Phone:** |       |  | **Address:** |       |
| **City:** |       |  | **ST:** |       |  | **Zip:** |       |

**Did decedent have insurance coverage? [ ]  Yes [ ]  No**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |       |  | **Company:** |       |
| **Phone:** |       |  | **Address:** |       |
| **Policy #:** |       |  |  |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |       |  | **Company:** |       |
| **Phone:** |       |  | **Address:** |       |
| **Policy #:** |       |  |  |       |

|  |  |  |
| --- | --- | --- |
| **Did decedent own real estate? [ ]  Yes [ ]  No** | **How Many?** |  |
|  |
| **In what state?** |  | **City/County?** |  |
| **Who name(s) is on the title/deed to this property?** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **In what state?** |  | **City/County?** |  |
| **Who name(s) is on the title/deed to this property?** |  |

**Assets of Decedent**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Bank/Company:** |  | **Type of Asset:** |  | **Amount:** |  | **Owned by:** |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |

**Debts of Decedent**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Creditor:** |  | **Nature of Debt:** |  | **Amount:** |  | **Security** |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |

**Did decedent have insurance coverage? [ ]  Yes [ ]  No**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |       |  | **Company:** |       |
| **Phone:** |       |  | **Address:** |       |
| **Policy #:** |       |  |  |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |       |  | **Company:** |       |
| **Phone:** |       |  | **Address:** |       |
| **Policy #:** |       |  |  |       |

|  |  |  |
| --- | --- | --- |
| **Did decedent own real estate? [ ]  Yes [ ]  No** | **How Many?** |  |
|  |
| **In what state?** |  | **City/County?** |  |
| **Who name(s) is on the title/deed to this property?** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **In what state?** |  | **City/County?** |  |
| **Who name(s) is on the title/deed to this property?** |  |

**Safe Deposit Box:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Bank:** |       |  | **Address:** |       |
| **Person Authorized to Access:** |       |  | **Who has keys:** |       |

**Did decedent transfer $14,000 or more in year preceding death to anyone? [ ]  Yes [ ]  No**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  | **To Whom:** |  | **Name of Transfer** |  | **Value** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Was a gift tax return filed?** | **Yes [ ]  No [ ]**  | **Value** |  |

**Any transfers of trusts which will take effect after the death of the decedent? [ ]  Yes [ ]  No**

**Employment History :**

|  |  |
| --- | --- |
| **Business or Occupation:** |       |
| **If retired, former business/Occupation:** |       |
| **Employer:**  |       |
| **Business Address:** |       |

**Accountant Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |       |  | **Company:** |       |
| **Phone:** |       |  | **Address:** |       |