PROBATE QUESTIONNAIRE

| GENERAL INFORMATION |
|---|
| YOUR DATE OF BIRTH: YOUR SOCIAL SECURITY NO |
| ESTATE OF: DATE OF DEATH |
| DATE OF BIRTH DECEDENTS SOCIAL SECURITY NO |
| RESIDENCE AT TIME OF DEATH |
| COUNTY OF RESIDENCE |
| Was decedent married at time of death? Yes No If yes, Spouse's Name |
| Spouse's address Social Security No |
| Did the Decedent have a Will? Yes No If yes, please provide date signed |
| Did the Decedent have a Trust? Yes No If yes, provide date signed |
| Please list decedent's Children (Be sure to include <u>ALL</u> children, including adopted, children born Outside the marriage, born prior to marriage and deceased children) ALSO, if there are no children than please list surviving parents, if no surviving parents, siblings, etc. |
| NAME OF CHILDAGEADDRESSCHILD OF SURVIVING SPOUSE |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

List any of the above named children who were adopted by other:

| List any of the named children that were NOT children of the surviving spouse: |
|---|
| |
| List deceased children: |
| Did the deceased child leave living children? Yes No If yes, please list names and addresses |
| |
| Did the deceased child leave surviving spouse? Yes No If yes, please provide n and address |
| If the Decedent had a Will, please list any devisees that are no heirs of the decedent. |
| NAME AGE ADDRESS RELATIONSHIP TO DECED |
| |
| ASSET INFORMATION |
| Did the decedent have: |
| Safe Deposit box? Yes No If yes, was there a joint owner? Yes No |
| Address of Bank Account No |

INTANGIBLE PROPERTY (Cash, Bank Accounts, Stocks, CD's, US savings bonds, etc.) Please List All below that are in decedent's name Only

Life Insurance Policy's that did not have a Beneficiary?

Titled Personal Property (motor vehicles, boats, trailers, etc.) If None mark here _____

Make & Model / VIN / Value at DOD / Lien / any other name on title

Real Estate Owned by decedent at DOD (date of death)

Miscellaneous Assets: If none, mark here _____

FUNERAL EXPENSES:

Funeral Home: _____

Burial Site: _____

Any other funeral expenses: _

CLAIMS AND CREDITORS:

Are there any outstanding medical bills? Yes No

If yes, will these be covered by insurance? Yes No

List All Creditors such as Visa, Sears, Mastercard, Banks, Etc.

List All Joint owned property (Realty, bank accounts, vehicles, IRA's etc.)