

## ESTATE (PROBATE) INTAKE QUESTIONNAIRE

1. **NAME OF DECEDENT:** \_\_\_\_\_

PERMANENT RESIDENCE AT TIME OF DEATH (Prior to Nursing Home or Hospital): \_\_\_\_\_

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

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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

SOCIAL SECURITY NUMBER: \_\_\_\_\_

WAS DECEDENT EVER ON MEDICAID? (Please circle one)                      YES                      NO

WAS DECEDENT EVER ON MEDICARE? (Please circle one)                      YES                      NO

2. **LOCATION OF WILL, IF ANY:** \_\_\_\_\_

DATE OF WILL: \_\_\_\_\_

LOCATION OF CODICIL, IF ANY: \_\_\_\_\_

DATE OF CODICIL: \_\_\_\_\_

3. **PERSONAL REPRESENTATIVE (NAMED IN WILL OR PROPOSED):** \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RELATIONSHIP TO DECEDENT: \_\_\_\_\_

**ALTERNATE PERSONAL REPRESENTATIVE (NAMED OR PROPOSED):** \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RELATIONSHIP TO DECEDENT: \_\_\_\_\_

**4. BENEFICIARIES OR HEIRS AT LAW:**

**DECEDENT'S SPOUSE:** \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

**DECEDENT'S CHILDREN:**

**CHILD # 1:** \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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

**CHILD # 2:** \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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

**CHILD # 3:** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

**CHILD # 4:** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

**CHILD # 5:** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

**OTHER BENEFICIARIES (INCLUDE LIVING SIBILINGS AND LIVING PARENTS):**

**NAME:** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
RELATIONSHIP TO THE DECEDENT: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**RELATIONSHIP TO THE DECEDENT:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**RELATIONSHIP TO THE DECEDENT:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_

**5. ASSETS:**

**SAFE DEPOSIT BOX:** YES: \_\_\_\_\_ NO: \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**REAL ESTATE:**

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

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_ **DOD VALUE:** \_\_\_\_\_

**HOW TITLED:** \_\_\_\_\_

**HOMESTEAD:** YES: \_\_\_\_\_ NO: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ DOD VALUE: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

HOMESTEAD: YES: \_\_\_\_\_ NO: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ DOD VALUE: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

HOMESTEAD: YES: \_\_\_\_\_ NO: \_\_\_\_\_

**STOCKS AND BONDS:**

NAME OF COMPANY: \_\_\_\_\_

TYPE OF SECURITY: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF CERTIFICATE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

TYPE OF SECURITY: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF CERTIFICATE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

TYPE OF SECURITY: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF CERTIFICATE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**BANK ACCOUNTS:**

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

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

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

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

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

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**MONEY MARKET ACCOUNTS OR CERTIFICATES OF DEPOSIT:**

NAME OF INSTITUTION: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

NAME OF INSTITUTION: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

NAME OF INSTITUTION: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**U.S. GOVERNMENT SAVINGS BONDS (E, EE, H):**

HOW TITLED: \_\_\_\_\_

LOCATION OF BONDS: \_\_\_\_\_

TO BE CASHED: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, NAME OF TRANSFEREE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**MORTGAGES AND NOTES (RECEIVABLE):**

MORTGAGOR 1: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TERMS OF OBLIGATION: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

MORTGAGOR 2: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TERMS OF OBLIGATION: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**INSURANCE ON DECEDENT'S LIFE:**

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARIES NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARIES NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARIES NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARIES NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**ANNUITIES:**

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARY NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_



COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARY NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARY NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**VEHICLES:**

MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF TITLE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF TITLE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF TITLE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**MISCELLANEOUS PERSONAL PROPERTY:**

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**6. DEBTS**

Please list all debts owed by the decedent, including the amount owed, at the time of their death. (Example of debts would be credit cards, automobile loans, home loans, doctor's bills, etc.)

CREDITOR: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CREDITOR'S ADDRESS: \_\_\_\_\_

TYPE OF DEBT: \_\_\_\_\_ AMOUNT OWED: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CREDITOR'S ADDRESS: \_\_\_\_\_

TYPE OF DEBT: \_\_\_\_\_ AMOUNT OWED: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CREDITOR'S ADDRESS: \_\_\_\_\_

TYPE OF DEBT: \_\_\_\_\_ AMOUNT OWED: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CREDITOR'S ADDRESS: \_\_\_\_\_

TYPE OF DEBT: \_\_\_\_\_ AMOUNT OWED: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CREDITOR'S ADDRESS: \_\_\_\_\_

TYPE OF DEBT: \_\_\_\_\_ AMOUNT OWED: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CREDITOR'S ADDRESS: \_\_\_\_\_

TYPE OF DEBT: \_\_\_\_\_ AMOUNT OWED: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CREDITOR'S ADDRESS: \_\_\_\_\_

TYPE OF DEBT: \_\_\_\_\_ AMOUNT OWED: \$ \_\_\_\_\_

**7. OTHER QUESTIONS:**

ARE ANY OF DECEDENT'S CHILDREN DISABLED? YES or NO

IF YES, PLEASE LIST THE CHILD'S NAME AND NATURE OF DISABILITY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**8. DOCUMENTS NEEDED BY THIS OFFICE:**

\_\_\_\_\_ DEATH CERTIFICATE WITHOUT CAUSE OF DEATH (SHORT FORM)

\_\_\_\_\_ COPY OF PAID FUNERAL BILL WITH \$0.00 BALANCE OR PROOF OF PAYMENT

\_\_\_\_\_ COPIES OF ANY REAL ESTATE DEEDS

\_\_\_\_\_ COPIES OF ANY VEHICLE TITLES

\_\_\_\_\_ COPIES OF ANY BILLS

\_\_\_\_\_ LAST WILL AND TESTAMENT (IF ONE EXISTS) (**ORIGINAL NEEDED**)

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

\_\_\_\_\_  
Print Name: \_\_\_\_\_