

## ESTATE (PROBATE) INTAKE QUESTIONNAIRE

1. **NAME OF DECEDENT:** \_\_\_\_\_  
PERMANENT RESIDENCE AT TIME OF DEATH \_\_\_\_\_  
\_\_\_\_\_  
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. DECEDENT'S FAMILY:**

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

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

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

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

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

**DECEDENT'S CHILDREN:**

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

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

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

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

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

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

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

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

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

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

**CHILD # 3:** \_\_\_\_\_

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

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

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

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

**CHILD # 4:** \_\_\_\_\_

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

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

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

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

**CHILD # 5:** \_\_\_\_\_

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

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

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

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

**OTHER FAMILY (INCLUDE LIVING SIBLINGS AND LIVING PARENTS):**

**NAME:** \_\_\_\_\_

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

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

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

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

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

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

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

**5. BENEFICIARIES / HEIRS AT LAW (if not listed in Decedent's Family)**

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

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

**NAME:** \_\_\_\_\_

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

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

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

**RELATIONSHIP TO THE DECEDENT:** \_\_\_\_\_

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

**NAME:** \_\_\_\_\_

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

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

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

**RELATIONSHIP TO THE DECEDENT:** \_\_\_\_\_

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

**6. ASSETS:**

**SAFE DEPOSIT BOX:** YES: \_\_\_\_\_

NO: \_\_\_\_\_

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

**REAL ESTATE:**

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

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

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

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

**MORTGAGE/LIEN AMOUNT OWED: \$** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
COUNTY: \_\_\_\_\_ DOD VALUE: \_\_\_\_\_  
HOW TITLED: \_\_\_\_\_  
MORTGAGE/LIEN AMOUNT OWED: \$ \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
COUNTY: \_\_\_\_\_ DOD VALUE: \_\_\_\_\_  
HOW TITLED: \_\_\_\_\_  
MORTGAGE/LIEN AMOUNT OWED: \$ \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**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:**

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

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

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

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

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

**NOTES (RECEIVABLE):**

NOTE 1: \_\_\_\_\_

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

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

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

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

NOTE 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:**

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

## 7. 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. Do not including monthly recurring bills such as utilities, unless there is an existing outstanding balance.)

CREDITOR: \_\_\_\_\_

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

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

CREDITOR: \_\_\_\_\_

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

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

CREDITOR: \_\_\_\_\_

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

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

CREDITOR: \_\_\_\_\_

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

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

CREDITOR: \_\_\_\_\_

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

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

CREDITOR: \_\_\_\_\_

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

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

CREDITOR: \_\_\_\_\_

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

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

**8. OTHER QUESTIONS:**

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

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

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

\_\_\_ DEATH CERTIFICATE

\_\_\_ COPY OF PAID FUNERAL BILL

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

\_\_\_ COPIES OF ANY VEHICLE TITLES

\_\_\_ COPIES OF ANY BILLS

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

**PERSONAL REPRESENTATIVE**

7. Has applicant ever been charged with, arrested for or convicted of a felony? \_\_\_\_\_

\_\_\_\_\_  
If "yes" was answered, please give date and complete details \_\_\_\_\_

8. Has applicant ever been charged with, arrested for or convicted of any other crimes? \_\_\_\_\_

\_\_\_\_\_  
If "yes" was answered, please give date and complete details \_\_\_\_\_

9. Does applicant have any physical disabilities? \_\_\_\_\_

If "yes" was answered, please explain \_\_\_\_\_

10. Will any physical disability listed above affect ability to serve as personal representative?

\_\_\_\_\_

11. Has applicant ever been treated for the following?

a. Mental condition \_\_\_\_\_

b. Alcohol \_\_\_\_\_

c. Drugs \_\_\_\_\_

d. Other \_\_\_\_\_

Nature of Condition \_\_\_\_\_

If "yes" was answered to any of the above, please state date, time, location of treatment,

and name of physician or professional involved \_\_\_\_\_

\_\_\_\_\_