Probate Intake Questionnaire

This form is designed to collect all necessary information regarding the decedent, their assets, liabilities, and beneficiaries, which is crucial for initiating and administering a probate estate. Please complete all sections to the best of your ability.

SECTION 1: Decedent Information

Question	Answer/Details	
Full Legal Name of Deceased (Decedent)	_____ _____ _____	
Date of Death	_____ _____ _____	
Date of Birth	_____ _____ _____	
Decedent's Social Security Number	_____ _____ _____	
Decedent's Primary Residence at Time of Death (Street, City, State, Zip)	_____ _____ _____	
	_____ _____ _____	
County and State Where Probate Will Be Filed	_____ _____ _____	
Marital Status at Death	( ) Single ( ) Married ( ) Divorced ( ) Widowed	

Name of Surviving Spouse (if applicable)	_____ _____ _____	
Prior Marriages (Names and Dates of Termination)	_____ _____ _____	

SECTION 2: Estate Planning Documents

Question	Answer/Details
Did the Decedent have a Last Will and Testament?	( ) Yes ( ) No
Date of the Last Will and Testament	_____ _____
Location of the Original Will	_____ _____
Did the Decedent have a Living Trust?	( ) Yes ( ) No
Name and Date of the Trust	_____ _____
Are there any Codicils (amendments) to the Will?	( ) Yes ( ) No **Details:** _____
Location of any Funeral/Burial Instructions	_____ _____

SECTION 3: Heirs and Beneficiaries (Those entitled to inherit)

Please list the surviving spouse (if any), all children (biological or adopted), and any deceased children who left descendants. If no spouse or children, list next closest relatives.

Full Name	Relationship to Decedent	Date of Birth (if minor)	Current Address and Phone Number
1.			
2.			
3.			
4.			
5.			
6.			
Additional Heirs/Beneficiaries (Use separate sheet if needed): _____ _____ _____ _____ _____ _____			

SECTION 4: Assets (Estate Inventory)

Please provide estimated fair market value (FMV) as of the Date of Death (DOD) and indicate how the asset was titled (e.g., Sole Ownership, Joint Tenancy with Right of Survivorship (JTWROS), Payable on Death (POD), or Trust).

A. Real Estate

Address/Property Description	County/State	Estimated FMV (DOD)	Mortgage Balance	How Titled (Sole/JTWROS/Trust)
1.				
2.				

3.				
Full legal description details or notes: _____ _____ _____ _____ _____ _____ _____				

B. Bank and Financial Accounts (Checking, Savings, CDs, Money Market)

Institution Name & Account Type	Last 4 Digits of Account #	Estimated FMV (DOD)	How Titled (Sole/JTWROS/POD)
1.			
2.			
3.			
Location of account statements/books: _____ _____ _____ _____ _____ _____			

C. Investments and Retirement Accounts (Stocks, Bonds, Mutual Funds, IRAs, 401(k), Annuities)

Note: For IRAs/401(k)s and Annuities, identify the named beneficiary, as these often pass outside of probate.

Account Type / Company Name	**Last 4 Digits of Account #**	**Estimated FMV (DOD)**	**Named Beneficiary (if any)**
1.			
2.			
3.			
Brokerage Firm/Contact details: _____ _____ _____ _____ _____ _____			

D. Personal Property and Vehicles

Description (Car Year/Make/Model, Boat, Art, Jewelry, Business Interest)	**Estimated FMV (DOD)**	**Location of Item**	**Lien/Loan Balance (if any)**
1.			
2.			
3.			
Details on Decedent's Business Interest (if applicable): _____			

_____ _____ _____ _____ _____			

SECTION 5: Debts and Liabilities

List all known debts, regardless of whether the asset securing the debt is listed in Section 4.

Creditor Name (Bank, Credit Card, Hospital)	**Account Number (Last 4 digits)**	**Estimated Balance Due (DOD)**	**Secured (Y/N) / Notes**
1. Mortgage/Home Equity:			
2. Vehicle Loan:			
3. Credit Card:			
4. Medical/Hospital:			
5. Other Loan/Debt:			
Details on any pending lawsuits or claims against the Decedent/Estate: _____ _____ _____ _____ _____ _____			

SECTION 6: Life Insurance and Payable on Death (POD) Assets

These assets typically pass directly to the named beneficiary and are not part of the probate estate, but must be reported for estate tax purposes if applicable.

Company Name	Policy/Account #	Face Value / Estimated Value	Named Beneficiary
1. Life Insurance:			
2. Life Insurance:			
3. Annuity/Pension:			
Any other non-probate transfers (e.g., Gifts made shortly before death): _____ _____ _____ _____ _____ _____			

SECTION 7: Executor/Petitioner Information

This section is for the person applying to be the Personal Representative/Executor of the Estate (the Petitioner).

Question	Answer/Details
Full Legal Name of Petitioner	_____ _____
Relationship to Decedent	_____ _____
Petitioner's Current Address (Street, City, State, Zip)	_____ _____

	_____ _____
Petitioner's Phone Number	_____ _____
Petitioner's Email Address	_____ _____
Name and Address of Executor/Personal Representative Named in the Will (if different from Petitioner)	_____ _____
	_____ _____

SECTION 8: Miscellaneous and Additional Notes

Question	Answer/Details
Are there any known disputes among the heirs or beneficiaries?	( ) Yes ( ) No **Details:** _____
Was the Decedent receiving any government benefits (e.g., Medicaid, VA)?	( ) Yes ( ) No **Details:** _____
Have letters of administration/probate already been filed in any other state?	( ) Yes ( ) No **Details:** _____
List any documents attached to this questionnaire (Death Certificate, Will Copy, etc.):	_____ _____
Any other information relevant to the Decedent's life or estate:	_____ _____
	_____ _____