

POCKELL
LAW OFFICE, PLLC

Admitted to practice in Massachusetts & New Hampshire

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PROBATE ADMINISTRATION QUESTIONNAIRE

Please complete this form in its entirety, for any items not applicable, please indicate N/A. Please be advised that the completion of this form does not constitute an attorney/client relationship. Please do not email this form as we do not have a secure server. If you retain our office, we will be relying on your responses to file Court documents, so please be accurate and make sure to apprise our office promptly if any information changes or needs to be added.

DECEDENT INFORMATION

Name of Decedent: _____

Decedent Home Address: _____

City/State/Zip: _____

Social Security Number: _____ Date of Death _____

Marital Status at time of death: (circle) Married Widowed Divorced

Did the Decedent have an executed Last Will: Y/N _____

If Yes, please answer the following:

Are you in possession of original documents? Y/N _____

Are original documents held at Pockell Law Office Y/N? _____

If No, Drafting Attorney's Office: _____

Please complete this section ONLY if Decedent had a Trust:

Name of Trust: _____

Date of creation: _____

Original Grantors: _____

Original Trustees: _____

Drafting Law Firm: _____

TRUSTEE(s) (If applicable)

Legal Name of Trustee(s): _____

Mailing Address: _____

Street Address (if different): _____

City/State/Zip: _____

Is there a previous/ongoing trust administration in this case: Y/N _____ if Y Where? _____

Has Pockell Law Office drafted documents for any current Trustee Y/N _____

PETITIONER
EXECUTOR/PERSONAL REPRESENTATIVE/ADMINISTRATOR

PRIMARY PETITIONER

Legal Name of Person Requesting to Serve: _____

Mailing Address: _____

Street Address (if different): _____

City/State/Zip: _____

Telephone Number: Primary (H/W/C) _____ Secondary (H/W/C) _____

Email: _____

SSN: _____

SECONDARY PETITIONER (If applicable)

Legal Name of Person Requesting to Serve: _____

Mailing Address: _____

Street Address (if different): _____

City/State/Zip: _____

Telephone Number: Primary(H/W/C) _____ Secondary (H/W/C) _____

Email: _____

SSN: _____

DECEDENT FAMILY INFORMATION/HEIRS AT LAW
If not applicable indicate N/A or Strike-through section

Decedent Surviving Spouse: _____

Mailing Address: _____

Street Address (if different): _____

City/State/Zip: _____

Telephone Number: Primary(H/W/C) _____ Secondary _____

Email: _____

CHILDREN OF THE DECEDENT
(Please include children who are deceased)

Legal Name: _____

Child is (circle one): Biological Adopted Step-child

Mailing Address: _____

Street Address (if different): _____

City/State/Zip: _____

Telephone Number: Primary _____ Secondary _____

Email: _____

DOB/Current Age/DOD (if appl): _____

Legal Name: _____

Child is (circle one): Biological Adopted Step-child

Mailing Address: _____

Street Address (if different): _____

City/State/Zip: _____

Telephone Number: Primary _____ Secondary _____

Email: _____

DOB/Current Age/DOD (if appl): _____

Legal Name: _____

Child is (circle one): Biological Adopted Step-child

Mailing Address: _____

Street Address (if different): _____

City/State/Zip: _____

Telephone Number: Primary _____ Secondary _____

Email: _____

DOB/Current Age/DOD (if appl): _____

Legal Name: _____

Child is (circle one): Biological Adopted Step-child

Mailing Address: _____

Street Address (if different): _____

City/State/Zip: _____

Telephone Number: Primary _____ Secondary _____

Email: _____

DOB/Current Age/DOD (if appl): _____

Please attach additional pages if necessary

If any child of the Decedent is deceased, did they leave surviving children? _____

If yes, please fill in below. Otherwise, this section may be left blank.

Legal Name: _____

Child is (circle one):

Biological

Adopted

Step-child

Mailing Address: _____

Street Address (if different): _____

City/State/Zip: _____

Telephone Number:

Primary

Secondary

Email: _____

DOB:

Legal Name: _____

Child is (circle one):

Biological

Adopted

Step-child

Mailing Address: _____

Street Address (if different): _____

City/State/Zip: _____

Telephone Number:

Primary

Secondary

Email: _____

DOB:

DECEDENT'S PARENTS (if living):

Parent 1 Legal Name: _____

Mailing Address: _____

Street Address (if different): _____

City/State/Zip: _____

Telephone Number:

Primary

Secondary

Email Address: _____

Parent 2 Legal Name: _____

Mailing Address or "Same as Above": _____

Street Address (if different): _____

City/State/Zip: _____

Telephone Number:

Primary

Secondary

Email Address: _____

Only complete this section if the Decedent is NOT survived by Spouse/Children/Parents, please list the next heirs at law & addresses:

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Please list other beneficiaries specifically named in the Last Will that are not listed above
 Include charities/organizations - Attach additional pages if necessary

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Are any of the beneficiaries disabled and receiving Government benefits (Y/N) _____

If yes, please explain:

ASSET INFORMATION

Real Estate

Please list all real property owned by the Decedent, including partial interests, land leases and time shares:

Property 1: Please Circle Condo Residence Timeshare
 Address: _____
 City/State/Zip: _____
 Name of Owner(s): _____
 Recorded Book/ Page: _____ Percentage Held: _____
 Circle if Applicable Lien Mortgage HELOC Amount Due: _____

Property 2: Please Circle Condo Residence Timeshare
 Address: _____
 City/State/Zip: _____
 Name of Owner(s): _____
 Recorded Book/ Page: _____ Percentage Held: _____
 Circle if Applicable Lien Mortgage HELOC Amount Due: _____

Property 3: Please Circle Condo Residence Timeshare
 Address: _____
 City/State/Zip: _____
 Name of Owner(s): _____
 Recorded Book/ Page: _____ Percentage Held _____
 Circle if Applicable Lien Mortgage HELOC Amount Due: _____

Tangible Personal Property of Value

ie: Jewelry, Art, Collections, Snow Blowers, Antiques, etc.

Item:	Approximate Value:
Item:	Approximate Value:
Item:	Approximate Value:
Item:	Approximate Value:
Item:	Approximate Value:
Item:	Approximate Value:
Item:	Approximate Value:

Digital Assets ie: Cryptocurrencies, bitcoins, etc.

Item:	Approximate Value:
Item:	Approximate Value:
Item:	Approximate Value:

Institutional Accounts

ie: Checking/ Savings/ Money Market/Certificate of Deposits/Investment

Financial Institution: _____ **DOD Value:** \$ _____
Owner of Account: _____ **Beneficiary Name:** _____

Financial Institution: _____ **DOD Value:** \$ _____
Owner of Account: _____ **Beneficiary Name:** _____

Financial Institution: _____ **DOD Value:** \$ _____
Owner of Account: _____ **Beneficiary Name:** _____

Financial Institution: _____ **DOD Value:** \$ _____
Owner of Account: _____ **Beneficiary Name:** _____

Life Insurance

Company Name: _____ **Death Benefit:** \$ _____
Primary Beneficiary: _____ **Cont. Beneficiary:** _____

Company Name: _____ **Death Benefit:** \$ _____
Primary Beneficiary: _____ **Cont. Beneficiary:** _____

Company Name: _____ **Death Benefit:** \$ _____
Primary Beneficiary: _____ **Cont. Beneficiary:** _____

Retirement/Qualified Accounts i.e. 401(k), 403(b), IRA

Company Name: _____ **Death Benefit: \$** _____

Primary Beneficiary: _____ **Cont. Beneficiary:** _____

Company Name: _____ **Death Benefit: \$** _____

Primary Beneficiary: _____ **Cont. Beneficiary:** _____

Company Name: _____ **Death Benefit: \$** _____

Primary Beneficiary: _____ **Cont. Beneficiary:** _____

Safety deposit box(es)? Y/N _____ **If Yes, Where?** _____

Did the Decedent own any interest in any businesses? Y / N _____

Company Name: _____ **Percentage Ownership:** _____

State of Formation: _____ **Approximate Value: \$** _____

Company Name: _____ **Percentage Ownership:** _____

State of Formation: _____ **Approximate Value: \$** _____

Motor Vehicles (including motorcycles/boats/ATVs/Campers)

VIN # _____ **Make/Model** _____

Owner on Title: _____ **Approx. Value** _____ **Loan Amt.** _____

VIN # _____ **Make/Model** _____

Owner on Title: _____ **Approx. Value** _____ **Loan Amt.** _____

VIN # _____ **Make/Model** _____

Owner on Title: _____ **Approx. Value** _____ **Loan Amt.** _____

Other Assets:

Item: _____ **Approximate Value:** _____

Item: _____ **Approximate Value:** _____

Item: _____ **Approximate Value:** _____

Item: _____ **Approximate Value:** _____

DEBT INFORMATION

Please list all known debts of the decedent, including the amount owed at the time of death (i.e. credit cards, automobile and home loans, medical bills, etc.)

Creditor Name: _____ **Address:** _____
Type of Debt: _____ **Amount owed:** _____

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Type of Debt: _____ **Amount owed:** _____

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Type of Debt: _____ **Amount owed:** _____

Creditor Name: _____ **Address:** _____
Type of Debt: _____ **Amount owed:** _____

Creditor Name: _____ **Address:** _____
Type of Debt: _____ **Amount owed:** _____

Was the Decedent a resident of a long term care facility: _____
If yes, please list name of facility, length of time in residence, and if they received any Government benefits

EXISTING ADVISORS

Tax Professional _____
Address: _____
Telephone Number: _____ **Email Address:** _____

Financial Advisors _____
Address: _____
Telephone Number: _____ **Email Address:** _____

To the best of your knowledge, are there any family dynamic issues that could potential impact the administration of this Estate?

If yes, please explain:

To the best of your knowledge, do you anticipate any interest parties contesting or challenging this administration of this Estate?

If yes, please explain:

CHECKLIST OF ITEMS NEEDED

- Completed Questionnaire** _____
- Original Estate Planning Document** _____ Enc. _____ Held with Pockell Law Office
(Trusts/Last Wills)
- Certified Death Certificate (x2)** _____
- Copies of Deeds to Real Property** _____ Enc. _____ Held with Pockell Law Office
(including land lease, time shares)
- Copies of Statements** _____
- Policies for Assets** _____
- Evidence of Debt** _____
(credit card/medical bills)
- PreNuptial Agreements** _____
- Signed Attorney Agreement** _____
- Retainer for Services** _____