LAW OFFICE OF KIMBERLY A. GOSSETT

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Probate Intake Questionnaire

Today's date: _____

ABOUT THE PERSON WHO HAS DIED (DECEDENT)

| Decedent's Full Name: | |
|--|---|
| Decedent's Date of Death: | Decedent's Date of Birth: |
| What is the Decedent's social security number? | |
| What was the decedent's home address? | What is the name and address of the location where the decedent died? |
| Was the Decedent married at the time of his/her death? | If yes, spouse's name and address? |
| Did the Decedent have a Last Will and Testament? | If yes, do you have the original? |
| If yes, what is the date the Decedent signed the Will? | |

| Did the Decedent have any children at the time of his or her death? If so, please provide the following information. | | |
|---|--|-----|
| Name of Child | Child's mailing address And email address | Age |
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If more space is needed, please attach an additional page.

| If the Decedent did not have about his or her family: | children, please provide the fol | lowing information. |
|---|----------------------------------|-----------------------|
| Is the Decedent's mother or father still living? | If yes, please provide names and | d addresses; |
| Does the Decedent have any siblings? If so, please provide the following: | | |
| Name | Address (if living) | Living or Deceased |
| | | |
| | | |

If more space is needed, please attach an additional page.

| ABOUT YOU | | |
|---|---------------------------------------|--|
| Your Name: | Your Address: | |
| What is your phone number? | What is your email address? | |
| What is your relationship to the person who | has died (also known as the DECEDENT) | |
| If you are going to serve as the Personal Representative (also known as the Executor) of the estate, please answer the following questions: | | |
| Are you over the age of 18? Are you as resident of the State of Florida? | | |
| Have you ever been convicted of a felony? | | |
| Have you ever been convicted in any jurisdiction of abuse, neglect, or exploitation of an elderly person or disabled adult? | | |
| Are you mentally and physically able to perform the duties of a Personal Representative? | | |
| What is your social security number: | | |
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| If the Decedent had a Last Will and Testament, please provide the following information about beneficiaries named in the Will: | | |
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| Beneficiary Name | Address | |
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| Please provide a list of the Decedent's Assets: | |
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| Asset | Approximate Value |
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| Creditor | Amount owed |
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Please provide a list of all of the Decedent's creditors and amount owed to each:

NOTE: we will need to serve all reasonably known creditors with a Notice to Creditors via certified mail. We must have the documentation as to the Decedent's creditors to properly serve each one. Please provide us with all bills and account numbers.

Please provide us with the following documents as soon as possible:

- 1. Original Last Will and Testament, plus any Codicils
- 2. Original Trust documents, plus any Trust Amendments
- 3. Original Death Certificate
- 4. Copies of all Bank Statements for accounts that were owned only by the Decedent.
- 5. Copies of all Deeds for Real Property owned by the Decedent in his or her own name alone or as a tenant in common.
- 6. Copies documents showing ownership of any other assets to be probated.
- 7. Copies of all life insurance policies with no beneficiary designations
- 8. Copies of all of the Decedent's unpaid bills.