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## 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 select one)      YES\_\_\_      NO\_\_\_  
WAS DECEDENT EVER ON MEDICARE? (Please select 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:** \_\_\_\_\_

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 BENEFICIARIES (INCLUDE LIVING SIBILINGS 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. 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:**

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

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

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: \$ \_\_\_\_\_

**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
- \_\_\_\_\_ 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**

1. Has applicant ever been charged with, arrested for or convicted of a felony? \_\_\_\_\_  
\_\_\_\_\_  
If "yes" was answered, please give date and complete details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Has applicant ever been charged with, arrested for or convicted of any other crimes?  
\_\_\_\_\_  
If "yes" was answered, please give date and complete details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Does applicant have any physical disabilities? \_\_\_\_\_  
If "yes" was answered, please explain \_\_\_\_\_
4. Will any physical disability listed above affect ability to serve as personal representative?  
\_\_\_\_\_  
\_\_\_\_\_
5. 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 \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_