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Fax: (888) 504-0120
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Website: www.petrolaw.biz

PROBATE QUESTIONNAIRE (Please Print)

Probate is defined as the legal process wherein the estate of a Decedent is distributed to the Decedent's beneficiaries.

ITEMS NEEDED TO BEGIN PROBATE PROCESS

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		1. Original Last Will and Testament with any Codicils, Memorandums for Disposition of Personal Property or
		Trusts created by or for the benefit of the Decedent or Decedent's spouse.
		2. Death Certificate
		3. Completed Probate Questionnaire
	4	4. Retainer (To Be Determined At Initial Meeting)
1		,

DECEDENT

Decedent's Full Name						
Also Known As (if applicable)						
Address at Time of Death						
City		State				
Zip		County				
Date of Birth	Date of Death		_	Age at D	eath	
City of Death	County of Death					
Soc Sec #		U.S. Citizen	YES		NO	
TDL#						

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DECEDENT'S MARITAL STATUS AT THE TIME OF DEATH

Single (Never Married) **MARRIED** Surviving Spouse's Full Name Date of Marriage City/State of Marriage Soc. Sec. No. Date of Birth **DIVORCED** Previous Spouse's Full Name Date of Marriage City/State of Marriage Date of Divorce City/State of Divorce **DIVORCED #2** Previous Spouse's Full Name Date of Marriage City/State of Marriage Date of Divorce City/State of Divorce **WIDOWED** Deceased Spouse's Full Name Date of Marriage City/State of Marriage

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Soc. Sec. No.

EXECUTOR(s)

Date of Birth

EXECUTOR # 1 (Full N	ame)						
Relationship to Decedent				Email Addres	s		
Home Address							
City		S	State			Zip	
County		ŀ	Home	#			
Cell #		V	Work 7	#			
Soc Sec #		T	ΓDL #	#			

EXECUTOR # 2 (Full N	lame)						
Relationship to Decedent				Email	l Address		
Home Address							
City			State			Zip	
County			Home	#			
Cell #			Work	#			
Soc Sec #			TDL #	#			

Date of Death

CHILDREN

If Decedent had more than 3 children, please attach a page with their information.

NOTE: Deceased children must also be listed. Please include their name followed by "Deceased", provide their date of death and the names of their children, if any.

CHILD #1 Full Nar	ne								
Select One		Born to Decedent	Adopted by Decedent				Stepchild of Decedent		
Home Address									
City			State			Zip			
County		Email A	ddress						
Home #	Home #		Cell #						
Soc Sec #			Date of	Birth					
CHILD #2 Full Nar									
Select One		Born to Decedent	Adopt	ed by De	ecedent		Stepchild of Decedent		
Home Address									

State

Cell#

Email Address

Date of Birth

Zip

CHILD #3 Full Nar							
Select One		Born to Decedent	Adopted by Decedent			Stepchild of Decedent	
Home Address							
City			State			Zip	
County			Email A	Address			
Home #			Cell#				
Soc Sec #			Date of	Birth			

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City

County

Home #
Soc Sec #

BENEFICIARIES

If the beneficiaries are the same as the children, this section can be left blank.

NOTE: Deceased beneficiaries must be included. Please include their name followed by "Deceased" and provide their date of death.

If Decedent had more than 3 beneficiaries, please attach a page with their information.

BENEFICIARY # 1 Fu	ll Name			Date o	of Birth	
Relationship to Decedent				Soc Se	c #	
Home Address						
City		State			Zip	
County		Email A	ddress			
Home #		Cell #				

BENEFICIARY # 2 Full Name					Date o	of Birth	
Relationship to Decedent					Soc Se	c #	
Home Address							
City			State			Zip	
County			Email A	ddress			
Home #			Cell #				

If Decedent's Will provides benefits to charitable institutions, please furnish name of charity, address, phone number, Employer Identification number, name of contact person for each of those institutions:

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SUMMARY OF ASSETS

Please list the DATE OF DEATH VALUE for the asset ONLY ONCE under the appropriate column.

				<u>Surviving</u>
			Decedent's	Spouse's
		Community	<u>Separate</u>	<u>Separate</u>
<u>ASSETS</u>	_	Property	Property	Property
Cash / Liquid Assets	\$			
(Cash, Checking, Savings, CD)				
Investment Accounts	\$			
(Stocks, Bonds, Mutual Funds)				
Annuity	\$			
Retirement Accounts	\$			
(IRA, 401(k), Thrift, SEP, Pension)	"			
Life Insurance	\$			
Notes Receivable	\$			
Real Estate	\$			
Tea Listate	₽			
Oil and Gas Interests	\$			
Corporate Business Interests	\$			
Farm and Ranch Interests	\$			
Vehicles	\$			
(Motor Vehicles, Boats, Airplanes, Cycles, etc)	₩			
Personal Effects (Jewelry, etc)	\$			
	L			
Other Assets	\$			
	\$			
	\$			
	\$			
	\$			
TOTAL ASSETS	\$			

DETAIL OF ASSETS

CASH / LIQUID ASSETS

Cash on hand:	\$	Traveler's checks:	\$
Money orders:	\$	Other	\$

BANK ACCOUNTS

Please attach copies of statements for month of death and month after death.

Type of Account Name of Financial Institution Account Owner(s) Account Balance on Date of Death Checking Savings Money Market Account # CD Other Account # Account #
Type of Account Name of Financial Institution Account Owner(s) Account Balance on Date of Death Checking Savings Money Market Account # CD Other
Type of Account Name of Financial Institution Account Owner(s) Account Balance on Date of Death Checking Savings Money Market Account # CD Other
Type of Account Name of Financial Institution Account Owner(s) Account Balance on Date of Death Checking Savings Money Market Account # CD Other
Type of Account Checking Savings Money Market CD Other Name of Financial Institution Account # Account Owner(s) Account Balance on Date of Death

INVESTMENT ACCOUNTS

Accounts such as Stocks, Bonds, Mutual Funds and accounts that are NOT retirement accounts Please attach copies of statements for month of death and month after death.

Name of Financial Institution Account Owner(s) Account Balance on Date of Death	Account #	
Name of Financial Institution Account Owner(s) Account Balance on Date of Death	Account #	
Name of Financial Institution Account Owner(s) Account Balance on Date of Death	Account #	
Name of Financial Institution Account Owner(s) Account Balance on Date of Death	 Account #	
	ANNUITIES	
Name of Company Account Owner(s) Name of Annuitant: Designated Beneficiary	Account #	
Account Owner(s) Name of Annuitant:	\$ Account # Account # Date of Death Value \$	
Account Owner(s) Name of Annuitant: Designated Beneficiary	\$	
Account Owner(s) Name of Annuitant: Designated Beneficiary Face Value Name of Company Account Owner(s) Name of Annuitant:	\$ Date of Death Value \$	
Account Owner(s) Name of Annuitant: Designated Beneficiary Face Value Name of Company Account Owner(s) Name of Annuitant: Designated Beneficiary	\$ Date of Death Value \$ Account #	

RETIREMENT ACCOUNTS

Accounts such as Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, ROTH IRA's, KEOGH's, Nonqualified Plans and Government Benefits such as Civil Service, Teacher, Railroad, State and Local, etc. Please attach copies of statements for month of death and month after death.

Name of Financial Institution			
Type of Plan		Account #	
Account Owner(s)			
Designated Beneficiary			
Payee of Survivor Benefits			
(if applicable)			
Date of Death Value	\$		
Name of Financial Institution			
Type of Plan		Account #	
Account Owner(s)			
Designated Beneficiary			
Payee of Survivor Benefits			
(if applicable)			
Date of Death Value	\$		
Name of CE			
Name of Financial Institution			
Type of Plan		Account #	
Account Owner(s)			
Designated Beneficiary			
Payee of Survivor Benefits			
(if applicable)			
Date of Death Value	\$		
Name of Financial Institution			
Type of Plan		Account #	
Account Owner(s)			
Designated Beneficiary			
Payee of Survivor Benefits			
(if applicable)			
Date of Death Value	\$		
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LIFE INSURANCE POLICIES

For policies insuring Decedent, please include Form 712 received from life insurance company.

Name of Insurance Company Name of Policy Owner Name of Insured Designated Beneficiary			Policy #	
Date Policy Issued Type of Insurance	Term	Whole	Universal	
Face Value	\$		ender Value e of Death \$	
Name of Insurance Company				
Name of Policy Owner			Policy #	
Name of Insured				
Designated Beneficiary Date Policy Issued				
Type of Insurance	Term	Whole	Universal	
	_		ende r V alue	
Face Value	\$	as of Dat	e of Death \$	
Name of Insurance Company				
Name of Policy Owner			Policy #	
Name of Insured Designated Beneficiary				
Date Policy Issued				
Type of Insurance	Term	Whole	Universal	
	_		ende r V alue	
Face Value	\$	as of Dat	e of Death \$	
	ACCOUN	ITS / NOTES BEGEN/	NDI F	
	ACCOUN	ITS / NOTES RECEIVA	RIFE	
N. CD.L.	D. ON	D. M. D	0.17	Current
Name of Debtor	Date of Note	Date Note Due	Owed To:	Balance Owed

REAL ESTATE

Please attach the full legal description for each piece of real estate. This can be obtained from the deed.

Please also include a detailed description of any mobile (manufactured) home.

General Legal Description of Property Address of Property Owner(s)* Type of Ownership (If two or more names on deed or contract) Fair Market Value Name of Mortgage Company Liens Against Property	\$	Tenancy in Common Basis ** Balance of Mortgage \$	Unknown
General Legal Description of Property Address of Property Owner(s)* Type of Ownership (If two or more names on deed or contract) Fair Market Value Name of Mortgage Company Liens Against Property	\$	Tenancy in Common Basis ** Balance of Mortgage \$	_ Unknown
General Legal Description of Property Address of Property Owner(s)* Type of Ownership (If two or more names on deed or contract) Fair Market Value Name of Mortgage Company Liens Against Property	\$	Tenancy in Common Basis ** Balance of Mortgage \$	_ Unknown
their name and relation	er Joint Tenancy or Tenancy in Co ship. For property <u>plus</u> any improvemen		
Description / ease Overridi	OIL AND	GAS	
	ng Royalty, Fee Mineral Estate, poling Agreement, etc.)	Owner	Value

CORPORATE BUSINESS INTERESTS

Company / LLC /	Buy/Sell Agreement	Number of			
Partnership	in Existence?	Shares	Ownership %	Owner(s)	Value

FARM AND RANCH

Description (Livestock, Machinery, Leases, etc)	Owner(s)	Value

VEHICLES

Such as Motor Vehicles, Boats, Airplanes, Cycles, Trailers, Travel Trailers, and Recreational Vehicles

Name on Title Year Year Year Year Yehicle identification # Name of Creditor (if loan against vehicle) Name on Title Year Name of Creditor (if loan against vehicle) Name on Title Year Make Model Yehicle identification # Name of Creditor (if loan against vehicle) Name on Title Year Make Model Yehicle identification # Name on Title Year Make Model Yehicle identification # Name of Creditor (if loan against vehicle) Name of Title Year Make Model Yehicle identification # Name of Creditor (if loan against vehicle) Name of Title Year Make Model Yehicle identification # Name of Creditor (if loan against vehicle)	N.T. 1981.1			
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PERSONAL EFFECTS and OTHER ASSETS

General description of all other property owned by the Decedent or Decedent's spouse, including jewelry, household goods and personal effects if you estimate the probable total value of such effects to be less than \$5,000.

If more than \$5,000, please list those items having a value of \$1,000 or more. Do not reduce any amounts by any community interest you may claim in such property.

Description (Furniture, Jewelry, Collectibles or Other Personal Assets of More Than Nominal Value)	Owner	Value
	TOTAL	

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LIABILITIES / DEBTS

List of debts owed by the Decedent on the date of Decedent's death, including expenses of last illness not covered by any insurance.

Creditor Name	Nature of Debt	Amount of Debt
•	TOTAL	

10 OTHER

Were there any Judgments payable to Decedent? If so, please provide documentation.
Was the Decedent a plaintiff in any active lawsuits at the time of death? If so, please provide documentation.
Did the Decedent receive any Medicaid benefits on or after March 1, 2005?
Did the Decedent maintain a safe deposit box(es)? If so, what are the names of all other persons having access to the
box(es) and where are the box(es) located?

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TOP 10 PROBATE THINGS TO KNOW

- 1. Without an original Will, there is a strong possibility that a Will may not be honored in court.
- 2. Wills do not automatically pass assets to a beneficiary.
- 3. Just because there are two names on a deed does not mean that upon the first to die, the survivor will own the entirety of the property.
- 4. Assets that have beneficiary designations are not subject to the probate process.
- 5. Assets with beneficiary designations supersede the provisions in a Will.
- 6. Inherited assets (except IRAS and other income tax deferred accounts) pass income tax free.
- 7. The Basis (amount asset is purchased for) is changed to the fair market value of the asset as of the date of the Decedent's death.
- 8. The role of the Executor is very important. Assets should not be distributed without coordinating with the attorney.
- 9. If a Decedent was over 70 ½ at the time of death and had an IRA, the annual minimum distribution for the year in which he/she died must be withdrawn in the year of death.
- 10. A person's social security number expires upon their death as does their power of attorney.

Printed Name

Taxable: Retainer:

AFFIRMATION

Printed Name

The undersigned hereby states and affirms that the information contained in this Confidential Probate Questionnaire is an accurate and complete record of all assets, liabilities and account information to the best of their knowledge, and that the Petrosewicz Law Firm, P.C. ("the Firm") will be relying on this information in its preparation and counseling regarding the probate proceedings of the Decedent if the undersigned becomes a Client of the Firm. If the undersigned becomes a Client of the Firm, any information that would render this information inaccurate or incomplete will be provided to the Firm in writing within ten (10) days of the date the undersigned becomes aware of the inaccuracy or incompleteness of it. No attorney-client relationship has or will be established until an Engagement Letter has been executed.

Signature		Signat	ure		
Date:		Date:			
FOR OFFICE USE ONLY					
Type of Probate:	Letters Test	Letters of Admin	Muniment	Small Estate Aff.	

Taxable Estate Nontaxable Estate