

PROBATE QUESTIONNAIRE

(Please Print)

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

1 ITEMS NEEDED TO BEGIN PROBATE PROCESS

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.	Retainer (To Be Determined At Initial Meeting)

2 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 Death			
City of Death		County of Death					
Soc Sec #		U.S. Citizen		YES		NO	
TDL#							

3**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	
Soc. Sec. No.		Date of Birth		Date of Death	

4**EXECUTOR(S)**

EXECUTOR # 1 (Full Name)					
Relationship to Decedent				Email Address	
Home Address					
City		State		Zip	
County		Home #			
Cell #		Work #			
Soc Sec #		TDL #			
EXECUTOR # 2 (Full Name)					
Relationship to Decedent				Email Address	
Home Address					
City		State		Zip	
County		Home #			
Cell #		Work #			
Soc Sec #		TDL #			

5**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 Name							
Select One		Born to Decedent		Adopted by Decedent		Stepchild of Decedent	
Home Address							
City		State		Zip			
County		Email Address					
Home #		Cell #					
Soc Sec #		Date of Birth					

CHILD #2 Full Name							
Select One		Born to Decedent		Adopted by Decedent		Stepchild of Decedent	
Home Address							
City		State		Zip			
County		Email Address					
Home #		Cell #					
Soc Sec #		Date of Birth					

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

6**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 Full Name		Date of Birth					
Relationship to Decedent		Soc Sec #					
Home Address							
City		State		Zip			
County		Email Address					
Home #		Cell #					

BENEFICIARY # 2 Full Name				Date of Birth	
Relationship to Decedent				Soc Sec #	
Home Address					
City		State		Zip	
County		Email Address			
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:

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

<u>ASSETS</u>	<u>Community Property</u>	<u>Decedent's Separate Property</u>	<u>Surviving Spouse's Separate Property</u>
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	\$		
Oil and Gas Interests	\$		
Corporate Business Interests	\$		
Farm and Ranch Interests	\$		
Vehicles (Motor Vehicles, Boats, Airplanes, Cycles, etc)	\$		
Personal Effects (Jewelry, etc)	\$		
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	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> CD	<input type="checkbox"/> Other
Name of Financial Institution	_____				Account # _____
Account Owner(s)	_____				
Account Balance on Date of Death	\$	_____			

Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> CD	<input type="checkbox"/> Other
Name of Financial Institution	_____				Account # _____
Account Owner(s)	_____				
Account Balance on Date of Death	\$	_____			

Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> CD	<input type="checkbox"/> Other
Name of Financial Institution	_____				Account # _____
Account Owner(s)	_____				
Account Balance on Date of Death	\$	_____			

Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> CD	<input type="checkbox"/> Other
Name of Financial Institution	_____				Account # _____
Account Owner(s)	_____				
Account Balance on Date of Death	\$	_____			

Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> CD	<input type="checkbox"/> 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 # _____
Account Owner(s) _____
Account Balance on Date of Death \$ _____

Name of Financial Institution _____ Account # _____
Account Owner(s) _____
Account Balance on Date of Death \$ _____

Name of Financial Institution _____ Account # _____
Account Owner(s) _____
Account Balance on Date of Death \$ _____

Name of Financial Institution _____ Account # _____
Account Owner(s) _____
Account Balance on Date of Death \$ _____

ANNUITIES

Name of Company _____ Account # _____
Account Owner(s) _____
Name of Annuitant: _____
Designated Beneficiary _____
Face Value \$ _____ Date of Death Value \$ _____

Name of Company _____ Account # _____
Account Owner(s) _____
Name of Annuitant: _____
Designated Beneficiary _____
Face Value \$ _____ Date of Death Value \$ _____

Name of Company _____ Account # _____
Account Owner(s) _____
Name of Annuitant: _____
Designated Beneficiary _____
Face Value \$ _____ Date of Death Value \$ _____

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 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	\$ _____

LIFE INSURANCE POLICIES

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

Name of Insurance Company	_____		
Name of Policy Owner	_____	Policy #	_____
Name of Insured	_____		
Designated Beneficiary	_____		
Date Policy Issued	_____		
Type of Insurance	<input type="checkbox"/> Term	<input type="checkbox"/> Whole	<input type="checkbox"/> Universal
Face Value	\$ _____	Cash Surrender Value as of Date of Death	\$ _____

Name of Insurance Company	_____		
Name of Policy Owner	_____	Policy #	_____
Name of Insured	_____		
Designated Beneficiary	_____		
Date Policy Issued	_____		
Type of Insurance	<input type="checkbox"/> Term	<input type="checkbox"/> Whole	<input type="checkbox"/> Universal
Face Value	\$ _____	Cash Surrender Value as of Date of Death	\$ _____

Name of Insurance Company	_____		
Name of Policy Owner	_____	Policy #	_____
Name of Insured	_____		
Designated Beneficiary	_____		
Date Policy Issued	_____		
Type of Insurance	<input type="checkbox"/> Term	<input type="checkbox"/> Whole	<input type="checkbox"/> Universal
Face Value	\$ _____	Cash Surrender Value as of Date of Death	\$ _____

ACCOUNTS / NOTES RECEIVABLE

Name of Debtor	Date of Note	Date Note Due	Owed To:	Current 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)			
	___ Joint Tenancy	___ Tenancy in Common	___ Unknown
Fair Market Value	\$ _____	Basis **	\$ _____
Name of Mortgage Company	_____	Balance of Mortgage	\$ _____
Liens Against Property			

General Legal Description of Property			
Address of Property			
Owner(s)*			
Type of Ownership (If two or more names on deed or contract)			
	___ Joint Tenancy	___ Tenancy in Common	___ Unknown
Fair Market Value	\$ _____	Basis **	\$ _____
Name of Mortgage Company	_____	Balance of Mortgage	\$ _____
Liens Against Property			

General Legal Description of Property			
Address of Property			
Owner(s)*			
Type of Ownership (If two or more names on deed or contract)			
	___ Joint Tenancy	___ Tenancy in Common	___ Unknown
Fair Market Value	\$ _____	Basis **	\$ _____
Name of Mortgage Company	_____	Balance of Mortgage	\$ _____
Liens Against Property			

* If property owned either Joint Tenancy or Tenancy in Common with someone other than spouse, please furnish their name and relationship.

** Basis is price you paid for property plus any improvements you have made, less any depreciation you have taken on your tax returns.

OIL AND GAS

Description (Lease, Overriding Royalty, Fee Mineral Estate, Working Interest, Pooling Agreement, etc.)

Owner

Value

CORPORATE BUSINESS INTERESTS

Company / LLC / Partnership	Buy/Sell Agreement in Existence?	Number of 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	_____ Make	_____ Model	_____
Vehicle identification #	_____	Mileage	_____
Name of Creditor (if loan against vehicle)	_____	Balance Owed to Creditor	_____

Name on Title	_____		
Year	_____ Make	_____ Model	_____
Vehicle identification #	_____	Mileage	_____
Name of Creditor (if loan against vehicle)	_____	Balance Owed to Creditor	_____

Name on Title	_____		
Year	_____ Make	_____ Model	_____
Vehicle identification #	_____	Mileage	_____
Name of Creditor (if loan against vehicle)	_____	Balance Owed to Creditor	_____

Name on Title	_____		
Year	_____ Make	_____ Model	_____
Vehicle identification #	_____	Mileage	_____
Name of Creditor (if loan against vehicle)	_____	Balance Owed to Creditor	_____

Name on Title	_____		
Year	_____ Make	_____ Model	_____
Vehicle identification #	_____	Mileage	_____
Name of Creditor (if loan against vehicle)	_____	Balance Owed to Creditor	_____

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		

9 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?

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.

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.

Printed Name _____	Printed Name _____
Signature _____	Signature _____
Date: _____	Date: _____

Did anyone refer you? Yes _____ No _____ If yes, whom: _____

FOR OFFICE USE ONLY

Type of Probate: _____ Letters Test _____ Letters of Admin _____ Muniment _____ Small Estate Aff.

Taxable: _____ Taxable Estate _____ Nontaxable Estate

Retainer: \$ _____