



## 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 circle one)      YES      NO

WAS DECEDENT EVER ON MEDICARE? (Please circle one)      YES      NO

2. **LOCATION OF WILL, IF ANY:** \_\_\_\_\_

DATE OF WILL: \_\_\_\_\_

LOCATION OF CODICIL(S), 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: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**ALTERNATE PERSONAL REPRESENTATIVE (NAMED OR PROPOSED):** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RELATIONSHIP TO DECEDENT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**4. LOCATION OF TRUST, IF ANY:** \_\_\_\_\_

DATE OF TRUST: \_\_\_\_\_

LOCATION OF AMENDMENT(S), IF ANY: \_\_\_\_\_

DATE OF AMENDMENT(S): \_\_\_\_\_

**5. SUCCESSOR TRUSTEE (NAMED IN TRUST 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 #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**DECEDENT'S CHILDREN:**

**CHILD # 1:** \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**CHILD # 2:** \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**CHILD # 3:** \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**CHILD # 4:** \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**CHILD # 5:** \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**OTHER BENEFICIARIES (INCLUDE LIVING SIBILINGS AND LIVING PARENTS):**

**NAME:** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
RELATIONSHIP TO THE DECEDENT: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**NAME:** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
RELATIONSHIP TO THE DECEDENT: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**RELATIONSHIP TO THE DECEDENT:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_

**5. ASSETS:**

**SAFE DEPOSIT BOX:** YES: \_\_\_\_\_ NO: \_\_\_\_\_

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

**DIGITAL ASSETS:** YES: \_\_\_\_\_ NO: \_\_\_\_\_

*A digital asset is digitally stored content or an online account owned by an individual.*

*Digital content includes individual files such as images, photos, videos, and text files. It also includes other digital content (perhaps as data in a database). These assets are stored either on a device owned by an individual ("locally") or on devices accessed via the Internet ("in the cloud"), often as part of a service offered by a third party and governed by a contract with the individual. Some online accounts can be considered assets in and of themselves and have value to an estate. There are email accounts, social media profiles (such as YouTube or Flickr), social networking profiles (such as Facebook), and many others. These are also governed by a contract between the service provider and the individual.*

**TYPE/NAME** \_\_\_\_\_ **DOD VALUE:** \_\_\_\_\_

**TYPE/NAME** \_\_\_\_\_ **DOD VALUE:** \_\_\_\_\_

**TYPE/NAME** \_\_\_\_\_ **DOD VALUE:** \_\_\_\_\_

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

HOW TITLED: \_\_\_\_\_

LOCATION OF TITLE: \_\_\_\_\_

CONDITION: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

MODEL: \_\_\_\_\_ YEAR \_\_\_\_\_ MILES: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF TITLE: \_\_\_\_\_

CONDITION: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

MODEL: \_\_\_\_\_ YEAR \_\_\_\_\_ MILES: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF TITLE: \_\_\_\_\_

CONDITION: \_\_\_\_\_

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: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CREDITOR'S ADDRESS: \_\_\_\_\_

TYPE OF DEBT: \_\_\_\_\_ AMOUNT OWED: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CREDITOR'S ADDRESS: \_\_\_\_\_

TYPE OF DEBT: \_\_\_\_\_ AMOUNT OWED: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

CREDITOR'S ADDRESS: \_\_\_\_\_

TYPE OF DEBT: \_\_\_\_\_ AMOUNT OWED: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

CREDITOR'S ADDRESS: \_\_\_\_\_

TYPE OF DEBT: \_\_\_\_\_ AMOUNT OWED: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

CREDITOR'S ADDRESS: \_\_\_\_\_

TYPE OF DEBT: \_\_\_\_\_ AMOUNT OWED: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

CREDITOR'S ADDRESS: \_\_\_\_\_

TYPE OF DEBT: \_\_\_\_\_ AMOUNT OWED: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

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: \_\_\_\_\_

HAVE ANY PROBATE PROCEEDINGS BEEN FILED? YES or NO

IF YES, PLEASE LIST THE COUNTY, STATE \_\_\_\_\_

**8. DOCUMENTS NEEDED BY THIS OFFICE:**

\_\_\_\_\_ DEATH CERTIFICATE (WITHOUT CAUSE OF DEATH)

\_\_\_\_\_ COPY OF PAID FUNERAL BILL WITH PROOF OF PAYMENT

\_\_\_\_\_ COPIES OF ANY REAL ESTATE DEEDS

\_\_\_\_\_ COPIES OF ANY VEHICLE TITLES

\_\_\_\_\_ COPIES OF ANY BILLS

\_\_\_\_\_ LAST WILL AND TESTAMENT AND ANY CODICIL(S) (IF ONE EXISTS)

**(ORIGINAL NEEDED)**

\_\_\_\_\_ COPY OF TRUST DOCUMENT AND ANY AMENDMENT(S) (IF ONE EXISTS)

\_\_\_\_\_ COPIES OF ASSETS (BANK STATEMENTS, STOCK CERTIFICATES, ETC.)

**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 PENALTY OF PERJURY, I SWEAR OR AFFIRM THAT THE INFORMATION  
PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.**

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Print Name: \_\_\_\_\_