



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: _____

6. 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: _____

7. CERTIFIED PUBLIC ACCOUNTANT (CPA): _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: _____

8. 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, I):

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:

9. 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: \$ _____

10. 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 _____

11. 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 _____

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-
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: _____