

PROBATE QUESTIONNAIRE

Date: _____

Client's Name: _____ Birthdate: _____ SS #: _____

Address: _____

Phone No: _____ (H) _____ (W) Marital Domicile: _____

Spouse's Name: _____ Birthdate: _____ SS #: _____

Address: _____

Decedent Name: _____

Decedent Address: _____

Decedent Date of Death: _____

Decedent Date of Birth: _____

Death Certificate? _____

Last Will and Testament? _____

Date Last Will and Testament signed _____

Named Personal Representative: _____

Address of Named Personal Representative: _____

Named Alternate Personal Representative: _____

Address of Alternate Personal Representative: _____

Heirs:	Address:
_____	_____
_____	_____
_____	_____
_____	_____

Beneficiaries:	Address:
_____	_____
_____	_____
_____	_____
_____	_____

Assets:

Real Property: _____

Vehicle: _____

Vehicle: _____

Bank Accounts: _____

Bank Accounts: _____

Bank Accounts: _____

Other: _____

Other: _____

Debts:

How Property is to be distributed:

GUARDIANSHIPS/CONSERVATORSHIPS: ADULTS/MINORS

Wards Name: _____ Address: _____ Age: _____

Wards Name: _____ Address: _____ Age: _____

Wards Name: _____ Address: _____ Age: _____

Reason for Guardian/Conservator:

Assets of Ward:

Persons to Receive Notice:

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Notes: