

# PROBATE QUESTIONNAIRE

Name of contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of contact: \_\_\_\_\_

Email of contact: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_

Name of decedent: \_\_\_\_\_ Date of death: \_\_\_\_\_

Occupation: \_\_\_\_\_ Veteran (yes or no) \_\_\_\_\_

Had the decedent ever received Medicaid benefits? (yes or no) \_\_\_\_\_

Was the decedent a United States Citizen? \_\_\_\_\_ If no, citizen of what? \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Marital status: \_\_\_\_\_

Name of spouse: \_\_\_\_\_ Date of death, if applicable: \_\_\_\_\_

Had the decedent been previously married? \_\_\_\_\_

Resident of decedent: \_\_\_\_\_

Property in whose name(s)? \_\_\_\_\_

Please list any additional property or real estate owned by the decedent:

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Please list all heirs, addresses, and ages (children, grandchildren, siblings, parents, etc.):

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# PROBATE QUESTIONNAIRE

Please list all assets held by the decedent:

Bank accounts:

Bank	Type of Acct.	Amount	Whose names?

Life Insurance Policies:

Insurance Co.	Type of Policy	Amount	Beneficiaries

Investments:

Company	Type of investment	Amount	Beneficiaries

Trusts

Name of trust	Donor	Trustee(s)	Amount	Beneficiaries

# PROBATE QUESTIONNAIRE

Please provide our office with the following documents:

1. The decedent's original will
2. Certified copy of the death certificate
3. Copies of deeds to all real property owned by the decedent