

PROBATE QUESTIONNAIRE

INSTRUCTIONS:

(A) PLEASE COMPLETE THE QUESTIONNAIRE COMPLETELY TO THE BEST OF YOUR ABILITY. YOU MAY CALL OUR OFFICE FOR ASSISTANCE.

(B) YOUR ACCURACY AND COMPLETENESS IN RESPONDING WILL HELP US TO BEST ADVISE AND REPRESENT YOU. PLEASE COMPLETE ALL PARTS OF THE QUESTIONNAIRE OR WE WILL BE UNABLE TO MEET WITH YOU.

I. GENERAL INFORMATION

1. Were you referred to our office and if so, by whom? _____.
2. If not, what made you choose our office? _____.
3. What is the purpose of your visit to our office? _____.
4. Do you have any other legal issues which our office should be aware of? _____. If yes, please explain: _____.

II. BACKGROUND AND FAMILY INFORMATION

1. Name of Decedent: _____
D.O.B.: _____ SS#: _____ Date of Death: _____
Phone Number(s):(H) _____ (O) _____; Email: _____
Address at time of Death: _____
Was the decedent a veteran? Yes _____ No _____

2. Marital Status: Widowed _____ Divorced _____ Single _____ Date of marriage: _____
Name of Spouse _____
If widowed provide date, county and state of spouse's death: _____.
If married, provide address of spouse: _____
Is there prenuptial or postnuptial agreement? _____ If yes, what is date of agreement _____
(Please provide with copy of agreement)
Is spouse alive or deceased? _____
Is this a 1st marriage _____, 2nd marriage _____ 3rd marriage _____

3. Children (please indicate whether any child is from a prior marriage). For minors, include their age:

Name\Age	_____	_____
Relationship	_____	_____
Address	_____	_____
Phone #	_____	_____
Adopted/Half-blood	_____	_____

Name\Age	_____	_____
Relationship	_____	_____
Address	_____	_____
Phone #	_____	_____
Adopted/Half-blood	_____	_____

Name\Age	_____	_____
Relationship	_____	_____
Address	_____	_____
Phone #	_____	_____
Adopted/Half-blood	_____	_____

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4. Grandchildren:

Name\Age _____
Relationship _____
Address _____
Phone # _____
Adopted/Half-blood _____

Name\Age _____
Relationship _____
Address _____
Phone # _____
Adopted/Half-blood _____

Name\Age _____
Relationship _____
Address _____
Phone # _____
Adopted/Half-blood _____

5. If no surviving children, list names of decedent's living siblings.

Name\Age _____
Relationship _____
Address _____
Phone # _____

Name\Age _____
Relationship _____
Address _____
Phone # _____

III. HEALTH INSURANCE: PLEASE PROVIDE THE NAME AND ADDRESS OF THE COMPANY FOR THE FOLLOWING:

Medicare/Private Insurance
Company: _____
Address: _____

Medicare Supplement
Company: _____
Address: _____

Long Term Care Insurance
Company: _____
Address: _____

Other, Cancer, Accidental
Company: _____
Address: _____

IV. PERSONAL INFORMATION

1. Were arrangements made for the disposition of the decedent's body prior to his/her death? _____ Were they paid for in full? _____ Is there a balance due and what is the amount? _____. If a family member paid for the funeral and is seeking reimbursement provide their name, address, amount: _____

2. **Was the decedent a recipient of public assistance while alive** (i.e. Medicaid; Food Stamps; supplemental security income; subsidized housing)? _____. If yes, identify the program and the dates assistance was received: _____

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3. Are there any unpaid Medical bills or bills for expenses of the last illness? _____. If yes, identify the medical provider and amount due (and attach copies of invoices): _____

4. Was the decedent filing the following tax returns prior to his/her death:
a) income tax _____ b) intangible tax _____
c) capital gains tax _____ d) gift tax _____

Name, address, phone number of the decedent's accountant: _____

5. **Are any beneficiaries of the estate receiving public assistance?** _____. If yes, identify the beneficiary, their address, phone number: _____

6. Did the decedent have a Last Will & Testament? Yes _____ No _____

7. Is there a pre-nuptial or post-nuptial agreement? Yes _____ No _____ If yes please provide a copy.

V. ASSETS OWNED BY DECEDENT AT TIME OF DEATH

1. Real Estate located in Florida:

Address: _____

FMV: _____

(Indicate whether based on sale price, appraisal or tax bill)

Mortgage: _____

(Indicate name of mortgagee and balance of mortgage)

Title held by: _____

(Indicate persons and whether title is held as tenants in common, joint tenancy with rights of survivorship, tenancy by entirety)

Did the decedent reside here at the time of death: _____

2. Real estate located outside Florida:

Address: _____

FMV: _____

(Indicate whether based on sale price, appraisal or tax bill)

Mortgage: _____

(Indicate name of mortgagee and balance of mortgage)

Title held by: _____

(Indicate persons and whether title is held as tenants in common, joint tenancy with rights of survivorship, tenancy by entirety)

3. Automobiles, Mobile Homes, Recreational Vehicles, Boats:

Type	Year	FMV	Liens	Owner
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Stocks, securities, bonds, and investments:

Asset: _____

Name & Address of Co. _____

Value: _____ Account #: _____

How is it titled: _____

When does it come due and interest rate: _____

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Asset: _____
Name & Address of Co. _____
Value: _____ Account #: _____
How is it titled: _____
When does it come due and interest rate: _____

Asset: _____
Name & Address of Co. _____
Value: _____ Account #: _____
How is it titled: _____
When does it come due and interest rate: _____

Asset: _____
Name & Address of Co. _____
Value: _____ Account #: _____
How is it titled: _____
When does it come due and interest rate: _____

4. Retirement and pension plans (include IRAs and 401Ks):

Asset: _____
Name & Address of Co. _____
Value: _____ Account #: _____
How is it titled: _____
When does it come due and interest rate: _____

Asset: _____
Name & Address of Co. _____
Value: _____ Account #: _____
How is it titled: _____
When does it come due and interest rate: _____

Asset: _____
Name & Address of Co. _____
Value: _____ Account #: _____
How is it titled: _____
When does it come due and interest rate: _____

5. Bank Accounts:

Asset: _____
Name & Address of Co. _____
Value: _____ Account #: _____
How is it titled: _____
When does it come due and interest rate: _____

Asset: _____
Name & Address of Co. _____
Value: _____ Account #: _____
How is it titled: _____
When does it come due and interest rate: _____

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Asset: _____
Name & Address of Co. _____
Value: _____ Account #: _____
How is it titled: _____
When does it come due and interest rate: _____

Asset: _____
Name & Address of Co. _____
Value: _____ Account #: _____
How is it titled: _____
When does it come due and interest rate: _____

6. Life insurance:

Name of Owner _____
Name of Insured _____
Name of Insurer _____
Policy #: _____
Face Value: _____
Cash Surrender Value: _____
Term or whole life: _____
Beneficiary (ies): _____

Name of Owner _____
Name of Insured _____
Name of Insurer _____
Policy #: _____
Face Value: _____
Cash Surrender Value: _____
Term or whole life: _____
Beneficiary (ies): _____

7. Annuities:

Asset: _____ Value: _____ Account #: _____
Name & Address of Co. _____
How is it titled: _____ When does it come due and interest rate: _____
Are there survivorship benefits and who is the beneficiary: _____

Asset: _____ Value: _____ Account #: _____
Name & Address of Co. _____
How is it titled: _____ When does it come due and interest rate: _____
Are there survivorship benefits and who is the beneficiary: _____

8. Other Assets (Debts owed by others to the decedent including description of debt, name of debtor, current unpaid balance, identify document which evidences debt):

Mortgages: _____
Promissory notes: _____

TOTAL OF ALL PROPERTY: \$ _____

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VI. LEGAL DOCUMENTS

Did the decedent have a Last Will & Testament? Yes _____ No _____
Did the decedent have a codicil to the Will? Yes _____ No _____
Did the decedent have a Revocable Trust? Yes _____ No _____

Name of Personal Representative: _____ Birth Date _____

Address of Personal Representative: _____

Name of Successor Personal Representative: _____

Address of Successor Personal Representative: _____

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Print Name: _____

Date: _____

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We appreciate you completing the following questions as to yourself. Caregivers are especially conscientious about facilitating the care needs of those they care for. Unfortunately, they are often remiss when it comes to making the time to address their own. We wish to ensure that your personal legal needs are being addressed by taking the time to discuss these issues with you.

“PROPER PLANNING MAY CREATE PEACE OF MIND”

Do you have the following legal documents in place:

	<u>YES</u>	<u>NO</u>	<u>I WANT TO KNOW</u>
<u>MORE</u>			
A. Last Will & Testament	_____	_____	_____
B. Revocable Trust	_____	_____	_____
C. Durable Power of Attorney	_____	_____	_____
D. Springing Durable Power of Attorney	_____	_____	_____
E. Designation of Health Care Surrogate	_____	_____	_____
F. Living Will	_____	_____	_____
G. Organ Donation/Transplantation Request	_____	_____	_____
H. Declaration of Pre-need Guardian for a Minor	_____	_____	_____
I. Special Needs Trust for a disabled spouse or Family member	_____	_____	_____
J. Do Not Resuscitate Order	_____	_____	_____

If you consult with us as to your personal estate planning needs within the next three (3) months you will receive a 15% discount on the consultation and on the charge for estate planning documents. Please save a copy of this page and bring it with you to your personal consultation. We look forward to serving you.