

PROBATE QUESTIONNAIRE

Initial Meeting _____ Signing _____

FAMILY

Spouse

Full Legal Name _____ Goes By _____

DOB _____ SS# _____ U.S. Citizen Y/N if no, country: _____

Address _____ County _____

Phone (h) _____ (c) _____ Email _____

Date of Death _____

Spouse

Full Legal Name _____ Goes By _____

DOB _____ SS# _____ U.S. Citizen Y/N if no, country: _____

Address _____ County _____

Phone (h) _____ (c) _____ Email _____

Date of Death _____ Date of Marriage _____

Children

1. Full Legal Name _____ Goes By _____

Gender _____ DOB _____ SS# _____ His / Hers / Both

Address _____ County _____

Phone (h) _____ (c) _____ Email _____

Profession/Career _____ Spouse _____

Children and DOB _____

2. Full Legal Name _____ Goes By _____
Gender _____ DOB _____ SS# _____ His / Hers / Both
Address _____ County _____
Phone (h) _____ (c) _____ Email _____
Profession/Career _____ Spouse _____
Children and DOB _____

3. Full Legal Name _____ Goes By _____
Gender _____ DOB _____ SS# _____ His / Hers / Both
Address _____ County _____
Phone (h) _____ (c) _____ Email _____
Profession/Career _____ Spouse _____
Children and DOB _____

4. Full Legal Name _____ Goes By _____
Gender _____ DOB _____ SS# _____ His / Hers / Both
Address _____ County _____
Phone (h) _____ (c) _____ Email _____
Profession/Career _____ Spouse _____
Children and DOB _____

FIDUCIARIES: Executor, Administrator, & Trustee

Name _____ Role: _____

Address _____

Phone (h) _____ (c) _____ Email _____

Name _____ Role: _____

Address _____

Phone (h) _____ (c) _____ Email _____

Name _____ Role: _____

Address _____

Phone (h) _____ (c) _____ Email _____

PROPERTY

Personal property assets in excess of \$100,000

Real Property

Address	Owner	Market Value	Debt

Vehicles / Boats / Planes

Address	Owner	Market Value	Debt

Stocks, Bonds, Investments, Etc.

Name	Owner	Type	Value

Bank Accounts (Checking, Savings, Money Market, CDs)

Name	Owner	Type	Value

Retirement Plans

Type (IRA, 401K, etc.)	Owner	Beneficiaries	Value
		Primary Contingent	
		Primary Contingent	
		Primary Contingent	
		Primary Contingent	
		Primary Contingent	

Pensions and Social Security

Type	Beneficiary	Value

INSURANCE

Life Insurance

Type/Company	Date	Owner	Beneficiaries	Cash Value	Face Value	Premium Payment
			Primary Contingent			
			Primary Contingent			
			Primary Contingent			
			Primary Contingent			

PROFESSIONAL TEAM

CPA

Name _____

Address _____

Phone _____ Email _____

Financial Advisor

Name _____

Address _____

Phone _____ Email _____

Insurance Advisors

Life Insurance:

Name _____

Address _____

Phone _____ Email _____

Property and Casualty Insurance

Name _____

Address _____

Phone _____ Email _____

COMPANIES

Name of Company: _____

Owners: _____

Address: _____

EIN# _____ Type of Entity: C-Corp / S Corp / LLC /Partnership / SP

Date of Formation _____ State of Formation _____

Registered Agent _____ Value _____

DIGITAL & SECURED STORAGE

Location of Digital Login/ Password Information: _____

Safety Deposit Box: _____

Safe: _____

NOTES
