

PROBATE & ESTATE ADMINISTRATION QUESTIONNAIRE
CONFIDENTIAL

Please submit the questionnaire by 5pm two business days prior to your scheduled consultation.

Note: Information provided is held in complete confidence and is used for the sole purpose of analyzing probate and estate administration planning needs. Full Legal Names for individuals and businesses are required in all instances where a name is requested. If a question isn't applicable, please type or write "N/A" versus leaving blank.

GENERAL INFORMATION	
Date	
Decedent's Full Legal Name	
Aliases, if any	
Date of Death	
Decedent's Social Security Number	
Address at Time of Death	
County of Residence at Death	
Marital Status at Death	
Place of Death	
Relationship of Client to Decedent	

ADMINISTRATION OF ESTATE		
Was there a Last Will & Testament?	<input type="radio"/> Yes	<input type="radio"/> No
If Yes, do you have the original?	<input type="radio"/> Yes	<input type="radio"/> No
If Yes, what is the date of the Last Will and Testament?		
If Yes, is there a notarized Affidavit?	<input type="radio"/> Yes	<input type="radio"/> No

EXECUTOR/ADMINISTRATOR/PERSONAL REPRESENTATIVE OF THE ESTATE

Executor/Administrator Personal Representative

Full Legal Name		
Address		
Is Individual Named Above Willing and Able to Serve?	<input type="radio"/> Yes	<input type="radio"/> No
Relationship to Decedent		
Home/Mobile Telephone		
Business Telephone		
Email Address		

Co-Executor/Administrator Co-Personal Representative
 Successor Executor/Administrator Successor Personal Representative

Full Legal Name		
Address		
Is Individual Named Above Willing and Able to Serve?	<input type="radio"/> Yes	<input type="radio"/> No
Relationship to Decedent		
Home/Mobile Telephone		
Business Telephone		
Email Address		

If the person named as Executor/Personal Representative in the Will is deceased or has declined to serve, please complete the following:

Named Executor's Date of Death, if deceased. Provide certified copy of Death Certificate.	
If Named Executor is declining to serve, will he/she sign a formal resignation? If yes, please provide such person's name, address and phone number(s).	

TRUST INFORMATION (if applicable)		
Was there a Revocable Living Trust or Living Trust ("Trust")?	<input type="radio"/> Yes	<input type="radio"/> No
If Yes, do you have the original?	<input type="radio"/> Yes	<input type="radio"/> No
If Yes, what is the date of the Trust?		
Is there a notarized Certificate?	<input type="radio"/> Yes	<input type="radio"/> No
What assets funded the Trust? Attach additional pages if necessary.		
Trustee		
Full Legal Name		
Address		
Relationship to Decedent		
Home/Mobile Telephone		
Business Telephone		
Email Address		
Successor Trustee		
Full Legal Name		
Address		
Relationship to Decedent		
Home/Mobile Telephone		
Business Telephone		
Email Address		
If the person named as Successor Trustee in the Trust is deceased or has declined to serve, please complete the following:		
Named Successor Trustee's Date of Death, if deceased.		
If Named Successor Trustee is declining to serve, will he/she sign a formal resignation? If yes, please provide such person's name, address and phone number(s).		

FAMILY INFORMATION

Is any member of the family disabled?

Yes

No

If yes, please provide additional information, including conservatorship or guardianship documentation.

Surviving Spouse Information (if applicable)

Full Legal Name

Date of Birth

Address

Home/Mobile Telephone

Business Telephone

Email Address

Living Children

Full Legal Name	Date of Birth	Full Address	Email Address	Phone (O)(H)(C)

Was a Guardian appointed for minor children of the Decedent? If so, please list full name, address, email address and telephone number.

Full Legal Name of Guardian

Guardian Address

Guardian Email Address

Guardian Telephone Number

Children Who Predeceased the Decedent (If Applicable)

Full Legal Name	Date of Birth	Date of Death	Address at Death & Social Security #

Children of Predeceased Child/ren (If Applicable)

Full Legal Name	Date of Birth	Address	Email Address	Telephone (O)(H)(C)

Other Beneficiaries | Names of friends, Charities or Other Organizations to be included in Probating or Administering the Estate.

Full Legal Name	Date of Birth	Address		
Relationship to Decedent	Email Address		Telephone (O)(H)(C)	

Full Legal Name	Date of Birth	Address		
Relationship to Decedent	Email Address		Telephone (O)(H)(C)	

Full Legal Name	Date of Birth	Address		
Relationship to Decedent	Email Address		Telephone (O)(H)(C)	

ASSET INVENTORY		
Asset	Description, Address/Location, Account # (if applicable)	Amount/Value as of Date of Death
Cash		\$
		\$
		\$
Savings		\$
		\$
		\$
Money Market Accounts		\$
		\$
		\$
Certificates of Deposit (CDs)		\$
		\$
		\$
Stocks & Bonds		\$
		\$
		\$
Retirement Programs (Pensions, Profit Sharing, Retirement Accounts, Annuities)		\$
		\$
		\$
Life Insurance	Type	\$
	Beneficiary	
	Type	\$
	Beneficiary	
	Type	\$
	Beneficiary	

Business Interests (Business(es) in which the decedent had a vested interest as member, owner, partner or stockholder)		\$
		\$
		\$
Real Estate Owned <i>Include mortgage balance(s) in Debt section below.</i>		\$
		\$
		\$
Vehicles (cars, boats, trailers, motorcycles, motor homes, airplanes, etc.) <i>Include loan balance(s) in Debt section below.</i>		\$
		\$
		\$
Personal Property (miscellaneous items of value owned by the Decedent (household furniture, furnishings, appliances, cameras, stereos, radios, china, silver, lawn equipment, guns, jewelry, furniture, collections, artwork, etc.))		\$
Accounts Receivable (notes, contracts, mortgages)		\$

DEBTS

(credit cards, loans, utilities, etc.)

Creditor	Full Address	Account Number	Amount Owed

Medical Expenses

Expenses accrued during last illness (emergency room, doctors, nursing home, home care, hospital, etc., or other unpaid medical expenses)

Was the Decedent receiving Medicaid? If yes, provide detail below.

Yes

No

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DOCUMENT LOCATIONS AND RESOURCE CONTACT INFORMATION

Accountant Name and Company

Name

Full Address

Business Telephone

Facsimile

Email Address

Insurance Agent Name and Company

Name

Full Address

Business Telephone

Facsimile

Email Address

Financial Planner and Company

Name

Full Address

Business Telephone

Facsimile

Email Address

Employer Benefits Coordinator

Name

Full Address

Business Telephone

Facsimile

Email Address

**Address and Location of Safe Deposit Box
and Box Number, if applicable.**

Location of Other Important Documents	
Original Will or Trust Documents	
Insurance Policies	
Notes, Deed, Divorce Decrees	
Other:	
Other:	
Other:	

REQUESTED DOCUMENTS	
<ul style="list-style-type: none"> <input type="checkbox"/> Copy of Certified Death Certificate <input type="checkbox"/> Last Will & Testament or Trust Agreement (originals) <input type="checkbox"/> Codicils (updates or changes made to the original Will) <input type="checkbox"/> Amendments to the original Trust <input type="checkbox"/> Trust Documents, if any <input type="checkbox"/> Deeds to Real Estate <input type="checkbox"/> Automobile Titles <input type="checkbox"/> Divorce Decree (if applicable) <input type="checkbox"/> Prior Court Filings, correspondence, etc. <input type="checkbox"/> Written notification to Social Security <input type="checkbox"/> Copies of Bank Statements <input type="checkbox"/> Copies of Stock Certificates <input type="checkbox"/> Copies of Bonds <input type="checkbox"/> Copies of Tax Bill(s) 	
How did you learn about The Law Office of Paige Arden Stanley?	
Our office publishes a short, educational newsletter 6 times annually. Would you like to receive it?	<input type="radio"/> Yes <input type="radio"/> No

The undersigned designated Executor(s)/Personal Representative(s)/Administrator(s) for the above-named Decedent do(es) hereby affirm that the information contained in this questionnaire is to the best of my/our ability and knowledge.

_____ Date ____/____/_____
Signature

_____ Date ____/____/_____
Signature