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Date: _____

PROBATE/TRUST ADMINISTRATION QUESTIONNAIRE CONFIDENTIAL INFORMATION

Instructions | Please print clearly

Please complete this form to the best of your ability so that we may provide the most informative consultation. Print additional pages if needed. This information is confidential.

Name: _____

Relationship to the deceased: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PROBATE/TRUST ADMINISTRATION QUESTIONNAIRE CONFIDENTIAL INFORMATION

INFORMATION ABOUT THE DECEASED

Name: _____

Address: _____

City, State, Zip: _____

Marital status at the time of death: _____

Does the deceased have a Will? Yes ☐ No ☐ Does the deceased have a Trust? Yes ☐ No ☐

FAMILY OF THE DECEASED

Spouse
If deceased, only name and date of death are needed

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____

Employer: _____ Retirement Date: _____

Employer Address: _____

City, State, Zip: _____

If deceased, date of death: _____

FAMILY OF THE DECEASED

Parents
If deceased, only name and date of death are needed

Mother's Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____

If deceased, date of death: _____

Father's Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____

If deceased, date of death: _____

Children
If deceased, only name and date of death are needed

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____

If deceased, date of death: _____

FAMILY OF THE DECEASED

Children
If deceased, only name and date of death are needed

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____

If deceased, date of death: _____

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____

If deceased, date of death: _____

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____

If deceased, date of death: _____

Siblings
Required only if the deceased has no surviving spouse, no surviving parents, and did not have children

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____

DEBTS

Does the deceased have debts (i.e. nursing home, hospital, medical, credit cards, or other outstanding bills)?

Yes ☐ No ☐ If so, please provide copies.

Has the deceased or the spouse of the deceased, during the last 90 days, had substantial medical expenses such as nursing home or hospital bills which have not been paid and are not expected to be paid by Medicare, Medigap insurance, long-term care insurance, or other insurance. If so, please provide details and dates of such medical expenses:

_____

_____

_____

Has a family member or other party been paying bills for the deceased? Yes ☐ No ☐

If so, please provide details: _____

_____

_____

Has the deceased filed all federal and state tax returns on a timely basis? Yes ☐ No ☐

REAL ESTATE

Home Address: _____

Name(s) on Deed: _____

Mortgage Balance: $ _____ Market Value: $ _____

Beneficiary Deed: _____

Other Real Estate Property Address: _____

Name(s) on Deed: _____

Mortgage Balance: $ _____ Market Value: $ _____

Beneficiary Deed: _____

VEHICLES

Make/Year: _____

Name(s) on Title: _____

Loan Balance: $ _____ Market Value: $ _____

Transfer on Death: _____

Make/Year: _____

Name(s) on title: _____

Loan Balance: $ _____ Market Value: $ _____

Transfer on Death: _____

ACCOUNTS & INVESTMENTS

Savings Account(s)

Bank: _____ Account #: _____

Name(s) on Account: _____

Average Balance: $ _____

Payable on Death Beneficiaries: _____

Bank: _____ Account #: _____

Name(s) on Account: _____

Balance: $ _____

Payable on Death Beneficiaries: _____

Checking Account(s)

Bank: _____ Account #: _____

Name(s) on Account: _____

Balance: $ _____

Bank: _____ Account #: _____

Name(s) on Account: _____

Balance: $ _____

ACCOUNTS & INVESTMENTS

Bank Certificate of Deposit

Bank: _____ Account #: _____

Name(s) on Account: _____

Value: $ _____

Bank: _____ Account #: _____

Name(s) on Account: _____

Value: $ _____

Mutual Funds

Name of Fund: _____ Account #: _____

Name(s) on Account: _____

Value: $ _____

Name of Fund: _____ Account #: _____

Name(s) on Account: _____

Value: $ _____

Stocks & Bonds

Name of Brokerage Co.: _____

Purchase Date: _____ # of Shares: _____ Value: $ _____

Name of Brokerage Co.: _____

Purchase Date: _____ # of Shares: _____ Value: $ _____

Name of Brokerage Co.: _____

Purchase Date: _____ # of Shares: _____ Value: $ _____

PROBATE/TRUST ADMINISTRATION QUESTIONNAIRE CONFIDENTIAL INFORMATION

ACCOUNTS & INVESTMENTS

IRAs, Keoughs, 401(k) Plans, Annuities, etc.

Bank: _____ Account #: _____

Name(s) on Account: _____

Value: $ _____

Bank: _____ Account #: _____

Name(s) on Account: _____

Value: $ _____

INSURANCE

Life

Company: _____ Policy #: _____ Whole ☐ Term ☐

Policy Owner: _____ Insured: _____

Beneficiary: _____ Contingent Beneficiary: _____

Face Value: $ _____ Cash Surrender Value: $ _____

Company: _____ Policy #: _____ Whole ☐ Term ☐

Policy Owner: _____ Insured: _____

Beneficiary: _____ Contingent Beneficiary: _____

Face Value: $ _____ Cash Surrender Value: $ _____