



PROBATE INTAKE QUESTIONNAIRE

Part One: Personal Information

Your Full Name: _____ Date of Birth: _____

Cell Phone: _____ Personal Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Social Security #: _____

Relationship to Decedent: Spouse Child Heir Devisee Other: _____

Part Two: Information About the Deceased

Decedent Full Name: _____

Date of Birth: _____ Date of Death: _____

Gender: Male Female Social Security Number: _____

Last Address: _____

City, State, Zip: _____

Marital Status: Single Married (at time of death) Married (previously deceased spouse)

If Decedent has a previously deceased spouse:

Spouse Name: _____ Date of Death: _____

Was any probate or administration done at the death of the first spouse? Yes No

If yes, where: _____

Part Three: Will Information

Did Decedent Leave a Will? Yes No Did Decedent Leave a Trust? Yes No

(if there is no Will or Trust, please skip to Part Four)

Do you have the original Will? Yes No Date Will was executed: _____

Are there any amendments to the Will? Yes No If so, do you have the original(s)? Yes No

Who is named as the Personal Representative in the Will: _____

If more than one Personal Representative ("PR") is named, will both individuals serve? Yes No

If a named PR will not serve, please list his or her name: _____

Will the other named PR(s) sign a Renunciation of his or her Right to Serve and Consent for the individual/entity named in Part Five to serve alone? Yes No

Part Four: Bond Information

Is bond waived in the Will? Yes No No Will

If there is not a Will or bond is not waived in the Will, will all of the heirs or devisees waive bond? Yes No

If bond will not be waived, please include the following:

Value of Personal Property: _____

Value of all Real Estate: _____ (if any)

Value of Mortgage on Real Estate: _____ (if any)

Expected Annual Income from Property: _____ (if any)

Part Five: Applicant/Personal Representative Information

(Make additional copies as needed for each PR to be appointed)

Full Name of Personal Representative to be Appointed: _____

Will Sign Documents In: State: _____ County: _____

Male Female

Applicant/PR is a: Non-Licensed Individual Licensed Individual Licensed Entity

If Licensed, License Number: _____

If PR is a non-Licensed Individual, please complete the following:

Relationship to Decedent: Spouse Child Heir Devisee Other: _____

Cell Phone: _____ Personal Email: _____

Home Address: _____

City, State Zip: _____

Home Phone: _____ Work Phone: _____

The following information is required for the Probate Cover Sheet:

Race: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Date of Birth: _____ Social Security Number: _____

Qualification to Serve as PR (pick one only)

Nominated in Will **OR**

Applicant/PR Is Decedent's:

Spouse Child

Sibling Parent

Heir (Decedent's natural heir, but there is no Will/not named in Will)

Devisee (Someone named in the Will to inherit property from Decedent's estate)

Other: _____

PR Status: Will Serve

Will nominate someone else to serve Who: _____

(please complete Part Five for the PR to be nominated)

Part Six: Heirs & Devisees

(Make additional copies as needed)

Name: _____ Male Female
 Charity Entity

Relationship to Decedent: Spouse Child Heir Devisee Other: _____

Legal Status: Adult Minor Trust Entity Date of Birth: _____

Address: _____

City, State, Zip: _____

Named PR in the Will? Yes No

If yes, will this individual sign a Renunciation of Right to Appointment and Consent to the PR named in Part Five to Serve? Yes No

Name: _____ Male Female
 Charity Entity

Relationship to Decedent: Spouse Child Heir Devisee Other: _____

Legal Status: Adult Minor Trust Entity Date of Birth: _____

Address: _____

City, State, Zip: _____

Named PR in the Will? Yes No

If yes, will this individual sign a Renunciation of Right to Appointment and Consent to the PR named in Part Five to Serve? Yes No

Name: _____ Male Female
 Charity Entity

Relationship to Decedent: Spouse Child Heir Devisee Other: _____

Legal Status: Adult Minor Trust Entity Date of Birth: _____

Address: _____

City, State, Zip: _____

Named PR in the Will? Yes No

If yes, will this individual sign a Renunciation of Right to Appointment and Consent to the PR named in Part Five to Serve? Yes No

Name: _____ Male Female
 Charity Entity

Relationship to Decedent: Spouse Child Heir Devisee Other: _____

Legal Status: Adult Minor Trust Entity Date of Birth: _____

Address: _____

City, State, Zip: _____

Named PR in the Will? Yes No

If yes, will this individual sign a Renunciation of Right to Appointment and Consent to the PR named in Part Five to Serve? Yes No

DECEDENT'S ADVISOR INFORMATION

Attorney's name _____ Phone number _____

Life insurance agent's name _____ Phone number _____

Accountant's name _____ Phone number _____

Financial advisor's name _____ Phone number _____

Banker's name _____ Phone number _____

IMPORTANT INFORMATION

Please select Yes, No, or Unknown for each question	Yes	No	Unknown
Was decedent subject to any guardianship or conservatorship before death?			
Did decedent ever live in any of the following states while married: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin?			
Is decedent a named beneficiary in anyone's trust? If yes, please explain in the Additional Information section below.			
Did decedent and spouse sign a prenuptial or postnuptial agreement? If yes, please attach a copy.			
Was decedent making payments pursuant to a divorce or property settlement agreement at death? If yes, please attach a copy.			
Was decedent (or spouse) receiving social security, disability, or other governmental benefits?			
Is decedent widowed? If yes, and a federal estate tax return or state death tax return was filed, please attach a copy.			
Do any of decedent's children have special educational, medical, or physical needs?			
Does decedent's spouse, or do any of decedent's children, receive governmental support or benefits?			
Did decedent provide primary or other financial support to adult children or other dependents at death? If yes, please specify in the Additional Information section below.			
Was decedent party to any litigation at the time of death?			
Was decedent in control of decedent's financial affairs before death? If no, who was in control?			
Would anyone assert that decedent was subject to undue influence relating to decedent's financial or personal matters?			

Additional Information _____

PROPERTY INFORMATION

The following pages of this questionnaire guide you to list all property decedent owned, indicate how the property is titled, and provide the property value. You may list any additional property on a separate sheet of paper. Each category of property covers the following information:

Type

Describes the specific types of property in each section

Evidence of title

Indicates the type of document needed to provide evidence of title to the property

Owner

Specifies how decedent owned the property. It is extremely important that this be accurate. For each property, please indicate how the property is titled by using the abbreviations below. (Note: if you do not know how title is held, please use "?".)

Owner of Property	Abbreviation
Decedent only; no other person	D
Decedent jointly with right of survivorship with spouse	JT-S
Decedent jointly with right of survivorship with nonspouse	JT-NS
Decedent community property*	CP
Decedent as tenant in common with someone else	TIC
Revocable Trust	RLT
Irrevocable Trust	IRT
Unsure how property is owned	?

**Community property only applies if property was earned or acquired after marriage and before separation while living in one of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.*

REAL PROPERTY

Type

Primary residence, vacation property, rental property, commercial property, agricultural/farm/ranch property, vacant land, timeshare, etc. If property is owned by a partnership with someone other than spouse, please list it in the **Business Interests** section.

Evidence of title

Deed or land contract

Type and full address	Owner	Date of death value	Loan balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	TOTAL \$	_____	\$ _____

PERSONAL PROPERTY

Type

Motor vehicles, boats, furniture, jewelry, collections, antiques, furs, tools, equipment, or other valuable personal property

Evidence of title

Title or registration, bill of sale, receipt, or cancelled check reflecting purchase, if any

General description	Owner	Date of death value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL \$	_____

BANK ACCOUNTS

Type

Checking accounts (CA), savings accounts (SA), and Certificates of Deposit (CD). Note that IRAs and 401(k) accounts are listed in the **Retirement Accounts** section, and money market accounts are listed in the **Brokerage and Mutual Funds** section.

Evidence of title

Signature card or document signed to create account

Institution name	Account number and type	Owner	Date of death balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL			\$ _____

RETIREMENT ACCOUNTS

Type

401(k), 457, 403(b), IRA, SEP, H.R. 10 (Keogh Plan), pension, profit sharing (PS), etc.

Evidence of title

Document signed to create account, or account statement, and beneficiary designation form

Company name, type, account number	Beneficiary	Share	Date of death value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL			\$ _____

STOCKS

Evidence of title

Stock certificate

Company name	Owner	Number of shares	Date of death value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			TOTAL \$ _____

BONDS

Type

Municipal, Series E/EE, Series H/HH, Series I, T-Bill, T-Note, education, private

Evidence of title

Bond certificate

Company name and type of bond	Owner	Number of shares	Date of death value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			TOTAL \$ _____

INVESTMENT ACCOUNTS (BROKERAGE ACCOUNTS AND MUTUAL FUNDS)

Type

Money market (MM), brokerage (B), mutual fund (MF), cash management (CM), other

Evidence of title

Account statement or document signed to create account

Institution name	Account number and type	Owner	Date of death balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL			\$ _____

LIFE INSURANCE POLICIES AND ANNUITIES

Type

Term, whole life, variable, universal, group life, accidental death and dismemberment, long-term care with death benefit, and annuity policies

Evidence of title

Account statement or document signed to create policy

Company name and policy number	Type	Owner	Beneficiary	Date of death value (death proceeds)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL				\$ _____

BUSINESS INTERESTS

Type

General partnership, limited partnership, limited liability company, S-corporation, closely held business, professional corporation, professional practice, and sole proprietorship

Evidence of title

For partnership or LLC—partnership or operating agreement, ownership certificate, or purchase document; for corporations—stock certificate(s) or ledger; for sole proprietorship—registration or title, bill of sale, or balance sheet

Company name and type of business	Owner	Ownership share	Date of death value
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
			TOTAL \$ <hr/>

OIL, GAS, AND MINERAL INTERESTS

Type

Lease, overriding royalty, fee mineral estate, working interest, etc.

Evidence of title

Lease agreement, deed, royalty agreement, other

Description and type	Owner	Date of death value
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
		TOTAL \$ <hr/>

MONEY OWED TO DECEDENT

Type

Mortgage and promissory notes payable to decedent, and other monies owed to decedent

Evidence of title

Mortgage or rental agreement, promissory note, written contract, or signed document creating payable obligation

Debtor name	Maturity date	Owed to	Installment amount	Balance due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				TOTAL \$ _____

CRYPTO ASSETS

Type

Cryptocurrencies (e.g., Bitcoin, Ethereum), utility tokens, platform tokens, security tokens, cryptocollectibles (e.g., CryptoKitties), natural asset tokens, privacy coins, crypto-fiat currencies, etc.

Evidence of title

Varies

Description and type	Date of death value	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
		TOTAL \$ _____

OTHER ASSETS

Type

Other property not covered by the above categories including assets over which decedent had a power of appointment

Evidence of title

Varies

Description and type

Date of death value

TOTAL \$ _____

LIABILITIES

Type

Bill, credit card, lease, mortgage, loan, medical, taxes, and other monies owed by decedent (including bonds)

Evidence of title

Invoice, statement, rental agreement, mortgage, promissory note, written contract, or signed document creating payable obligation

Creditor name	Type	Account number	Original amount	Amount outstanding
TOTAL \$			_____	\$ _____

VALUE SUMMARY

Please total all values from the above categories. For jointly owned assets, enter half in the decedent's column and half in the spouse's column.

Category	Decedent	Spouse	Total date of death value
Real Property	\$ _____	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____	\$ _____
Bank Accounts	\$ _____	\$ _____	\$ _____
Retirement Accounts	\$ _____	\$ _____	\$ _____
Stocks	\$ _____	\$ _____	\$ _____
Bonds	\$ _____	\$ _____	\$ _____
Investment Accounts	\$ _____	\$ _____	\$ _____
Life Insurance Policies and Annuities	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Oil, Gas, and Mineral Rights	\$ _____	\$ _____	\$ _____
Money Owed to Decedent	\$ _____	\$ _____	\$ _____
Crypto Assets	\$ _____	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____	\$ _____
Liabilities	(\$ _____)	(\$ _____)	(\$ _____)
		VALUE SUMMARY TOTAL	\$ _____

Additional Information (attach additional sheets if necessary)

SIGNATURE OF PERSON COMPLETING QUESTIONNAIRE

(if signature of person completing questionnaire is required)

I affirm that the information contained in this questionnaire is true to the best of my knowledge.

Date: _____ Signed: _____

Printed name: _____