



PROBATE QUESTIONNAIRE

This form is extremely important in probating this estate correctly. Your accuracy and completeness will help us represent you. ***Please take time to complete all applicable sections. We cannot begin with the probate process until we have complete and accurate information from you.*** Please also list names as they would appear on legal documents. You may use the back of each page if you need additional space to provide complete information. Should you need assistance in completing this form, please call and we will be happy to assist you.

NOTE: Please furnish us with two ORIGINAL Death Certificates and the ORIGINAL Last Will and Testament.

This Questionnaire is completed by: _____ on _____

I. PERSONAL INFORMATION FOR PERSON COMPLETING THIS FORM

Name: _____ DOB: _____

Address: _____ Relationship to Decedent: _____
 First MI Last

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____ Work #: _____

Fax #: _____ E-mail Address: _____

Employer: _____ Retired Employed

II. DECEDENT INFORMATION

NOTE: If the decedent lived at a facility but owned a home at time of death, please put address of home.

Name of Decedent: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Decedent's Social Security No: _____ Date of Birth: _____

Decedent's Date of Death: _____

In what county did the Decedent reside at his/her time of death?: _____

Name of Spouse (if applicable): _____ Living Deceased

If deceased, when: _____ "Non-Tax" proceeding for deceased spouse done: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

How long did decedent reside in this county before he/she died? _____

**II. PERSONAL REPRESENTATIVES and/or TRUSTEES NAMED IN WILL OR TRUST
(If no Will or Trust, name Petitioner/Administrator)**

1. Name: _____
Relationship to Decedent: _____ Social Security No.: _____
Address: _____ Date of Birth: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ E-Mail: _____

2. Name: _____
Relationship to Decedent: _____ Social Security No.: _____
Address: _____ Date of Birth: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ E-Mail: _____

III. BENEFICIARIES

A. BENEFICIARIES NAMED IN WILL (If no Will, name children or closest living relatives)

1. Name: _____ Relationship to Decedent: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ E-Mail: _____
Date of Birth: _____ Social Security No: _____

2. Name: _____ Relationship to Decedent: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ E-Mail: _____
Date of Birth: _____ Social Security No: _____

3. Name: _____ Relationship to Decedent: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ E-Mail: _____
Date of Birth: _____ Social Security No: _____

4. Name: _____ Relationship to Decedent: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ E-Mail: _____
Date of Birth: _____ Social Security No: _____

5. Name: _____ Relationship to Decedent: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ E-Mail: _____
Date of Birth: _____ Social Security No: _____

B. IF A BENEFICIARY IS DECEASED, NAME CHILDREN OR DECEASED BENEFICIARY

1. Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ E-Mail: _____
Date of Birth: _____ Social Security No: _____

2. Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ E-Mail: _____
Date of Birth: _____ Social Security No: _____

IV. ASSETS (Feel free to attach additional pages for any of the sections below, if needed.)

NOTE: Please provide us with any and all statements, deeds, bond certifications, insurance policies, etc.

A. REAL ESTATE

What kind of Real Estate (house, land, etc): _____
Name on Title / Deed: _____ Est. Value: _____
Is Real Estate Located in North Carolina: _____
Did Decedent own any Real Estate outside of North Carolina: _____
If so, Where: _____

B. BANK ACCOUNTS

1. What Type of Account: _____

Name(s) on Account: _____

Beneficiaries named on account: _____

Name of Bank and Location: _____

Account No.: _____ Date of Death Value: _____

2. What Type of Account: _____

Name(s) on Account: _____

Beneficiaries named on account: _____

Name of Bank and Location: _____

Account No.: _____ Date of Death Value: _____

C. LIFE INSURANCE

Company: _____

Policy No.: _____ Date of Death Value: _____

Beneficiaries: _____ Account No.: _____

D. SECURITIES

Owner(s): _____

Beneficiaries: _____ Account No.: _____

Date of Death Value: _____ Broker Name: _____

Contact: _____ Phone #: _____

Address: _____

E. MORTGAGES / ACCOUNTS RECEIVABLE

Description: _____ Owner(s): _____

Date of Death Value: _____ Debtor: _____

F. CASH / SAVINGS / CDs

Description: _____ Owner(s): _____

Est. Value: _____ Bank Branch: _____

Beneficiaries: _____

G. RETIREMENT ACCOUNTS / IRA / KEOGH / SEPP / PENSIONS

Company: _____
Address: _____
Owner: _____ Value: _____
Beneficiaries: _____
Other Records: _____

H. VEHICLES / MOBILE HOMES / BOATS

1. Description: _____ Owner(s): _____
Est. Value: _____ VIN: _____
2. Description: _____ Owner(s): _____
Est. Value: _____ VIN: _____

I. JEWELRY / COLLECTIBLES

General Description: _____
Estimated Value: _____

V. CREDITORS

NOTE: Please list ALL known creditors, and provide us with a recent statement for each.

1. Company: _____
Address: _____ Total Owed: _____
2. Company: _____
Address: _____ Total Owed: _____
3. Company: _____
Address: _____ Total Owed: _____
4. Company: _____
Address: _____ Total Owed: _____

Notes/Comments:

Please bring copies of the following documents of the Decedent's with you to your meeting with the attorney:

- 1. Original Will, Codicil, Trust Agreements, Memorandum regarding distribution of personal property;*
- 2. Real Estate Deeds, appraisals or real estate tax bills;*
- 3. Divorce Decrees, Prenuptial Agreements, Adoption Papers;*
- 4. Two original death certificates;*
- 5. Wallet contents;*
- 6. Passports (if any);*
- 7. Life insurance policies;*
- 8. Income tax returns (at least the two most recent years);*
- 9. Copy of the funeral bill (paid in full, or outstanding); and*
- 10. Any other documents that you may have questions or concerns about, or may find relevant to the Decedent's estate.*