

Initiating Probate and Appointing Personal Representative

Questionnaire

**Deceased's information (person who passed away)**

Name \_\_\_\_\_

Any Alias names \_\_\_\_\_

Gender \_\_\_M \_\_\_F                      Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Birthdate: \_\_\_\_\_              Date of Death: \_\_\_\_\_

Street address at time of passing: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

**Will Information**

Is there a Will? \_\_\_Y \_\_\_N (if yes, the original must be filed with the Court – Need the Original – NO copies).

Are there any codicils/amendments? \_\_\_Y \_\_\_N (if yes, each must be filed with the Court)

Identify any codicils, including their dates of execution: \_\_\_\_\_

If there is a will, was a personal representative nominated? \_\_\_Y \_\_\_N

If yes, who was nominated? \_\_\_\_\_

**Your Information (Applicant/Personal Representative Information)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Will sign documents in: State \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ spouse \_\_\_\_\_ child \_\_\_\_\_ heir/devisee \_\_\_\_\_ sibling

\_\_\_\_\_ parent Other: \_\_\_\_\_

Heirs/Devises (who is names in the will to receive assets?)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ spouse \_\_\_\_\_ child \_\_\_\_\_ heir/devisee \_\_\_\_\_ sibling

\_\_\_\_\_ parent Other: \_\_\_\_\_

Legal status: \_\_\_\_\_ adult \_\_\_\_\_ minor \_\_\_\_\_ trust

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ spouse \_\_\_\_\_ child \_\_\_\_\_ heir/devisee \_\_\_\_\_ sibling

\_\_\_\_\_ parent Other: \_\_\_\_\_

Legal status: \_\_\_\_\_ adult \_\_\_\_\_ minor \_\_\_\_\_ trust \_\_\_\_\_ entity

Please name any living spouse & children of the deceased, if not already named above (attach additional pages if needed).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ spouse \_\_\_\_\_ child \_\_\_\_\_ heir/devisee \_\_\_\_\_ sibling

\_\_\_\_\_ parent Other: \_\_\_\_\_

Legal status: \_\_\_\_\_ adult \_\_\_\_\_ minor \_\_\_\_\_ trust \_\_\_\_\_ entity

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ spouse \_\_\_\_\_ child \_\_\_\_\_ heir/devisee \_\_\_\_\_ sibling

\_\_\_\_\_ parent Other: \_\_\_\_\_

Legal status: \_\_\_\_\_ adult \_\_\_\_\_ minor \_\_\_\_\_ trust \_\_\_\_\_ entity

### **Assets**

There are generally three different categories of assets in decedent's estates. They include assets that are solely owned by the decedent, not jointly held with another person, and not payable on death. An example is solely owned real estate. An asset that is jointly held with another person would include joint tenancy assets, which could be real estate or other, such as brokerage accounts. The third categories are assets which are automatically payable on death, which would usually include life insurance, retirement plans, and sometimes brokerage accounts.

For the purpose of this documentation, please include all assets, no matter how held, as long as wholly or partially in the decedent's name. Discussion on how these assets fit into the probate picture if at all.

The best way to provide information on assets is to provide copies of title documents, such as deeds to real estate, bank account statements, investment account statements, investment account statements, business interests, etc. Here are the general categories of assets that we usually find involved in estates:

Real Estates, including timeshares

Bank accounts

Investment (brokerage) accounts

Life Insurance

Retirement Plans

Business Interests

**Known Creditors**

Please list all known creditors of the deceased. A known creditor is any party of which there is some evidence to believe a claim exists. This can include credit card statements, medical bills, lawsuits, or virtually any other paper that you may locate which may indicate a debt of the deceased. Attach to this form a copy of the bills or statements as well.

Name of Party: \_\_\_\_\_ Amount of Claim \_\_\_\_\_

Mailing address: \_\_\_\_\_

Account #: (if any): \_\_\_\_\_ Bill/Invoice/Statement attached: \_\_\_\_\_ Y \_\_\_\_\_ N

Basis for claim: \_\_\_\_\_

Name of Party: \_\_\_\_\_ Amount of Claim \_\_\_\_\_

Mailing address: \_\_\_\_\_

Account #: (if any): \_\_\_\_\_ Bill/Invoice/Statement attached: \_\_\_\_\_ Y \_\_\_\_\_ N

Basis for claim: \_\_\_\_\_

Name of Party: \_\_\_\_\_ Amount of Claim \_\_\_\_\_

Mailing address: \_\_\_\_\_

Account #: (if any): \_\_\_\_\_ Bill/Invoice/Statement attached: \_\_\_\_\_ Y \_\_\_\_\_ N

Basis for claim: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

My commission expires: \_\_\_\_\_

Notary Public

SEAL