



ESTATE AND PROBATE QUESTIONNAIRE

Today's Date: _____

Your name and relationship to Decedent: _____

Full Legal Name of Decedent: _____

Address of Decedent: _____

City: _____ State: _____ Zip Code: _____

Date of Death: _____ *(Please attach a certified copy of Death Certificate)*

State of Domicile at Death: _____

Year in which Domicile was established: _____

Place of Death: _____ Cause of Death: _____

Length of last illness: _____ Social Security Number: _____

Employer Identification Number (if any): _____

Decedent's Physicians:

Name	Address

If decedent was confined to a hospital during last illness or within three years prior to death, please give name and address of hospital:

Did decedent receive medical assistance via Medicaid? If yes, please provide details of benefits received:

Date of Birth: _____ Place of Birth: _____

Business or Occupation: _____

If retired, please state former business or occupation:

Will Information

Date of Will: _____ (Please furnish original Will for filing with Probate Court)

Date of Codicils: _____

Statement or list disposing of tangible personal property dated: _____

Draftsman of Will: _____

Address of Draftsman: _____

Will in possession of: _____

Petition to be signed by: _____

Relationship to Decedent: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Executor or Administrator: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ - _____

Heirs, Legatees, and Devises

Name	Relationship	Date of Birth	Social Security Number	Complete Address Including Zip Code

It is important to get the names and addresses of **all** the heirs. See in Re Barnes, 212 Kan. 502, 612 Pd2 387 (1937)

Date of marriage to surviving spouse: _____

Domicile at marriage: _____

Date of birth of surviving spouse: _____

If spouse is deceased, indicate date of death: _____

If decedent adopted a child, indicate name, date, and place of adoption: _____

If decedent was divorced, indicate name of former spouse, date and place of final divorce decree: (please attach copy of final divorce decree)

Name of Accountant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ - _____

Assets

Safe Deposit Box Yes No

If yes, Name of bank or safe deposit company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of authorized person(s): _____

Bank and Savings and Loan Accounts

Name of Bank or Trust Company	How Held (Joint, POD, TOD, etc.)	Account Number	Date of Death Value

Brokerage Accounts

Name of Brokerage Company	How Held (Joint, POD, TOD, etc.)	Account Number	Date of Death Value

Stocks

Company	Kind of Stock	Certificate Number	Shares Held	How Held	Value

Bonds, Government Bonds, and Mortgages

Debtor or Issuer	Number	Series	Description	How Held	Value

Life Insurance on Life of Decedent

Company	Beneficiary	Policy Number	Face Value

Annuities

Description	Value

Other Personal Property

Description	Value

Real Estate

Description	How Held	Value

Partnership Property

Description	Value

Joint Tenancy Property

Description	Names/Relationship of Joint Tenant	Value

Unclaimed Property

Description	State where held	Value

Debts

Name and Address of Creditor (Please attach most recent bill)	Amount Owed

Notes: