



**Probate Intake Questionnaire - Initial**

Please provide the following information to help us get started with the probate proceedings. Please be as detailed as possible, but if you don't have enough details to answer, provide what detail you can or let us know that you don't have any information yet. If there is something that does not apply to your situation, simply put n/a.

Your name: \_\_\_\_\_ Date: \_\_\_\_\_

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**1. Decedent** Information about the person who died (called the "decedent.")

NOTE: If you have the death certificate you may simply give us that instead of answering the first six items.

Full name: \_\_\_\_\_

Any aliases or maiden name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of death: \_\_\_\_\_

Permanent residence at time of death (street address, city, state and county):

Street \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State, ZIP \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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The next several sections (2-5) are for the purpose of determining who is going to be entitled to receive legal notice of any proceedings, and who is an "heir" under the law. The people in the following sections may or may not be the same as the "beneficiaries" entitled to receive the estate, so we need to complete the information even if the people in these sections are not listed in the will or other estate planning.

**2. Surviving Spouse**

Was the Decedent survived by a spouse at the time of death? Y/N

If yes, answer the following information about the surviving spouse. If no, skip to 3.

Surviving Spouse's full name: \_\_\_\_\_

Any aliases or maiden name: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Address (residential address including street, city, state, county)

Street \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State, ZIP \_\_\_\_\_

Telephone No. \_\_\_\_\_ (H/C/W)

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

Date of Marriage to Decedent: \_\_\_\_\_

Were any proceedings for divorce or legal separation pending at the time of the decedent's death? Y / N

Does this spouse have children with the decedent? Y / N

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**3. Prior Spouses - Deceased**

Was the decedent a widow or widower? Y / N

If yes, please provide information about the spouse who is deceased. If there is more than one, *provide information for each deceased spouse.*

Deceased Spouse's full name: \_\_\_\_\_

Any aliases or maiden name: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Marriage to decedent: \_\_\_\_\_

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

Did this spouse have children with the decedent? Y / N

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**4. Divorced Spouses**

Was the decedent ever divorced? Y / N

If yes, please provide information about the ex - spouse. If there is more than one, *provide information for each former spouse.*

Former Spouse's full name: \_\_\_\_\_

Any aliases or maiden name: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Marriage to decedent: \_\_\_\_\_

Date of Divorce from Decedent: \_\_\_\_\_

Date of Death (if deceased): \_\_\_\_\_

Did this former spouse have children with the decedent? Y / N

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**5. Children:** This is where we gather information about all of the decedent's children.

If there were no children, please circle here: NO CHILDREN

**Surviving Children** (list all children who currently survive the decedent) You may add additional pages if needed.

1. Name: \_\_\_\_\_

Birthdate/Age: \_\_\_\_\_

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

Social Security No.: \_\_\_\_\_

2. Name: \_\_\_\_\_

Birthdate/Age: \_\_\_\_\_

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

Social Security No.: \_\_\_\_\_

3. Name: \_\_\_\_\_

Birthdate/Age: \_\_\_\_\_

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

Social Security No.: \_\_\_\_\_

4. Name: \_\_\_\_\_

Birthdate/Age: \_\_\_\_\_

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

Social Security No.: \_\_\_\_\_

Are these children also children of the surviving (or most recently deceased) spouse?  
Circle Answer: Y / N

If not, explain who is the parent for each child who is not a child of the surviving spouse or most recently deceased spouse:

\_\_\_\_\_  
\_\_\_\_\_

**Deceased Children:** if the decedent had children who are also deceased, list them here. Additionally, if that deceased child had children, please list below.

Deceased Child's Name: \_\_\_\_\_ M F

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

Issue (children / grandchildren) of *deceased child*: If none, circle here: NONE

A. Child's Name \_\_\_\_\_

Child's Address \_\_\_\_\_

Child's Birthdate/Age \_\_\_\_\_

Child's Social Security No. \_\_\_\_\_

B. Child's Name \_\_\_\_\_

Child's Address \_\_\_\_\_

Child's Birthdate/Age \_\_\_\_\_

Child's Social Security No. \_\_\_\_\_

C. Child's Name \_\_\_\_\_

Child's Address \_\_\_\_\_

Child's Birthdate/Age \_\_\_\_\_

Child's Social Security No. \_\_\_\_\_

(add additional sheets if more deceased children)

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**6. Estate Planning:** If you have already provided us with a copy of the estate planning, you can skip the first section.

Did the decedent have a will or a living trust? Y / N

If yes, do you have the original document or know where it is? Y / N

Was it a Will or a Trust? (Circle one)

Date of will or trust: \_\_\_\_\_

Please list:

Name of the Personal Representative / Executor / Trustee:

\_\_\_\_\_

Did the decedent have an existing marital property (or prenuptial or postnuptial) agreement? ( ) Yes ( ) No If so, please provide a copy.

*(Answer following questions even if you have provided a copy of the estate planning)*

If the Personal Representative / Executor / Trustee is not the person completing this form, is the person deceased or incapacitated? Y / N

Address of Personal Representative / Executor / Trustee (If not elsewhere on this form already) :

Street \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State, ZIP \_\_\_\_\_

Phone: \_\_\_\_\_

Beneficiaries: To your knowledge, does the will or trust give property to anyone (including businesses or charities) *who has not already been listed* in this questionnaire? Y / N

If yes, please list who, and include name, address, and relationship to the decedent, if known. Use additional paper if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**7. Decedent's Property:** This is to gather *initial* information about the property that the decedent owned at the time of death. If you have exact information, that is great. If not, simply provide as much as you can, and we will plan from there.

**Home: Write N/A if the decedent did not own a home.**\_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State, ZIP \_\_\_\_\_

Type of property: Single Family Home / Multi Family / Condominium / other

Was this owned:

- solely by the decedent Y / N
- jointly with someone else Y / N List name(s) of joint owners: \_\_\_\_\_
- in a trust: \_\_\_\_\_(name of trust)
- or something else? (Describe) \_\_\_\_\_

Is there a mortgage? Y / N If yes, how much is outstanding and who is the lender?

\$ \_\_\_\_\_ Lender: \_\_\_\_\_(Provide copy of a recent statement if available.)

What is the house's assessed value? \_\_\_\_\_ (Provide most recent tax statement if available.)

Are any legal proceedings pending such as foreclosure? Y / N

**Other Real Estate** (Complete as many times as needed, add paper if necessary)

Street \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State, ZIP \_\_\_\_\_

Type of property: Single Family Home / Multi Family / Condominium / Land only / other

Was this owned:

- solely by the decedent Y / N
- jointly with someone else Y / N List name(s) of joint owners: \_\_\_\_\_
- in a trust: \_\_\_\_\_(name of trust)
- or something else? (Describe) \_\_\_\_\_

Is there a mortgage? Y / N If yes, how much is outstanding and who is the lender?

\$ \_\_\_\_\_ Lender: \_\_\_\_\_(Provide copy of a recent statement if available.)

What is the house's assessed value? \_\_\_\_\_ (Provide most recent tax statement if available.)

Are any legal proceedings pending such as foreclosure? Y / N

**Investment accounts (non-retirement):** Please provide this information for each investment account.

Where held: \_\_\_\_\_

Financial advisor: \_\_\_\_\_

Account Number: \_\_\_\_\_

Value: \_\_\_\_\_

Is the fund jointly held? Y / N if Yes, with whom? \_\_\_\_\_

Is the fund held in a trust? Y / N

Are beneficiaries named on the fund? Y / N If so, who? \_\_\_\_\_

**Stocks** (if not held in account listed above): (Provide for each type of stock held)

Name of Stock and CUSIP symbol if known: \_\_\_\_\_

Number of shares: \_\_\_\_\_

Jointly held? Y / N

**Bonds:**

Type of Bond: \_\_\_\_\_

Face Value: \_\_\_\_\_

Number: \_\_\_\_\_

Is the bond jointly held with someone? Y / N If so, who? \_\_\_\_\_

Is there a beneficiary on the bond? Y / N If so, who? \_\_\_\_\_

**Other liquid assets:** Cash, CDs, Other Bank/Money Market Accounts: List all checking, savings, money market, CD, or special savings accounts. Include:

- Where the account is located
- Account number
- Whether the account is held solely in the name of the decedent, jointly with another person (s), or in a trust
- Is there a Payable on Death beneficiary listed on the account? If so, who?
- Approximate value of the account.

**Collectibles and Antiques:** Describe any collectibles or antiques and include approximate value if known:

\_\_\_\_\_  
\_\_\_\_\_

Vehicles: List any automobiles or other vehicles (boats, motorcycles, etc). Include make, model, year, whether any loan is outstanding, and whether there are joint owners.

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Business interests: List any business interests that the decedent owned or participated in.

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**Life Insurance:** For all life insurance policies that the decedent owned, or was the insured, provide the following information (and a copy of the policy if possible):

- Name of Company
- Owner / Title Holder
- Face Value
- Death Benefit
- Beneficiaries

**Annuities:** For all annuities that the decedent owned, or was the insured, Provide the following information (and a copy of the annuity if available):

- Name of Company
- Owner / Title Holder
- Annuitant
- Was the annuity currently annuitized? Y / N
- Beneficiaries

**Retirement Plans** (e.g., HR-10, IRAs, 401(k), 403(b), and Other Pension/Profit-Sharing Plans) For all retirement plans owned by the decedent, or which the decedent had an interest in, list:

- Name of Company
- Type of Policy/Plan
- Value
- Beneficiaries

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**Debts** (Other than mortgages shown above in connection with assets)

1. Debts *owed by* decedent: For all debts that the decedent owed, please list:

- To Whom?
- Amount?
- Is Debt Secured? Y / N
  - by Lien? (If yes, on what?)
- Are any legal proceedings pending regarding this debt? Y / N

2. Debts *owed to* decedent: For all debts that are owed to the decedent, please list:

- By Whom?
- Amount?
- Is there a written document regarding the debt? (Loan, promissory note, etc) If so, provide a copy.
- Is Debt Secured? Y / N
  - by Lien? (If yes, on what?) \_\_\_\_\_
- Are any legal proceedings pending regarding this debt? Y / N

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**8. Public Benefits:** Did the decedent, or the decedent's spouse, receive any of the following benefits? If so, make a notation as to who received the benefit.

**If you do not know, circle here:** I do not have information about benefits.

Medicaid (Title 19): \_\_\_\_\_

Family Care: \_\_\_\_\_

COP / COP Waiver: \_\_\_\_\_

WI Chronic Disease benefits: \_\_\_\_\_

Was decedent an inmate or patient in a state hospital or institution, or responsible for someone who was?: \_\_\_\_\_

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**QUESTIONS:** If you have specific question, please list them here.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Thank you for your time in completing this questionnaire. We look forward to working with you through this process.