**(Strictly Confidential)**

**PROBATE QUESTIONNAIRE**

(Please complete this questionnaire by printing or typing the information. We understand that you may not have all of the information at this time. Thank you!)

1. **PERSONAL REPRESENTATIVE (EXECUTOR) INFORMATION**

|  |  |
| --- | --- |
| Full Name: |  |
| Address: |  |
| Phone: |  |
| Email Address: |  |
| SSN (to obtain an EIN for the Estate) | (You may call with this information if you prefer): |
| Relationship to Decedent: |  |

Do you have a death certificate for the decedent?  Yes  No

If yes, please provide.

1. **DECEDENT INFORMATION**
   1. **Personal Information**

Name of Decedent:

Date of Death:

Place of Death (include County):

Address at Death:

Phone # at Death:

Date of Birth:

Citizenship? U.S.  Yes  No

Was decedent ever married?  Yes  No

If yes, does spouse survive?  Yes  No

Did decedent have a will?  Yes  No

If yes, who is in possession of the Original will?

Did decedent receive Medicaid?  Yes  No

If Yes, dates & briefly describe:

Did decedent’s spouse ever receive Medicaid?  Yes  No

If yes, dates & briefly describe:

* 1. **Heirs and Beneficiaries**

**Decedent’s Children**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Age | Address | Phone | Deceased (Y/N) |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Do any of the deceased children have children?  Yes  No

If yes, names:

**Decedent’s Grandchildren**

|  |  |  |
| --- | --- | --- |
| Grandchild | Name of Parent | Age |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

**Parents of Decedent (if living)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Phone | Date of Birth |
|  |  |  |  |
|  |  |  |  |

**Siblings of Decedent**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Phone | Date of Birth |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Beneficiaries (Legatees) of the Will and Interested Parties**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Address | Phone | DOB | Relationship to Decedent |
|  |  |  |  |  |
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* 1. **Decedent’s Assets**

**Real Estate**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address | Current Mkt Value | Tax Appraised Value | Purchase Price | How titled? (sole, joint – with whom) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Checking, Savings, Money Market Accounts**

|  |  |  |
| --- | --- | --- |
| Financial Institution | Value/Balance | How titled (sole, joint-with whom)? |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

Did any of the accounts have Payable on Death (POD) beneficiary designations?  Yes  No

If Yes, which ones:

**Life Insurance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company & Policy Number | Death Benefit | Approximate Cash Value | Person Insured | Policy Owner | Beneficiary |
|  |  |  |  |  |  |
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**Brokerage Accounts/Securities/Mutual Funds**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company | No. of Shares | Original Cost | Approximate Market Value | Date of Purchase | How held (sole/joint -with whom)? |
|  |  |  |  |  |  |
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**Personal Property (vehicles, farm equipment, ATVs, jewelry art collections, gun collections, etc…)**

|  |  |  |
| --- | --- | --- |
| Description | Original Cost | Approx. Fair Mkt Value |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**IRAs, Notes, Other Notable Assets**

|  |  |  |
| --- | --- | --- |
| Description | Value | Beneficiary |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Debts**

|  |  |  |
| --- | --- | --- |
| Type | To Whom | Approximate Amount |
|  |  |  |
|  |  |  |
|  |  |  |

Thank you very much for taking the time to complete this questionnaire! It is quite involved, but it will save us both time and make our meetings more effective. ***It is greatly appreciated!***

Please return completed form to:

Koblitz Law Office, LLC OR Email to: [dan@koblitzlawfirm.com](mailto:dan@koblitzlawfirm.com)

Dan Koblitz

2320 Parallel Lane

Silver Spring, MD 20904 Fax to: 301-719-2563