

DECEDENT INFORMATION QUESTIONNAIRE

Information about the Decedent

Full Name: _____

Assumed or other names: _____

Address: _____ City/State/Zip: _____

Social Security Number: _____ Birth Date: _____ Date of Death: _____

U.S. Citizen: yes no Gender: male female

Marital Status: married unmarried Previous Marriages: yes no

Dates of Marriages: _____

If the Decedent's spouse predeceased him/her, what is the date of death: _____

Please attach a certified copy of the death certificate.

What County did Decedent reside in upon his/her death? _____

Did the Decedent leave a Will? _____ If so, please provide the original Will for deposit with the Court.

Did the Decedent leave a Trust? _____ If so, please provide the original Trust.

Information About Decedent's Surviving Spouse

Full Name: _____

Assumed or other names: _____

Address: _____ City/State/Zip: _____

Home Number: _____ Work Number: _____

Cell Number: _____ Email Address: _____

Social Security Number: _____ Birth Date: _____

U.S. Citizen: yes no

Information about Living Children

Full Name of Child: _____

Address: _____ City/State/Zip: _____

Home Number: _____ Work Number: _____

Cell Number: _____ Email Address: _____

Gender: male female Birth Date: _____

Child is Child of: current marriage Decedent Only Spouse Only

Full Name of Child: _____

Address: _____ City/State/Zip: _____

Home Number: _____ Work Number: _____

Cell Number: _____ Email Address: _____

Gender: male female Birth Date: _____

Child is Child of: current marriage Decedent Only Spouse Only

Full Name of Child: _____

Address: _____ City/State/Zip: _____

Home Number: _____ Work Number: _____

Cell Number: _____ Email Address: _____

Gender: male female Birth Date: _____

Child is Child of: current marriage Decedent Only Spouse Only

(Add information of additional children on a separate page.)

Information About Deceased Children

Full Name of Child: _____

Gender: male female Date of Birth: _____ Date of Death: _____

Child is Child of: current marriage Decedent Only Spouse Only

List the names and birth dates of all Living Issue of this Child: _____

Full Name of Child: _____

Gender: male female Date of Birth: _____ Date of Death: _____

Child is Child of: current marriage Decedent Only Spouse Only

List the names and birth dates of all Living Issue of this Child: _____

(Add information of additional deceased children on a separate page.)

Relative Information

If the Decedent died leaving no spouse or child, on a separate sheet of paper, please list the names, addresses and relationship of all relatives within the second degree of the Decedent (i.e., parents, siblings, and grandchildren). If none, please list the name, address and relationship of any living relatives of the Decedent.

Information About Personal Representative/Trustee

Full Name: _____ Relationship to Decedent: _____

Address: _____ City/State/Zip: _____

Home Number: _____ Cell Number: _____ Work Number: _____

E-mail Address: _____

Best way to contact you (please circle): Mail E-Mail Telephone (which): _____

Social Security Number: _____ Birth Date: _____

Driver's License Number: _____ State of Issuance: _____

U.S. Citizen: yes no

(Add information of additional Personal Representative(s) or Trustee(s) on a separate page.)

Asset Information

Did the Decedent receive Veteran's, Social Security or retirement benefits? _____

If so, please list the type of benefit received and amount of the monthly payment. _____

Please list the Decedent's real property information as of his/her date of death:

Real Property:

Address: _____

Estimated Value: _____

Total Balance of Mortgage(s) on the Property: _____

Primary Lienholder Name and Address: _____

Secondary Lienholder Name and Address: _____

Real Property:

Address: _____

Estimated Value: _____

Total Balance of Mortgage(s) on the Property: _____

Primary Lienholder Name and Address: _____

Secondary Lienholder Name and Address: _____

Real Property:

Address: _____

Estimated Value: _____

Total Balance of Mortgage(s) on the Property: _____

Primary Lienholder Name and Address: _____

Secondary Lienholder Name and Address: _____

Please provide copies of the financial statements that include the date of the Decedent's death.

Name of Financial Institution _____

Type of Account and Account Number: _____

Representative's Name and Phone Number for Brokerage Account: _____

Name of Financial Institution _____

Type of Account and Account Number: _____

Representative's Name and Phone Number for Brokerage Account: _____

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Type of Account and Account Number: _____

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Name of Financial Institution _____

Type of Account and Account Number: _____

Representative's Name and Phone Number for Brokerage Account: _____

(Add information of additional financial accounts on a separate page.)

Did the Decedent own any businesses on the time of death? If so, please list the names and addresses of the business(es). _____

At a later date, you will be asked to provide a list of the year, make, model, condition and mileage for each vehicle owned by the decedent at the time of death.

At a later date, you will be asked to provide one ballpark figure for the decedent's tangible personal property including but not limited to furniture, furnishings, costume jewelry and tools. You will also be asked for a separate list and estimate of value for item of higher value, including but not limited to, jewelry, works of art, collectibles, and antiques.