

PROBATE QUESTIONNAIRE

DECEDENT INFORMATION

Name: _____

City of domicile at time of death: _____

County of domicile at time of death: _____

Date of Death: _____

Place of Death: _____

Date of Birth: _____

Date of Will: _____

Decedent's Driver's License Number _____

Decedent's Social Security Number _____

DECEDENT'S PERSONAL REPRESENTATIVE (EXECUTOR) INFORMATION

Name: _____

Address: _____

Telephone Number: _____

Email address: _____

Driver's License Number: _____

Social Security Number: _____

DECEDENT'S SPOUSE(S) INFORMATION – marital history

Name: _____

Date of Marriage: _____

Place of Marriage: _____

Date of Divorce: _____

County of Divorce: _____

Name: _____

Date of Marriage: _____

Place of Marriage: _____

Date of Divorce: _____

County of Divorce: _____

(Add additional pages if needed)

DECEDENT'S BENEFICIARIES INFORMATION

(Beneficiary is any person listed in the Last Will and Testament receiving property)

Add additional page if needed

Name: _____

Relationship to Decedent: _____

Age: _____

Marital Status: _____ Single; _____ Married; _____ Widowed

Is Beneficiary still living? _____

Address: _____

Telephone Number: _____

Name: _____

Relationship to Decedent: _____

Age: _____

Marital Status: _____ Single; _____ Married; _____ Widowed

Is Beneficiary still living? _____

Address: _____

Telephone Number: _____

Name: _____

Relationship to Decedent: _____

Age: _____

Marital Status: _____ Single; _____ Married; _____ Widowed

Is Beneficiary still living? _____

Address: _____

Telephone Number: _____

Name: _____

Relationship to Decedent: _____

Age: _____

Marital Status: _____ Single; _____ Married; _____ Widowed

Is Beneficiary still living? _____

Address: _____

Telephone Number: _____

(Add additional pages if needed)

If a beneficiary has passed, away please list the names, addresses, telephone numbers and date of birth of all.

1. _____
2. _____
3. _____
4. _____

(Add additional pages if needed)

Debts owed to the Estate:

Are there any debts owed by the estate, such as mortgage, vehicle or credit card debts? If yes, list debtor name and address.

1. _____
2. _____
3. _____
4. _____

(Add additional pages if needed)

Does the Decedent have mineral interest?

If so and you would like us to take care of that, please list all Oil & Gas Companies involved:

Does the Decedent own real property interest?

If so, please list all properties:

1. _____
2. _____
3. _____
4. _____

Did the Decedent receive Medicaid benefits? Yes or No

Documents needed for Probate:

- Original Last Will and Testament
- Original Death Certificate
- Original Codicil(s) if applicable