

The information you enter in this questionnaire is confidential and protected by attorney-client privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

PROBATE ORGANIZER

EXECUTOR

DECEDENT

NAME: _____

SS#: _____

Street and No. _____

City/State/Zip _____

County _____

Home Phone: _____

Cell Phone: _____

Email: _____

Drivers's License #: _____

BIRTHDATE: _____

DATE OF DEATH: _____

BENEFICIARY	ADDRESS	Birth Date & SS#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHILD BORN PRIOR TO SIGNING OF WILL

NAME

ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____

**CHILD BORN AFTER SIGNING OF WILL
NAME**

ADDRESS

PROBATE INFORMATION

1. **Original Death Certificate**
2. **Domicile on date of death** _____
3. **Original Will**
4. **Marital history of decedent including dates of marriage and divorce/death of spouse:**

Spouse	Date Married	Date of Divorce / Death
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_____	_____	_____
_____	_____	_____
_____	_____	_____

5. **Assets in Estate**
 - A. Real Estate---Copy of Deeds
 - B. Bank Accounts---Copy of most recent statements
 - C. Brokerage Accounts---Copy of most recent statements
 - D. Motor Vehicles---Description and VIN
 - E. Personal and household assets---anything of unusual value, antiques, jewelry
 - F. Other assets and values