SALINES-MONDELLO
LAW FIRM, PC
ELDER LAW & SPECIAL NEEDS PLANNING

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PROBATE QUESTIONNAIRE

This form is extremely important in probating this estate correctly. Your accuracy and completeness will help me represent you. ***Please take time to complete all applicable sections.*** **<u>We cannot begin with the probate process until we have complete and accurate information from you.</u>** Please also list names as they would appear on legal documents. You may use the back of each page if you need additional space to provide complete information. Should you need assistance in completing this form, please call and we will be happy to assist you.

NOTE: <u>Please furnish us with an original Death Certificate and original Last Will and Testament.</u>

This Questionnaire completed by: ______________________ on: _________________________________

I. DECEDENT

A. DECEDENT INFORMATION

NOTE: <u>If the decedent lived at a facility but owned a home at time of death, please put address of home.</u>

Name of Decedent:

____

Address: ____

City: ______________________ State, Zip Code:

____

Decedent's Social Security No: _________________ Date of Birth:___________-

____

Decedent's Date of Death:

____

In what county did the Decedent reside at his/her time of death:

____

Name of Spouse:

____

Is the Decedent's spouse Living: ____ or deceased: ____ (check one)

If deceased, when: ______ "Non-Tax" proceeding for deceased spouse done:

____

Address: ____City:

____

State, Zip Code: _______________________Telephone:

____

How long did decedent reside in this county before he/she died? _______________

II. PERSONAL REPRESENTATIVES

A. PERSONAL REPRESENTATIVE/TRUSTEES NAMED IN WILL OR TRUST (If no Will or Trust, name Petitioner)

1. Name: ____

Relationship to Decedent: ________________________________ SS#: ____________________________

Address: ____

City, State, Zip:____

Telephone___________________________ E-Mail: ____

2. Name: ____

Relationship to Decedent: ________________________________ SS#: ____________________________

Address: ____

City, State, Zip: ____

Telephone: _________________________________ E-Mail: _____________________________________

III. BENEFICIARIES

A. BENFICIARIES NAMED IN WILL (if no Will, name children or closest living relatives)

1. Name: ______________________________________Relationship to Decedent: _____________________

Address:____

Telephone: ____E- Mail: ________________________________

Date of Birth (if minor): _____________________________________ SS#: ___________________________

2. Name: ______________________________________ Relationship to Decedent: _____________________

Address: ____

Telephone: ____E- Mail: ________________________________

Date of Birth (if minor): _____________________________________ SS#: ___________________________

3. Name: ______________________________________ Relationship to Decedent: _____________________

Address: ____

Telephone: ____E- Mail: ________________________________

Date of Birth (if minor): _____________________________________ SS#: ___________________________

4. Name: ______________________________________ Relationship to Decedent: _____________________

Address: ____

Telephone: ____E- Mail: ________________________________

Date of Birth (if minor): _____________________________________ SS#: ___________________________

5. Name: ______________________________________ Relationship to Decedent: _____________________

Address: ____

Telephone: ____E- Mail: ________________________________

Date of Birth (if minor): _____________________________________ SS#: ___________________________

B. IF A BENEFICIARY IS DECEASED, NAME CHILDREN OF DECEASED BENEFICIARY

1. Name: ____

Relationship:_________________________

Address:

____

Telephone: ____ E-Mail:

____

Date of Birth (if minor): ____________________________________

SS#:_________________________________

2. Name: ____

Relationship:_______________________

Address:

____

Telephone: ____ E-Mail:

____

Date of Birth (if minor): __________________________________

SS#:_______________________________

IV. ASSETS (NOTE: Please provide to us any and all statements, deeds, bond certificates, etc.)

A. REAL ESTATE

What kind of Real Estate (house, land, etc):

____

Name on Title / Deed: ____ Est. Value:

____

Is Real Estate Located in North Carolina:

____

Did Decedent own any Real Estate outside of North Carolina?

____

If so, Where:

____

B. BANK ACCOUNTS

1. Type of Account:____

Name(s) on

Account:____

Beneficiaries named on account:

____

Name of Bank and

Location:____

Account No.:____ Date of Death Value:

____

2. Type of Account:____

Name(s) on

Account:____

Beneficiaries named on account:

____

Name of Bank and

Location:____

Account No.:____ Date of Death Value:

____

C. LIFE INSURANCE

Company:

____

Policy No.:__________________________________Date of Death

Value:________________________

Beneficiaries:

____

D. SECURITIES

Owner(s):

____

Beneficiaries:____ Account

No.:____________________

Date of Death Value:____Broker Name:

____

Contact:____

Telephone:_______________________

Address:

____

E. MORTGAGES / ACCOUNTS RECEIVABLE

Description:______________________________________

Owner(s):____________________________

Date of Death Value:____

Debtor:__________________________

F. CASH / SAVINGS / CDs

Description: ____

Owner(s):__________________________

Est. Value:____ Bank

Branch:________________________

Beneficiaries:____

G. RETIREMENT ACCOUNTS / IRA / KEOGH / SEP/ PENSIONS

Company & Address: ____

Owner: ____ Value: _________________________

Beneficiaries: ____

Other Records: ____

Company & Address: ____

Owner: ____ Value: _________________________

Beneficiaries: ____

Other Records: ____

H. VEHICLES / MOBLIE HOMES / BOATS

1. Description: ____

Owner(s):________________________________

Est. Value: ____Documents

(VIN):____________________________

2. Description: ____

Owner(s):________________________________

Est. Value: ____Documents

(VIN):____________________________

I. JEWELRY / COLLECTIBLES

General

Description:____

Estimated

Value:____

V. CREDITORS

A. PLEASE LIST <u>ALL</u> KNOWN CREDITORS

1. Company:

____

Address:____Total

Owed:__________________

2. Company:

____

Address:____Total

Owed:__________________

3. Company:

____

Address:____Total

Owed:__________________

4. Company:

____

Address:____Total Owed:_______________

Notes/Comments:

____

____

____

____

____

Please bring copies of the following documents with you to your meeting with the attorney:

1. ***Original Will, Codicil, Trust Agreements, Memorandum regarding distribution of personal property***
2. ***Real Estate Deeds, appraisals or real estate tax bills***
3. ***Divorce Decrees, Prenuptial Agreements, Adoption Papers***
4. ***Two or more original death certificates***
5. ***Life insurance policies***
6. ***Income tax return***
7. ***Statements for bank accounts owned solely or jointly by the decedent showing their value as of the date of death***