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LETCHER LAW FIRM, P.A.

## PROBATE QUESTIONNAIRE

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### DECEDENT INFORMATION

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State County Zip Code

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Death: \_\_\_\_\_

### SPOUSE INFORMATION

Name of Spouse: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Death: \_\_\_\_\_ (if applicable)

WAS A WRITTEN WILL EXECUTED FOR THE DECEDENT?  Yes  No

If Yes, attach it to this form.

### PERSONAL REPRESENTATIVE

Name: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Business)

## GENERAL INFORMATION

### CHILDREN

<u>Name</u>	<u>Address</u>	<u>Date of Birth</u>	<u>Date of Death (If Deceased)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### GRANDCHILDREN

<u>Name</u>	<u>Age</u>	<u>Parent</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of other Living Relatives, including Parents, Brothers and Sisters, and Beneficiaries Named in Will:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## ASSET INFORMATION

Breakdown of Assets:

	<u>Value</u>	<u>Held (J for Jointly, H for Husband, W for Wife)</u>
Cash and cash equivalents	\$ _____	_____
Investments	_____	_____
Residence	_____	_____
Other Real Property	_____	_____
Personal Property	_____	_____
Notes Receivable	_____	_____
Pension Plan	_____	_____
Accrued Benefit	_____	_____
Beneficiary	_____	_____
IRA -		
Account Balance	_____	_____
Beneficiary	_____	
Life Insurance -		
Face Amount	_____	
Owner	_____	
Beneficiary	_____	
Life Insurance -		
Face Amount	_____	
Owner	_____	
Beneficiary	_____	



