Internal Office
Date of Initial Mtg
Conflict Check
Photo ID
Consultation Fee
Retainer Quoted

## **PROBATE QUESTIONNAIRE**

\*Not all may apply, complete information that you know\*

NAME			
FIRST	MIDDLE	MAIDEN	LAST
KNOWN BY ANY OTHE	R NAMES:		
U.S. CITIZEN (YES/NO)?	:		
ADDRESS			
ADDRESSStreet	City	State	Zip Code
DOMICLE:			
LOCATION OF VO	OTER REGISTRATIO	ON:	
STATE OF AUTO	REGISTRATION:		
STATE WHERE IN	NCOME TAX PAID:_		
CELL PHONE	Но	OME PHONE	
BUSINESS PHONE	E	MAIL	
SOCIAL SECURITY #			
DATE OF BIRTH			
PLACE OF BIRTH			
C	ITY	STATE	
OCCUPATION:		Annual Ir	ncome:
STATUS OF HEALTH:_			
INSURABLE?:			
IF MARRIED:			
DATE OF CURRENT MA	ARRIAGE:		
COUNTY & STATE OF I	MARRIAGE		
PREVIOUS MARRIAGE	S (note relevant details	s.	

## **SPOUSE INFORMATION**

NAME	FIRST	MIDDLE	MAIDEN	LAST
KNOW	N BY ANY OTHER	NAMES:		
ADDKI	Street	City	State	Zip Code
DOMIC	CLE:			
]	LOCATION OF VO	TER REGISTRATIO	ON:	
	STATE OF AUTO R	EGISTRATION: COME TAY PAID:		
,	STATE WHERE IIV	COME TAXTAID		
CELL I	PHONE	Не	OME PHONE	_
BUSIN	ESS PHONE	E	MAIL	
SOCIA	L SECURITY #			
DATE (	OF BIRTH			
		Y		
OCCUI	PATION:	Y	Annual I	ncome:
STATU	S OF HEALTH:			
]	INSURABLE?:			
			s):	
	OREN INFORMATI		,	
'				
IS THE	ERE A POSSIBLITY	THERE WILL BE	MORE CHILDREN?	
ARE A	NY CHILDREN AL Ny Chil Dden di	OPTED? Sadi ed od in dog	OR HEALTH?	
ARE A	NY CHILDREN DE	SABLED OR IN POU CEASED?	JR HEALTH?	
1. (	CHILD'S NAME; Date of Ridth.			
J	DATE OF DIKTH:_			

ADDRESS:	
EDUCATION LEVEL:	
IF NOT COMPLETED, EDUCA	ATION GOAL:
BUSINESS ABILITY:	ANNUAL INCOME:
OCCUPATION:	ANNUAL INCOME:
CHILD'S SPOUSE	
NAME:	
OCCUPATION:	
ANNUAL INCOME:	
CHILD'S CHILDREN:	
NAME:	AGE:
NAME:	AGE:
NAME:	AGE:
COMMENTS:	
CHILD'S NAME:	
DATE OF BIRTH:	
CHILD OF (CIRCLE): JOINT/ NAME OF OTHER PAR	CLIENT ONLY/SPOUSE ONLY ENT (IF NOT JOINT):
A D D D D C C	
EDUCATION LEVEL:	
F NOT COMPLETED, EDUCA	ATION GOAL:
BUSINESS ABILITY:	
OCCUPATION:	ANNUAL INCOME:
CHILD'S SPOUSE	
NAME:	
<b>OCCUPATION:</b>	
ANNUAL INCOME:	
CHILD'S CHILDREN:	
NAME:	AGE:
NAME:	AGE:
NAME:	AGE:
COMMENTS:	
CHILD'S NAME:	
DATE OF BIRTH:	
CHILD OF (CIRCLE): JOINT/	CLIENT ONLY/SPOUSE ONLY
NAME OF OTHER PAR	ENT (IF NOT JOINT):
L D D D D C C	
EDUCATION LEVEL:	
F NOT COMPLETED, EDUCA	ATION GOAL:

<b>BUSINESS ABILITY:</b>	
OCCUPATION:	ANNUAL INCOME:_
CHILD'S SPOUSE	
NAME:	
OCCUPATION:	
ANNUAL INCOME	<u> </u>
CHILD'S CHILDREN:	
NAME:	AGE:
NAME:	AGE:
	AGE:
COMMENTS:	
CHII D'S NAME.	
DATE OF RIDTH.	
CHILD OF (CIDCLE). 101	INT/CLIENT ONLY/SPOUSE ONLY
NAME OF OTHER	PARENT (IF NOT JOINT):
EDUCATION LEVEL:	
IF NOT COMPLETED FR	DUCATION GOAL:
RUSINESS ARII ITV.	CATION GOAL.
OCCUPATION:	ANNUAL INCOME:
CHILD'S SPOUSE	ANNOAL INCOME.
OCCUPATION:	
ANNUAL INCOME	:
CHILD'S CHILDREN:	•
	AGE:
NAME:	AGE:
NAME:	AGE:
COMMENTS:	AGE.
DATE OF BIRTH:	
NAME OF OTHER	INT/CLIENT ONLY/SPOUSE ONLY PARENT (IF NOT JOINT):
ADDRESS:	
EDUCATION LEVEL:	
IF NOT COMPLETED, ED	OUCATION GOAL:
BUSINESS ABILITY:	
OCCUPATION:	ANNUAL INCOME:_
CHILD 5 51 OUSE	
NAME:	

OCCUPATION:	
ANNUAL INCOME:	
CHILD'S CHILDREN:	
NAME:	AGE:
NAME:	AGE:
NAME:	AGE:
COMMENTS:	
PARENT INFORMATION- CLIENT	
FATHER	MOTHER
NAME:	NAME:
NAME: ADDRESS:	NAME: ADDRESS: AGE/DOR:
AGE/DOB:	AGE/DOB:
AGE/DOB: STATE OF HEALTH: FINANCIALLY DEPENDENT?	AGE/DOB: STATE OF HEALTH: FINANCIALLY DEPENDENT?
FINANCIALLY DEPENDENT?	FINANCIALLY DEPENDENT?
PARENT INFORMATION- SPOUSE	
FATHER	MOTHER
NAME:	NAME:
NAME: ADDRESS:	ADDRESS:
ACF/DOR:	NAME: ADDRESS: AGE/DOB: STATE OF HEALTH: FINANCIALLY DEPENDENT?
STATE OF HEALTH:	STATE OF HEALTH:
FINANCIALLY DEPENDENT?	FINANCIALLY DEPENDENT?
SIBLING INFORMATION-CLIENT	
NAME:MARRIED?: AGE:MARRIED?:	LIVING?:
AGE: MARRIED?:	CHILDREN:
COMMENTS:	
NAME:	LIVING?:
AGE: MARRIED?:	CHILDREN:
NAME:MARRIED?: AGE:MARRIED?:	
NAME:	LIVING?:
NAME: AGE:MARRIED?: COMMENTS:	CHILDREN:
COMMENTS:	
NAME:	LIVING?:
NAME: AGE: COMMENTS: MARRIED?:	CHILDREN:
COMMENTS:	
CONTINUED LIDE	

NAME:		LIVING?:
AGE:	MARRIED?:	CHILDREN:
COMMENTS:		LIVING?: CHILDREN:
SIBLING INFORM	ATION-SPOUSE	
NAME:		LIVING?:
AGE:	MARRIED?:	CHILDREN:
COMMENTS:	MARRIED?:	
AGE:	MARRIED?:	CHILDREN:
COMMENTS:	MARRIED?:	
AGE:	MARRIED?:	CHILDREN:
COMMENTS:		LIVING?:CHILDREN:
AGE:	MARRIED2.	LIVING?:CHILDREN:
COMMENTS:_	MARKIED	
NAME:	MADDIED2.	CHII DDEN:
COMMENTS:	WIAKKIED:.	LIVING?:CHILDREN:
Other relatives or fr	iends of client and spouse who w	yould be immediate beneficiaries or
ultimate beneficiarie	es if client, client's spouse, all iss	ue, and parents are deceased.
NAME:		
ADDRESS:	7.7	
AGE:	RE	LATION:
NAME:		
AGE:	RE	LATION:
NAME:		
ADDRESS:		
	RE	CLATION:

Charities who would be immediate beneficiaries or ultimate beneficiaries if all individual beneficiaries are deceased.

CORPORATE NAME:

ADDRESS:

TIDDILLOS.		
SPECIAL PURPOSE (if any):		
CORPORATE NAME:		
ADDRESS:		
SPECIAL PURPOSE (if any):		
CORPORATE NAME:		
ADDRESS:		
SPECIAL PURPOSE (if any):		
<u>LIABILITIES</u>		
CLIENT'S LIABILITIES		
AMOUNT: OWED TO WHOM:	<b>DUE DATE:</b>	SECURED BY WHAT ASSET
SPOUSE'S LIABILITIES		
AMOUNT: OWED TO WHOM:	<b>DUE DATE:</b>	SECURED BY WHAT ASSET
<del></del>		
·		-

**ASSETS** 

CONTACT NAMES	
NAME OF ACCOUNTANT:	
NAME OF BROKER:	
NAME OF CASUALTY INSURANCE AC	GENT:
NAME OF LIFE INSURANCE AGENT:_	
PREFERENCE AS TO BANK:	
CIETING AND IOINT ACCETS	
GIFTING AND JOINT ASSETS  Have those been any substantial gifts in the	a nest or placement of property in isint
Have there been any substantial gifts in the	
names?	
POWERS OF APPOINTMENT	
Are there any existing powers of appointment?:	
Details:	
BENEFICIARIES OF TRUST	
Are you or your spouse the beneficiary under any	trust?
Details:	
ANY EXPECTED INHERITANCES? CLIENT:	SPOUSE:
ED OLG WHIOLG	
APPROXIMATE VALUE:	
MIROMMIL VILLE.	
ARMED FORCES SERVICE	
CLIENT:	SPOUSE:
SERIAL NO.:	
BRANCH OF SERVICE:	
DATE OF SERVICE:	
PENSION OR PROFIT SHARING PLANS	
DESCRIPTION OF BENEFITS(CLIENT):	
DESCRIPTION OF BENEFITS(CLIENT):	
DESCRIPTION OF BENEFITS(SPOUSE):	
· · · · · · · · · · · · · · · · · · ·	
BANK ACCOUNTS AND SAVINGS ACCOUNT	<u>S</u>
4 NAME OF BANK GAMPAGG AND COA	V OD CDUDYE VIVON
1. NAME OF BANK, SAVINGS, AND LOAD	NOR CREDIT UNION:
1 YPE OF ACCOUNT (checking/savings/et	rc.):
NAME(S) ON ACCOUNT:	
AVERAGE BALANCE:	

2.	NAME OF BANK, SAVINGS, AND LOAN OR CREDIT UNION:
	TYPE OF ACCOUNT(checking/savings/etc.):
	NAME(S) ON ACCOUNT:
	AVERAGE BALANCE:
3.	NAME OF BANK, SAVINGS, AND LOAN OR CREDIT UNION:
•	TYPE OF ACCOUNT(checking/savings/etc.):
	NAME(S) ON ACCOUNT:
	AVERAGE BALANCE:
4.	NAME OF BANK, SAVINGS, AND LOAN OR CREDIT UNION:
	TYPE OF ACCOUNT(checking/savings/etc.):
	NAME(S) ON ACCOUNT:
	AVERAGE BALANCE:
5	NAME OF BANK, SAVINGS, AND LOAN OR CREDIT UNION:
٥.	TYPE OF ACCOUNT(checking/savings/etc.):
	NAME(S) ON ACCOUNT:
	AVERAGE BALANCE:
STOC	CKS AND BONDS(CLIENT OR SPOUSE)
	1. NAME OF COMPANY:
	NUMBER OF SHARES OR AMOUNT:
	DESCRIPTION OF SECURITY:
	NAME OF OWNER:
	FAIR MARKET VALUE:
	BASIS:
	2. NAME OF COMPANY:
	NUMBER OF SHARES OR AMOUNT:
	DESCRIPTION OF SECURITY:
	NAME OF OWNER:
	FAIR MARKET VALUE:
	BASIS:
	3. NAME OF COMPANY:
	NUMBER OF SHARES OR AMOUNT:
	DESCRIPTION OF SECURITY:
	NAME OF OWNER:
	FAIR MARKET VALUE:
	BASIS:

4.	NAME OF COMPANY:
	NUMBER OF SHARES OR AMOUNT:
	DESCRIPTION OF SECURITY:
	NAME OF OWNER:
	FAIR MARKET VALUE:
	BASIS:
5.	NAME OF COMPANY:
	NAME OF COMPANY:
	DESCRIPTION OF SECURITY:
	NAME OF OWNER:
	FAIR MARKET VALUE:
	BASIS:
<b>SAFETY</b>	DEPOSIT BOX
L(	OCATION: WHOSE NAME(S): OPERTY OF OTHERS IN THE BOX?:
IN	WHOSE NAME(S):
ANY PRO	OPERTY OF OTHERS IN THE BOX?:
WHERE	ARE OTHER VALUABLE PAPERS KEPT?:
REAL ES	TATE (CLIENT OR SPOUSE)
4 5	
1. Pr	imary Residence Address:
	Brief Description:
	Legal Title in Whose Name?:
	Fair Market Value:  Assessed Value(include date of assessment):  Mortgage Amount:  Mortgagee:  If Property was a Cift or is in Joint Names (onter datails):
	Assessed Value(include date of assessment):
	Mortgage Amount: Mortgagee: Mortgagee:
	If Property was a Gift or is in Joint Names (enter details):
	Basis Information (cost, date of acquisition, cost and date of improvements):
2 4	13
2. At	ldress:
	Brief Description:
	Legal Title in Whose Name?:
	Fair Market Value:
	Assessed Value(include date of assessment):
	Mortgage Amount: Mortgagee: Mortgagee:
	If Property was a Gift or is in Joint Names (enter details):

3. 1	Address:  Brief Description: Legal Title in Whose Name?: Fair Market Value: Assessed Value(include date of assessment): Mortgage Amount: If Property was a Gift or is in Joint Names (enter details):  Basis Information (cost, date of acquisition, cost and date of improvements):					
	Brief Description: Legal Title in Whose Name?: Fair Market Value: Assessed Value(include date of assessment): Mortgage Amount: If Property was a Gift or is in Joint Names (enter details):					
	Legal Title in Whose Name?:  Fair Market Value:  Assessed Value(include date of assessment):  Mortgage Amount:  If Property was a Gift or is in Joint Names (enter details):					
	Fair Market Value:  Assessed Value(include date of assessment):  Mortgage Amount:  If Property was a Gift or is in Joint Names (enter details):					
	Assessed Value(include date of assessment):  Mortgage Amount:  If Property was a Gift or is in Joint Names (enter details):					
	Mortgage Amount: Mortgagee: If Property was a Gift or is in Joint Names (enter details):					
	Basis Information (cost, date of acquisition, cost and date of improvements):					
<b>4.</b> 1	Address:					
	Brief Description:					
	Legal Title in Whose Name?:					
	Fair Market Value:					
	Assessed Value(include date of assessment):					
	Mortgage Amount: Mortgagee:					
	Mortgage Amount: Mortgagee: If Property was a Gift or is in Joint Names (enter details):					
	Basis Information (cost, date of acquisition, cost and date of improvements):					
<b>5.</b> 1	Address:					
	Brief Description:					
	Legal Title in Whose Name?:					
	Fair Market Value:					
	Assessed Value(include date of assessment):					
	Mortgagee Amount: Mortgagee:					
	If Property was a Gift or is in Joint Names (enter details):					
	Basis Information (cost, date of acquisition, cost and date of improvements):					

## LIFE AND ACCIDENTAL DEATH INSURANCE-CLIENT

Type	Face Amount	Policy Number	Name of Company	Beneficiaries on Policy	Amount of Loan	Cash Value
		_	_	_		

Type	Face Amount	Policy Number	Name of Company	Beneficiaries on Policy	Amount of Loan	Cash Valu
	1 xmount	Trumber	Company	on roncy	or Loan	y aru
Commen	ts on Life Insi	ırance:				
(If you ha	ion), propriet	t in a partner orship, or ot	rship, joint ve her similar en	nture, closely he atity, list and/or sell agreements,	bring comp	lete

A _	utomobiles(Include model, make, fair market value, lienholder, and title hold
_	
В	oats, Trailers, etc:
_	
M	Iortgages Owned, Land Contracts, or Other Receivables:
_	
$\overline{\mathbf{C}}$	oin Collections, Guns, Family Heirlooms:
o	Other Assets: