

**CONFIDENTIAL PROBATE
QUESTIONNAIRE**

DECKERT LAW, P.A.

MAPLE GROVE BUSINESS LOFTS
12912 63RD AVENUE NORTH
MAPLE GROVE, MN 55369-6001
Phone: (763) 587-7100
www.deckertlawfirm.com

INITIAL MEETING

If you are a responsible family member of a Deceased person who died without a will or have been named as the “executor” or “personal representative” in a Deceased person’s will, it is advisable that you seek the counsel of an experienced probate lawyer to help you through the probate process. In order to do the best possible job, the attorney needs information about the Deceased, the Deceased’s estate plan, and the Deceased’s assets and liabilities. At your first meeting, you should be prepared to provide, as applicable, the following information:

NAMES AND ADDRESSES

Your name: _____

Mailing address: _____

Telephone Nos.: (Work) _____ (Home) _____
(Mobile) _____

E-Mail address: _____

Your relation to the Deceased: _____

IDENTITY OF DECEASED

Full legal name of Deceased: _____

Address at time of death: _____ (Street)
_____ (City/State/Zip)

Deceased’s date of birth: _____

Deceased’s place of birth: _____ (City/State)

Deceased’s SSN: _____

Deceased’s date of death: _____

(Please provide a copy of the death certificate if available)

ESTATE PLAN

Did the Deceased have an existing Will(s)? Yes No (If yes, provide attorney with a copy)

Did the Deceased have an existing Trust(s)? Yes No (If yes, provide attorney with a copy)

FAMILY INFORMATION

Was the Deceased married? Yes No

If *yes*, what is/was the name of the Deceased's spouse? _____

Is the Deceased's spouse still living? Yes No

If *no*, , when and where did the Deceased spouse die? _____

Children:

<u>Name</u>	<u>Address</u>	<u>Date of Birth</u>	<u>Indicate if adopted or from a previous marriage</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have any children received an advance on their inheritance or are any children financially indebted to the Deceased? Yes No

If *yes*, please detail _____

Any deceased children? Yes No

If *yes*, name of deceased child: _____

Did this deceased child leave any children? Yes No

If *yes*, please name: _____

Any other, deceased children? Yes No

If *yes*, name of deceased child: _____

Did this deceased child leave any children? Yes No

If *yes*, please name: _____

Grandchildren, if any:

<u>Name</u>	<u>Address</u>	<u>Date of Birth</u>	<u>Indicate if adopted or from a previous marriage</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other pertinent family information or explanation of above items:

PERSONAL REPRESENTATIVE

Does the will or any other communication from the Deceased indicate who should be personal representative (“executor”) of the Deceased’s estate? (The personal representative is responsible for probating the will, paying debts, collecting the assets, and settling the estate.) Yes No

If *yes*, please provide the following information for the person named:

If *no*, please provide the following information for the person who should serve as executor:

Name _____
Address _____
Phone _____
SSN: _____

SAFE DEPOSIT BOX

Did the Deceased have a safe deposit box? Yes No

If so, where? _____

Does anyone else have access to the box? _____

PROFESSIONALS

Did the Deceased have an attorney? Yes No

If *yes* to the above, please give the following information:

Name _____
Address _____
Phone _____

Did the Deceased have an accountant? Yes No

If *yes* to the above, please give the following information:

Name _____
Address _____
Phone _____

Did the Deceased have a financial planner, investment advisor or insurance agent? Yes No

If *Yes* to the above, please give the following information:

Name _____
Address _____
Phone _____

INFORMATION REGARDING THE DECEASED'S ASSETS

1. Estimated net worth of estate: \$ _____
2. To the extent possible, collect information and documents regarding the Deceased's accounts held at financial institutions:
3. To the extent possible, collect information and documents regarding the Deceased's investments:
 - Cash or money fund accounts, or certificates of deposit with stock broker firms.
 - Stocks, bonds, and mutual funds where the broker holds the certificates and sent the Deceased periodic statements showing the account balance.
 - Mutual funds where the Deceased dealt directly with the issuing company rather than through a stock broker.
 - Stocks and bonds (other than U.S. Savings Bonds) where the Deceased held the certificates in your possession.
 - U.S. savings bonds.
 - Treasury bills or other government securities.
 - Limited partnerships.
 - Oil and gas royalty or working interests.
 - Oil and gas mineral rights in land.
 - Other securities [describe] _____
4. **Retirement plans:**
 - Individual retirement accounts (IRAs), Keogh, or other individual plans providing tax deferral for deposits and income.
 - Employer-provided profit sharing, retirement, or other benefit plans:
If so, name of employer _____
Contact person _____
Last year worked: _____.

5. **Real estate:**

- Personal residence located in state of _____
- Other property. How many different parcels of real estate did the Deceased own, other than his/her personal residence? _____
In what state(s) are these parcels located? _____
Was the Deceased purchasing any of the above properties on a contract for deed?
 Yes No. If yes, provide details: _____

6. Complete this section if the Deceased was engaged in business.

Did the Deceased own a business, or was he/she a partner in a business? Yes No

If yes, complete the following:

- Business is organized as a corporation. How many corporations? _____
How many corporations are subchapter S corporations? _____
- Business is organized as a partnership. How many partnerships? _____
- Business is a sole proprietorship. How many different firms? _____

7. **Receivables:**

If any money is owed to the Deceased, as payments on contracts, where the Deceased sold a business, as payments on obligations secured by real estate, or where the Deceased loaned money to someone and held a note, indicate each type of indebtedness:

- Promissory note(s) secured by real estate. Amount(s) owed: _____
- Installment contract(s) of sale of personal property. Amount(s) owed: _____
- Unsecured promissory note(s). Amount(s) owed: _____

8. **Life Insurance Policies:**

For life insurance policies insuring the Deceased, indicate the name of the insurance company, the face amount of the policy, and the type of policy.

<u>Insurance Company</u>	<u>Face Amount</u>	<u>Type of Policy</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. **Annuities:**

Please indicate the name of the annuitant and the type of annuity. Do not list annuities under which no benefits are payable after the death of the annuitant.

Regular annuities payable for guaranteed minimum term or amount:

Tax-deferred annuities:

10. Personal property other than automobiles, trucks, boats, and trailers:

- Household furniture and appliances
- Collections, art, antiques, valuable jewelry
- Automobiles
- Boats
- Recreational vehicles
- Motor home
- Business machinery and equipment
- Personal equipment and tools
- Farm or ranch machinery and equipment (other than general tools)
- Livestock

LIABILITIES

(Make a list of known liabilities or debts of the Deceased.)

Creditor	Amount

Did the deceased or predeceased spouse receive Medical Assistance from the county?

If so, which county? _____.

QUESTIONS

(Make a list of pertinent questions to ask.)

1. _____

2. _____

3. _____

4. _____

5. _____
