

Confidential Worksheet: Probate Questionnaire



Date: _____

Instructions: Please complete and return to us before your consultation. Call **616-777-5293** if you have any questions.

Mail: 3083 Washington Avenue SW, Suite E, Grandville, MI 49418
 Fax: 800-609-5298
 Email: info@EyestoneLawOffices.com

The information requested in this questionnaire is critical to administer the probate estate of your loved one in accordance with your loved one's wishes and applicable law. The probate court will refer to your loved one as "the decedent," so that is the term we use below.

Please do your best to gather as much of the requested information as you can. We will rely on your responses as to title ownership, beneficiary designation, and value, so please be as accurate as you can. You may not know the answer to some of the questions, but please indicate the name and contact information of who may have the information. Some information requested may not apply to you. Use additional pages if needed.

Section 1: Documents Needed

- Certified Copy of Death Certificate, if issued (obtain from funeral home)
- Last Will and Testament, if any
- Most Recent Statements / Deeds / Titles for Assets Listed Below
- Most Recent Tax Return of the Decedent
- Trust / Business Agreements

Section 2: Decedent Information

| | | |
|-----------------------------|--|---------------------------|
| Decedent Information | <i>Name:</i> | |
| | <i>Also Known As:</i> | |
| | <i>U S Citizen:</i> <input type="checkbox"/> Yes <input type="checkbox"/> Other: | |
| | <i>Address:</i> | |
| | <i>County:</i> | <i>Social Security #:</i> |
| | <i>Date of Birth:</i> | <i>Place of Birth:</i> |
| | <i>Date of Death:</i> | <i>Time of Death:</i> |

| | | |
|-----------------|--------------------------|------------------------------|
| Marriage | <i>Living Spouse:</i> | <i>Deceased/Ex-Spouse:</i> |
| | <i>Spouse DOB:</i> | <i>Date of Divorce:</i> |
| | <i>Date of Marriage:</i> | <i>Date of Spouse Death:</i> |

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Section 3: Personal Representative Information

The Personal Representative is the person named in the will as such or as executor. Otherwise, include the information for who you believe would be best suited to wind up the decedent's affairs, report to the beneficiaries and the court, deal with creditors, and distribute the assets.

| | | | | | |
|-----------------------------|----------------------------------|--|-----------------------|-------------|--|
| Required Information | <i>Name:</i> | | <i>Email:</i> | | |
| | <i>Street:</i> | | <i>Phone:</i> | | |
| | <i>City:</i> | | <i>State:</i> | <i>Zip:</i> | |
| | <i>Social Security #:</i> | | <i>Date of Birth:</i> | | |
| | <i>Relationship to Decedent:</i> | | | | |

Section 4: Children / Beneficiaries

Please provide information about the children of the decedent and any other people named in the decedent's will. If the decedent had no children and no will, please provide information about the decedent's parents and siblings.

| Name | Address | Phone | DOB (under 18) | Relationship |
|-------------|----------------|--------------|---------------------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Section 5: Questions or Issues to Raise in Consultation

Please indicate any questions or special concerns that you have about estate administration, the decedent's assets, or any of the beneficiaries (use additional sheets if needed):

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Section 6: Assets and Liabilities (Attach Additional Pages as Needed)

| | | | | |
|--------------------|--|--------------|---------------------------|-------------|
| Real Estate | <i>Residence Co-Owner/Beneficiary (if any):</i> | | <i>Market Value (\$):</i> | |
| | <i>Street:</i> | <i>City:</i> | <i>State:</i> | <i>Zip:</i> |
| | <i>Cottage Co-Owner/Beneficiary (if any):</i> | | <i>Market Value (\$):</i> | |
| | <i>Street:</i> | <i>City:</i> | <i>State:</i> | <i>Zip:</i> |
| | <i>Time Share Co-Owner/Beneficiary (if any):</i> | | <i>Market Value (\$):</i> | |
| | <i>Street:</i> | <i>City:</i> | <i>State:</i> | <i>Zip:</i> |

| | | |
|--------------------------|-----------------------|----------------------|
| Bank Accounts/CDs | <i>Bank Name:</i> | <i>Account Type:</i> |
| | <i>Account Owner:</i> | <i>Amount (\$):</i> |
| | <i>Bank Name:</i> | <i>Account Type:</i> |
| | <i>Account Owner:</i> | <i>Amount (\$):</i> |
| | <i>Bank Name:</i> | <i>Account Type:</i> |
| | <i>Account Owner:</i> | <i>Amount (\$):</i> |

| | | |
|---------------------------|-----------------------|--------------------------------|
| Business Interests | <i>Company Name:</i> | <i>% Interest:</i> |
| | <i>Company Owner:</i> | <i>Value of Interest (\$):</i> |
| | <i>Company Name:</i> | <i>% Interest:</i> |
| | <i>Company Owner:</i> | <i>Value of Interest (\$):</i> |

| | | |
|----------------------------|------------------------|----------------------|
| Retirement Accounts | <i>Brokerage Firm:</i> | <i>Account Type:</i> |
| | <i>Account Owner:</i> | <i>Amount (\$):</i> |
| | <i>Brokerage Firm:</i> | <i>Account Type:</i> |
| | <i>Account Owner:</i> | <i>Amount (\$):</i> |
| | <i>Brokerage Firm:</i> | <i>Account Type:</i> |
| | <i>Account Owner:</i> | <i>Amount (\$):</i> |

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| | | |
|--------------------------------|------------------------|----------------------|
| Non-Retirement Accounts | <i>Brokerage Firm:</i> | <i>Account Type:</i> |
| | <i>Account Owner:</i> | <i>Amount (\$):</i> |
| | <i>Brokerage Firm:</i> | <i>Account Type:</i> |
| | <i>Account Owner:</i> | <i>Amount (\$):</i> |
| | <i>Brokerage Firm:</i> | <i>Account Type:</i> |
| | <i>Account Owner:</i> | <i>Amount (\$):</i> |

| | | |
|-----------------------------------|-------------------------|-----------------------|
| Life Insurance / Annuities | <i>Company:</i> | <i>Beneficiary:</i> |
| | <i>Insured / Owner:</i> | <i>Death Benefit:</i> |
| | <i>Company:</i> | <i>Beneficiary:</i> |
| | <i>Insured / Owner:</i> | <i>Death Benefit:</i> |
| | <i>Company:</i> | <i>Beneficiary:</i> |
| | <i>Insured / Owner:</i> | <i>Death Benefit:</i> |

| Asset Type | Description | Value |
|--|--------------------|--------------|
| <i>Safe Deposit Box: - Location and contents</i> | | \$ |
| <i>Household furnishings:</i> | | \$ |
| <i>Collections:</i> | | \$ |
| <i>Autos:</i> | | \$ |
| <i>Boats:</i> | | \$ |
| <i>Money Owed to Decedent:</i> | | \$ |

Section 7: Debts Owed by Decedent (Mortgages / Credit Cards / Auto Loans, etc.)

| Owed To | Monthly Payment | Maturity Date | Total Amount |
|----------------|------------------------|----------------------|---------------------|
| | \$ _____ | _____ | \$ _____ |
| | \$ _____ | _____ | \$ _____ |
| | \$ _____ | _____ | \$ _____ |
| | _____ | _____ | _____ |

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| Section 8: Additional Questions about Decedent / Spouse | Yes | No | ? |
|--|-----|----|---|
| (Please check "Yes" or "No" or "?" if you do not know) | | | |
| Was decedent (or spouse) receiving social security, disability, or other governmental benefits? - Describe _____ | | | |
| Was decedent (or spouse) making payments pursuant to a divorce or property settlement order? - Please furnish a copy | | | |
| If decedent was married, did the decedent and spouse sign a pre-nuptial or post-marriage agreement? - Please furnish a copy. | | | |
| Has decedent been widowed? - If a federal estate tax return or a state death tax return was filed, please furnish a copy. | | | |
| Did decedent ever file federal or state gift tax returns? - Please furnish copies of these returns. | | | |
| Was decedent party to a trust, business buy-sell or stock purchase agreement or other estate planning? - Please furnish copies of these documents. | | | |
| If married, did decedent ever live in any of the following states while married to each other? - Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin | | | |
| Is decedent named a beneficiary of anyone else's undistributed trust or will? - If so, please explain below. | | | |
| Does decedent's spouse or any of decedent's children have special learning, medical, or physical needs? | | | |
| Do any of decedent's children receive governmental support or benefits? | | | |
| Did decedent provide primary or other major financial support to adult children or others? | | | |
| Was decedent subject to guardianship or conservatorship prior death? | | | |
| Was decedent in control of his or her financial and personal affairs prior to death? - If not, who was in control? _____ | | | |
| Was decedent the party to any litigation at the time of death? | | | |
| Were decedent's relationships with his or her family good and harmonious prior to death? | | | |
| Are you aware of any person who might assert that the decedent was, prior to his or her death, subjected to undue influence in the exercise of financial or personal matters? | | | |