

CLIENT QUESTIONNAIRE

General Instructions

In order for us to determine the appropriate probate proceeding for Decedent's Estate and identify other tasks outside of probate that may need to be completed, it is important that we gather certain information about Decedent and Decedent's family and the Estate. If you are later appointed the personal representative for the Estate, this information will also be useful in performing certain duties, such as notifying beneficiaries named in a will and creditors of certain probate proceedings, collecting the Estate's assets, and filing the Estate's inventory, appraisement, and list of claims.

The purpose of this questionnaire is to gather as much relevant information about Decedent and Decedent's family and the Estate as is feasible with a minimum of inconvenience to you. By completing as much of this questionnaire as possible before our initial conference, we will be able to make the initial conference as efficient as possible. Rather than spending our time collecting basic information, we can have a productive dialogue and exchange, in which we can answer your questions about the procedures for handling the Estate and you can, with our help, settle on the probate proceeding that is right for the Estate.

In completing this questionnaire, please keep the following in mind:

1. Please indicate any uncertainty or question you might have about any aspect of this questionnaire (e.g., put a question mark next to the particular phrase or question). At our initial conference, we can clarify these matters for you. Further, if you do not understand how to answer a particular question, please feel free to give us a call before our conference; we will be more than happy to help you.
2. If you aren't certain about a particular item, such as the value of a particular asset, the amount of a debt, etc., please don't simply leave it blank. Instead, please put down your best guess and indicate the item as "approximate" or "estimate," or, if you prefer, put down a range (such as "\$100-\$150").

3. If you need more space than is provided to answer any questions, please continue on the back or on an attached sheet. (You may wish to photocopy certain pages to give yourself more space to fill out lists of people or assets.)
4. Please print or type all answers. Please be sure to give us complete information. If a question is irrelevant to Decedent's circumstances, please indicate "N/A" in the space provided.

CLIENT'S PERSONAL INFORMATION

Name (first, middle, last): _____

Preferred name: _____

Date of birth: _____

Last three digits of driver's license number & state of issuance: _____

Last three digits of Social Security number: _____

Citizenship: _____

Address (street, city, county, state, zip code): _____

Home phone: _____

Cell phone: _____

Work phone: _____

Fax number: _____

E-mail address: _____

Relationship to Decedent: _____

Are you the executor named in Decedent's will? Yes No

If yes, have you ever been convicted of a felony? Yes No

DECEDENT'S PERSONAL & FAMILY INFORMATION

General Personal Information

1. Name (first, middle, last): _____
2. Alias, if any: _____
3. Date of birth: _____
4. Driver's license number & state of issuance: _____
5. Social Security number: _____
6. Citizenship: _____
7. Date of death: _____
8. Place of death: _____
9. Manner of death: Accidental Natural causes Other (please explain) _____
10. Have final arrangements been made for Decedent? Yes No If no, please state any concerns you have about this matter: _____
11. Permanent residential address at death (street, city, county, state, zip code): _____
12. Dates lived at permanent residence: _____
13. Former residential address (street, city, county, state, zip code): _____
14. Dates lived at former residence: _____
15. Was Decedent a veteran of the U.S. Armed Forces? Yes No
16. Did Decedent have any wills or codicils (a codicil is a supplement or addition to a will) or a memorandum of disposition of personal effects? Yes No If yes, please bring all original documents or, if the originals are unavailable, bring copies. In addition, please answer the following questions:
 17. Type of document (e.g., will, codicil, memorandum): _____
 - a. Date of document: _____
 - b. Location of document: _____
 - c. Name and address of executor(s), if any: _____
 - d. If applicable, reason why the original is unavailable: _____
 18. Type of document (e.g., will, codicil, memorandum): _____
 - a. Date of document: _____

- b. Location of document: _____
- c. Name and address of executor(s), if any: _____
- d. If applicable, reason why the original is unavailable: _____

Marital Matters

- 19. Name of spouse at the time of Decedent's death (first, middle, last): _____
 - a. Alias, if any: _____
 - b. Date of birth: _____
 - c. Citizenship: _____
 - d. Address (street, city, county, state, zip code): _____
 - e. Phone number: _____
 - f. E-mail address: _____
 - g. Date of marriage: _____
 - h. Place of marriage: _____
 - i. Type of marriage (i.e., ceremonial or common-law): _____
 - j. Deceased? Yes, date of death is _____ No
- 20. Name of former spouse (first, middle, last): _____
 - a. Date of marriage: _____
 - b. Place of marriage: _____
 - c. Type of marriage (i.e., ceremonial or common-law): _____
 - d. How marriage ended (e.g., death, divorce, annulment): _____
 - e. Date marriage ended: _____
 - f. Are there any continuing duties such as alimony, child support, required insurance, will provisions, etc.? Yes No

Children & Grandchildren

If Decedent has any children, natural or adopted, please list them below.

- 21. Child's full name: _____
 - a. Date of birth: _____
 - b. Address (street, city, county, state, zip code): _____
 - c. Name of other parent: _____

d. Natural or adopted? Natural Adopted _____

e. Deceased? Yes, date of death is _____ No

22. Child's full name: _____

a. Date of birth: _____

b. Address (street, city, county, state, zip code): _____

c. Name of other parent: _____

d. Natural or adopted? Natural Adopted

e. Deceased? Yes, date of death is _____ No

If Decedent has any grandchildren, please list them below.

23. Grandchild's full name: _____

a. Date of birth: _____

b. Address (street, city, county, state, zip code): _____

c. Names of parents: _____

d. Natural or adopted? Natural Adopted

e. Deceased? Yes, date of death is _____ No

24. Grandchild's full name: _____

a. Date of birth: _____

b. Address (street, city, county, state, zip code): _____

c. Names of parents: _____

d. Natural or adopted? Natural Adopted _____

e. Deceased? Yes, date of death is _____ No

Other Family Members

Please list any parents, brothers, sisters, or other relatives who were alive at the time of Decedent's death.

25. Name (first, middle, last): _____

a. Date of birth: _____

b. Relationship to Decedent: _____

c. Address (street, city, county, state, zip code): _____

d. Phone number: _____

e. E-mail: _____

f. Deceased? Yes, date of death is _____ No

26. Name (first, middle, last): _____

a. Date of birth: _____

b. Relationship to Decedent: _____

c. Address (street, city, county, state, zip code): _____

d. Phone number: _____

e. E-mail: _____

f. Deceased? Yes, date of death is _____ No

Devisees

Please list all beneficiaries named in any of Decedent's wills or codicils (i.e., devisees).

27. Name (first, middle, last): _____

a. Date of birth: _____

b. Relationship to Decedent: _____

c. Address (street, city, county, state, zip code): _____

d. Document in which the devisee is named: _____

e. Deceased? Yes No If yes, please state date of death and list names of any surviving children.

28. Name (first, middle, last): _____

a. Date of birth: _____

b. Relationship to Decedent: _____

c. Address (street, city, county, state, zip code): _____

d. Document in which the devisee is named: _____

e. Deceased? Yes No If yes, please state date of death and list names of any surviving children.

FINANCIAL STATEMENT

Financial Statement

Please provide a recent financial statement for Decedent. If you do not have a recent financial statement for Decedent, please complete the Financial Statement attached as Exhibit A. The more accurate the information, the better we will be able to prepare a plan that fits Decedent's circumstances. **However, do not worry about exact asset values, loan balances, and other amounts. Approximate values (i.e., values that are accurate to within 10% or even 20%) are generally sufficient.** If it turns out that we do need exact values, you can obtain them for us after our initial conference.

Many of the remaining questions about Decedent's assets and liabilities may overlap with items in the financial statement, but please answer all questions anyway. This will allow us to more efficiently and accurately ascertain Decedent's financial circumstances.

Net Worth

For probate, trust, and estate administration purposes, it is important to know Decedent's net worth upon death. Please give your best estimate of Decedent's total combined net worth. Include (1) all retirement plan benefits (all IRAs, retirement plans, pension plans, etc.), (2) all life insurance or annuity (at face value, i.e., the death benefit), and (3) all other property Decedent owned (a home, all accounts, all stocks, bonds, options, and other investments). Note: You may wish to answer this question after you complete the financial statement attached as Exhibit A and answering the remaining questions.

\$ _____ Decedent's IRAs, 401(k)s and Other Qualified Retirement Benefits

\$ _____ Face Value of Life Insurance or Annuity on Decedent's Life

\$ _____ Current Net Worth (from Exhibit A)

\$ _____ TOTAL NET WORTH AT DEATH

DECEDENT'S ASSETS

Real Property

Please provide the following information for any real property that Decedent owned (e.g., a home, rental property, vacation home, unimproved land).

1. Type: _____
 - a. Address (street, city, county, state, country, zip code) or legal description: _____
 - b. Current fair market value: _____
 - c. Decedent's ownership interest: _____
 - d. Name and address of any coowners or lessees: _____
 - e. Is there a transfer-on-death deed on the property? Yes No
2. Type: _____
 - a. Address (street, city, county, state, country, zip code) or legal description: _____
 - b. Current fair market value: _____
 - c. Decedent's ownership interest: _____
 - d. Name and address of any coowners or lessees: _____
 - e. Is there a transfer-on-death deed on the property? Yes No

Mineral Interests

Please provide the following information for any of Decedent's mineral interests.

3. Name of mineral interest/lease/well: _____
 - a. Type of interest: _____
 - b. State and county where located: _____
 - c. Name of producer/operator: _____
 - d. Current income and value: _____
 - b. Ownership percentage: _____
4. Name of mineral interest/lease/well: _____
 - a. Type of interest: _____
 - b. State and county where located: _____
 - c. Name of producer/operator: _____
 - d. Current income and value: _____

e. Ownership percentage: _____

Cash

Please provide the following information for any of Decedent's cash not held with a financial institution.

5. Amount: _____

a. Current location of cash: _____

Accounts with Financial Institutions

Please provide the following information for any of Decedent's accounts with financial institutions (e.g., checking account, savings account, money-market account, certificate of deposit).

6. Type: _____

a. Name of financial institution: _____

b. Name on account: _____

c. Account number: _____

d. Current value: _____

e. Designated beneficiary: _____

7. Type: _____

a. Name of financial institution: _____

b. Name on account: _____

c. Account number: _____

d. Current value: _____

f. Designated beneficiary: _____

Brokerage Accounts

Please provide the following information for any of Decedent's brokerage accounts.

8. Name of brokerage firm: _____

a. Name on account: _____

b. Account number: _____

c. Current value: _____

d. Designated beneficiary: _____

9. Name of brokerage firm: _____
- a. Name on account: _____
- b. Account number: _____
- c. Current value: _____
- b. Designated beneficiary: _____

Safe-Deposit Boxes

Please provide the following information for any of Decedent's safe-deposit boxes.

10. Name of depository: _____
- a. Address (street, city, state, zip code): _____
- b. Name in which box is held: _____
- c. Box number: _____
- b. Name of person with access to box: _____
- c. Contents: _____
11. Please state any concerns you have about Decedent's safe-deposit box: _____
- _____

Social Security Benefits

12. Did Decedent receive Social Security benefits? Yes No
- a. Amount per month: _____

Veterans Benefits

13. Did Decedent receive veteran's benefits? Yes No
- a. Amount per month: _____

Promissory Notes

For any promissory notes payable to Decedent, please state the (1) payor's name, (2) payor's address, and (3) amount payable.

Retirement Accounts

Please provide the following information for any retirements accounts belonging to Decedent or another person in which Decedent is a beneficiary, including an IRA or rollover IRA, a pension, or a 401(k).

14. Name of institution: _____

- a. Type of plan: _____
 - b. Account number: _____
 - b. Current value: _____
 - c. Designated beneficiary: _____
15. Name of institution: _____
- a. Type of plan: _____
 - b. Account number: _____
 - b. Current value: _____
 - c. Designated beneficiary: _____
16. Did Decedent receive distributions under an IRA or retirement plan belonging to another (such as a husband or wife, a parent, an aunt or uncle, etc.)? Yes No If yes, please explain. _____
- _____

Employee Benefits

Please provide the following information for any of Decedent's interest in a bonus, commission, profit sharing, ESOP, stock option, or other employee benefit.

17. Type: _____
- a. Current value: _____

Life Insurance or Annuity

Please complete the information in Exhibit B for any life insurance or annuity contract owned by Decedent or insuring Decedent's life.

Mortgage Insurance

If Decedent owned any mortgage insurance, state the name of the company, policy number, and name of insured.

Stocks & Bonds

Please provide the following information for any of Decedent's stocks and bonds not held in a brokerage account.

18. Name of security: _____
- a. Number of shares: _____

- b. Type (e.g., common stock, preferred stock): _____
 - b. Location: _____
 - c. Current value: _____
19. Name of security: _____
- a. Number of shares: _____
 - b. Type (e.g., common stock, preferred stock): _____
 - b. Location: _____
 - c. Current value: _____

Business Interests

Please provide the following information for any of Decedent's interest in a farm, ranch, or other business.

20. Name of business: _____
- a. Address (street, city, county, state, zip code): _____
 - b. Business structure (e.g., sole proprietorship, C-corporation, S-corporation, general partnership, limited partnership, limited-liability company): _____
 - b. Description of business: _____
 - c. Ownership interest: _____

Motor Vehicles, Boats & Airplanes

Please provide the following information for any of Decedent's motor vehicles, mobile homes, boats, or airplanes.

21. Type: _____
- a. Year, make, and model: _____
 - b. Name on certificate of title or registration: _____
 - b. Identification number, if any: _____
 - c. Ownership percentage: _____
 - d. Current value: _____
 - e. Designated beneficiary of motor vehicle, if any: _____
22. Type: _____
- a. Year, make, and model: _____

- b. Name on certificate of title or registration: _____
- c. Identification number, if any: _____
- d. Ownership percentage: _____
- b. Current value: _____
- c. Designated beneficiary of motor vehicle, if any: _____

Club Memberships

23. Did Decedent have any club memberships? Yes No
- a. If yes, please list and state their approximate value. _____

Lawsuits

24. Did Decedent have an interest in any pending lawsuits or anticipated lawsuits? Yes No
- a. If yes, please explain and state their approximate value. _____

Judgments

25. Did Decedent have an interest in any judgments? Yes No
- a. If yes, please explain and state their approximate value. _____

Intellectual-Property Rights

26. Did Decedent have an interest in any intellectual-property rights, such as a trademark, patent, or copyright? Yes No
- a. If yes, please list and state their approximate value. _____

Agricultural Assets

27. Did Decedent have an interest in any agricultural assets (e.g., crops growing or harvested, livestock, farming equipment and implements, farm supplies, and cooperative shares)? Yes No
- a. If yes, please list and state their approximate value. _____

Digital Assets

28. Did Decedent have an interest in any digital assets (e.g., airline rewards, hotel points, e-mail accounts, social-media accounts, voicemail accounts, web pages, online purchasing accounts, and cryptocurrency such as Bitcoins)? Yes No
- a. If yes, please list and state their approximate value (if applicable). _____

Household Items & Personal Effects

29. Did Decedent own any household items (e.g., furniture, appliances, electronics) and personal effects? Yes No

a. If yes, please explain and state their total approximate value. There is no need to list every item individually. _____

Miscellaneous Items

30. Did Decedent have an interest in any other items of value, such as computers, firearms and other weapons, antiques and collectibles, jewelry and items of personal adornment, prepaid items, and uncashed checks? Yes No

a. If yes, please list and state their approximate value.

DECEDENT'S LIABILITIES

Secured Debt

Please provide the following information for any of Decedent's secured debt (e.g., mortgage, car loan).

1. Type: _____

a. Name of creditor: _____

b. Name on account: _____

c. Account number: _____

d. Collateral: _____

e. Balance: _____

2. Type: _____

a. Name of creditor: _____

b. Name on account: _____

c. Account number: _____

d. Collateral: _____

e. Balance: _____

Credit Cards & Charge Accounts

Please provide the following information for any of Decedent’s credit cards and charge accounts.

- 3. Type: _____
 - a. Name of creditor: _____
 - b. Address of creditor: _____
 - c. Name on account: _____
 - d. Account number: _____
 - e. Balance: _____

- 4. Type: _____
 - a. Name of creditor: _____
 - b. Address of creditor: _____
 - c. Name on account: _____
 - d. Account number: _____
 - e. Balance: _____

Unsecured Loans

Please provide the following information for any of Decedent’s unsecured loans.

- 5. Name of creditor: _____
 - a. Address of creditor: _____
 - b. Balance: _____

- 6. Name of creditor: _____
 - a. Address of creditor: _____
 - b. Balance: _____

Leases

- 7. Did Decedent have any leases, such as for a car, apartment, or house? Yes No
 - a. If yes, please explain and state the dates of the lease. _____

Funeral & Burial Bills

- 8. For any bills for Decedent’s funeral and burial expenses, please state the (1) creditor’s name, (2) creditor’s address, and (3) balance.

Medical Bills

Please provide the following information for any bills for Decedent’s medical expenses.

- 9. Name of creditor: _____
 - a. Address of creditor: _____
 - b. Balance: _____
 - c. Date incurred: _____
- 10. Name of creditor: _____
 - a. Address of creditor: _____
 - b. Balance: _____
 - c. Date incurred: _____

Judgments

- 11. Are there any judgments against Decedent? Yes No
 - a. If yes, please explain and state their approximate value. _____

Tax Liabilities

Please provide the following information for any federal, state, county, or city tax liability owed by Decedent (e.g., property tax, income tax).

- 12. Type: _____
 - a. Name of taxing entity: _____
 - b. Balance: _____
- 13. Type: _____
 - a. Name of taxing entity: _____
 - b. Balance: _____
 - c. Lawsuits _____
- 14. Are there any pending or anticipated lawsuits against Decedent? Yes No _____
 - a. If yes, please explain and state their approximate value.

Medicaid Claim

- 15. Did Decedent apply for Medicaid long-term care services on or after March 1, 2005?
Yes No

16. If Decedent received long-term care services (e.g., nursing-home services), was Decedent 55 years or older when the services were received? Yes No

Miscellaneous Debts

17. Please list any other debts Decedent owed (e.g., outstanding guarantees, contingent or secondary liabilities for the debts of another) and include the name of the creditor and the balance.

TRUSTS & CUSTODIAL ACCOUNTS

Please provide the following information for any (1) trusts for which Decedent was the settler (i.e., creator), trustee, or beneficiary or held any power over (e.g., power of appointment) and (2) custodial accounts (i.e., accounts under Uniform Transfers/Gifts to Minors Act) for which Decedent created, made a transfer to, or was the custodian.

1. Name of trust or custodial account: _____
 - a. Decedent's role (e.g., settlor): _____
 - b. Name and address of trustee or custodian (if someone other than Decedent): _____

 - b. Name and address of alternate trustee or custodian, if any: _____

2. Name of trust or custodial account: _____
 - a. Decedent's role (e.g., settlor): _____
 - b. Name and address of trustee or custodian (if someone other than Decedent): _____

 - c. Name and address of alternate trustee or custodian, if any: _____

EXHIBIT A. FINANCIAL STATEMENT

Financial Statement as of {date}

ASSETS

Cash in banks:\$ _____
Notes and other receivables:\$ _____
Household items and personal effects:\$ _____

Stocks & Bonds

Listed securities:\$ _____
Closely held:\$ _____
Cash value of life insurance:\$ _____
Cars and other motor vehicles:\$ _____

Real Estate

Home:\$ _____
Other residential:\$ _____
Commercial:\$ _____
Unimproved land:\$ _____

Mineral Interests

Producing property:\$ _____
Others:\$ _____
Partnership interest:\$ _____
Proprietary interest:\$ _____
Other assets (excluding retirement benefits, life insurance, or annuity):\$ _____

LIABILITIES

Notes Payable

Secured:\$ _____
Other:\$ _____

Mortgages

Home:\$ _____
Other residential:\$ _____

Commercial:\$ _____

Other:\$ _____

Taxes Due

Income:\$ _____

Other:\$ _____

Personal bills:\$ _____

Total Assets:\$ _____

Total Liabilities:\$ _____

Net Worth:\$ _____

EXHIBIT B. INSURANCE OR ANNUITY CONTRACT

Insurance or Annuity on Decedent's Life

1. Type: _____
 - a. Name of company: _____
 - b. Policy number: _____
 - c. Date: _____
 - d. Face value: _____
 - e. Cash value: _____
 - f. Current loan: _____
 - g. Name of beneficiary and name of owner: _____

2. Type: _____
 - a. Name of company: _____
 - b. Policy number: _____
 - c. Date: _____
 - d. Face value: _____
 - e. Cash value: _____
 - f. Current loan: _____
 - b. Name of beneficiary and name of owner: _____

TOTAL: Face value: _____ Cash value: _____ Current loan: _____

Insurance or Annuity on Life of Another

1. Type: _____
 - a. Name of company: _____
 - b. Policy number: _____
 - c. Date: _____
 - d. Name of insured: _____
 - e. Face value: _____
 - f. Cash value: _____
 - g. Current loan: _____
 - h. Name of beneficiary and name of owner: _____

2. Type: _____
- a. Name of company: _____
 - b. Policy number: _____
 - c. Date: _____
 - d. Name of insured: _____
 - e. Face value: _____
 - f. Cash value: _____
 - g. Current loan: _____
 - h. Name of beneficiary and name of owner: _____
- TOTAL: Face value: _____ Cash value: _____ Current loan: _____