

Duane L. Coker & Associates, P. C.

Attorneys at Law

Probate Questionnaire

This questionnaire will be used by your attorney's office only. Your response to these questions will help to organize your case and will save you on your attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege. Please answer as fully as possible.

Your Contact Information (Applicant/Executor of Estate.)

Applicant Name: _____
First Last Middle

Present Address: _____
Street City State Zip

Home Telephone: _____ Cellular Phone: _____

Social Security Number: _____ Business Number: _____

Email: _____

Are you listed as the executor of the estate? _____ Yes _____ No

If No, Please list who is: _____

Address: _____
Street City State Zip

Is there a reason they can not serve as executor: _____ Yes _____ No

Please state reason: _____

The Person who died (Decedent)

Legal Name of decedent: _____
First Last Middle

Address: _____
Street City State Zip

Name of Spouse: _____

Address of Spouse: _____
Street City State Zip

Decedent's Date of Death: _____

Decedent's County of Death: _____

Decedent's Date of Birth: _____

Social Security Number: _____

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Decedent's Relatives

Spouse:

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Parents:

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Siblings:

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Children:

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Adopted Children:

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

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Previous Marriages

Was Decedent Divorced: Yes _____ No _____

Date of Marriage: _____ Date of Divorce: _____

City: _____ County: _____ State: _____

Name of (Ex-)Spouse: _____ Date of Birth: _____

Address: _____
Street City State Zip

Name: _____ Date of Birth: _____

Date of Marriage: _____ Date of Divorce: _____

City: _____ County: _____ State: _____

Address: _____
Street City State Zip

Will

Did Decedent leave a Last Will and Testament: Yes _____ No _____ I don't know _____

Please Provide a Copy of the Will.

If you do not have a copy, who has possession of the Last Will and Testament:

Name: _____

Address: _____
Street City State Zip

Beneficiaries

Please list any beneficiaries noted in Decedent's Will.

Name: _____
First Last Middle

Address: _____
Street City State Zip

Phone Number: _____ Relationship: _____

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Probate Inventory, Appraisal, and List of Claims of Decedent's Estate

1. Real Estate:

1.1. Street Address: _____
Street City State Zip

County of Location: _____

Description of improvements, if any? _____

Legal Description: _____

Current fair market value (as of _____): _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): _____

Other liens against property: _____

Note to client – Pool loans, home equity loans, second liens, and home improvements. Include date of note/loan, original amount of the loan and present balance.

Current net equity in property: \$ _____

Note to client – Take the fair market value as you listed it, then subtract the balance of the 1st mortgage and any other liens you are paying on the property then subtract the expected closing costs to arrive at this number.

1.2. Street Address: _____
Street City State Zip

County of Location: _____

Description of Improvements, if any: _____

Legal Descriptions _____

Current fair market value (as of _____): _____

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1. Real Estate (Continued)

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): _____

Other liens against property: _____

1.3. Street Address: _____
Street City State Zip

County of Location: _____

Description of improvements, if any: _____

Legal description: _____

Current fair market value (as of _____): _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): _____

Other liens against property: _____

2. Stocks (Please attach latest billing statement)

1. Name of Stock: _____

Certificate Number: _____

Number of Shares: _____

Value: _____

Name of Shareholder: _____

2. Name of Stock: _____

Certification Number: _____

Number of Shares: _____

Value: _____

Name of Shareholder: _____

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3. Bonds

1. Name of Bond: _____

2. Name of Bond: _____

Bond Number: _____

Bond Number: _____

Value: _____

Value: _____

Name of Bondholder: _____

Name of Bondholder: _____

4. Financial Institutions: Bank accounts/Certificates and Deposits

Name of Financial Institution: _____ Type of Account: _____

Address: _____
Street City State Zip

Account Number: _____ Balance: _____

Name of Financial Institute: _____ Type of Account: _____

Address: _____
Street City State Zip

Account Number: _____ Balance: _____

Name of Financial Institute: _____ Type of Account: _____

Address: _____
Street City State Zip

Account Number: _____ Balance: _____

Name of Financial Institute: _____ Type of Account: _____

Address: _____
Street City State Zip

Account Number: _____ Balance: _____

Name of Financial Institute: _____ Type of Account: _____

Address: _____
Street City State Zip

Account Number: _____ Balance: _____

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5. Debts (Please attach latest billing statement for all)

Name of Creditor: _____

Address: _____
Street City State Zip

Account Number: _____ Amount Owed: _____

Name of Creditor: _____

Address: _____
Street City State Zip

Account Number: _____ Amount Owed: _____

Name of Creditor: _____

Address: _____
Street City State Zip

Account Number: _____ Amount Owed: _____

Name of Creditor: _____

Address: _____
Street City State Zip

Account Number: _____ Amount Owed: _____

Name of Creditor: _____

Address: _____
Street City State Zip

Account Number: _____ Amount Owed: _____

6. Automobiles, Boats, Motors, Motorcycles, and Recreational Vehicles

Year: _____ Make: _____ Model: _____

VIN: _____ Body Style : _____

Name Vehicle is Registered In: _____

Approximate Value: _____

Location: _____
Street City State Zip

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6. Automobiles, Boats, Motors, Motorcycles, and Recreational Vehicles (Continued)

Year: _____ Make: _____ Model: _____

VIN: _____ Body Style: _____

Name Vehicle is Registered In: _____

Approximate Value: _____

Location: _____
Street City State Zip

Year: _____ Make: _____ Model: _____

VIN: _____ Body Style: _____

Name Vehicle is Registered In: _____

Approximate Value: _____

Location: _____
Street City State Zip

Year: _____ Make: _____ Model: _____

VIN: _____ Body Style: _____

Name Vehicle is Registered In: _____

Approximate Value: _____

Location: _____
Street City State Zip

Year: _____ Make: _____ Model: _____

VIN: _____ Body Style: _____

Name Vehicle is Registered In: _____

Approximate Value: _____

Location: _____
Street City State Zip

7. Collections

Any extensive collection such as coins, art, dolls, guns etc. Describe the collection and give approximate value.

Collection: _____

Value: _____

Collection: _____

Value: _____

Collection: _____

Value: _____

8. Furniture and Household Goods

Give approximate value of furniture and household goods, including value of tools, yard equipment, mowers, and sports equipment.

Item: _____ Value: _____

Item: _____ Value: _____

Item: _____ Value: _____

Item: _____ Value: _____

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8. Furniture and Household Goods (Continued)

Item: _____	Value: _____
Item: _____	Value: _____
Item: _____	Value: _____
Item: _____	Value: _____
Item: _____	Value: _____
Item: _____	Value: _____
Item: _____	Value: _____
Item: _____	Value: _____

9. Additional Miscellaneous Property

This is a complete record of the estate to the best of my knowledge. I will provide additional information as it becomes available.

Date: _____

Signature