

**CONFIDENTIAL PROBATE LAW QUESTIONNAIRE**

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Relationship to Decedent \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_  
Drivers License Number/State \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Employer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Employer's Phone Number \_\_\_\_\_  
Position/Title \_\_\_\_\_ Salary/Income \_\_\_\_\_  
Length of time with current employer \_\_\_\_\_

**CASE INFORMATION (IF THIS CASE HAS ALREADY BEEN FILED WITH ANY COURT)**

Court No. \_\_\_\_\_

County \_\_\_\_\_

**DECEDENT**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age at time of death \_\_\_\_\_

Date of Will (if any) \_\_\_\_\_

Date of Death \_\_\_\_\_

Place of Death \_\_\_\_\_

City of domicile at time of death \_\_\_\_\_

County of domicile at time of death \_\_\_\_\_

**DECEDENT'S PERSONAL REPRESENTATIVE (IF ANY)**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

E-mail Address \_\_\_\_\_

Drivers License Number/State \_\_\_\_\_

Social Security Number \_\_\_\_\_

**DECEDENT'S SPOUSE OR SIGNIFICANT OTHER (IF ANY)**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

E-mail Address \_\_\_\_\_

Drivers License Number/State \_\_\_\_\_

Social Security Number \_\_\_\_\_

**DECEDENT'S BENEFICIARY (IF ANY)**

Name \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

E-mail Address \_\_\_\_\_

Drivers License Number/State \_\_\_\_\_

Social Security Number \_\_\_\_\_

(IF THERE IS MORE THAN ONE BENEFICIARY, PLEASE BE SO KIND AS TO PROVIDE THAT INFORMATION BELOW AND ON EXTRA PAGES, IF NEEDED. THANK YOU.)

**IF PREVIOUSLY REPRESENTED BY AN ATTORNEY, PLEASE PROVIDE THE FOLLOWING:**

Attorney's Name \_\_\_\_\_

Attorney's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Attorney's Phone Number \_\_\_\_\_

Referred By \_\_\_\_\_