

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 _____