



## PROBATE INITIAL QUESTIONNAIRE

### ***Part One: Personal Information***

Your Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Relationship to Decedent:  Spouse  Child  Heir  Devisee  Other: \_\_\_\_\_

### ***Part Two: Information About the Deceased***

Decedent Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Gender:  Male  Female Social Security Number: \_\_\_\_\_

Last Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Marital Status:  Single  Married (at time of death)  Married (previously deceased spouse)

*If Decedent has a previously deceased spouse:*

Spouse Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Was any probate or administration done at the death of the first spouse?  Yes  No

If yes, where: \_\_\_\_\_

### ***Part Three: Will Information***

Did Decedent Leave a Will?  Yes  No Did Decedent Leave a Trust?  Yes  No

*(if there is no Will or Trust, please skip to Part Four)*

Do you have the original Will?  Yes  No Date Will was executed: \_\_\_\_\_

Are there any amendments to the Will?  Yes  No If so, do you have the original(s)?  Yes  No

Who is named as the Personal Representative in the Will: \_\_\_\_\_

If more than one Personal Representative ("PR") is named, will both individuals serve?  Yes  No

If a named PR will not serve, please list his or her name: \_\_\_\_\_

Will the other named PR(s) sign a Renunciation of his or her Right to Serve and Consent for the individual/entity named in Part Five to serve alone?  Yes  No

**Part Four: Bond Information**

Is bond waived in the Will?  Yes  No  No Will

If there is not a Will or bond is not waived in the Will, will all of the heirs or devisees waive bond?  Yes  No

**If bond will not be waived, please include the following:**

Value of Personal Property: \_\_\_\_\_

Value of all Real Estate: \_\_\_\_\_ (if any)

Value of Mortgage on Real Estate: \_\_\_\_\_ (if any)

Expected Annual Income from Property: \_\_\_\_\_ (if any)

**Part Five: Applicant/Personal Representative Information**

(Make additional copies as needed for each PR to be appointed)

Full Name of Personal Representative to be Appointed: \_\_\_\_\_

Will Sign Documents In: State: \_\_\_\_\_ County: \_\_\_\_\_

Male  Female

Applicant/PR is a:  Non-Licensed Individual  Licensed Individual  Licensed Entity

If Licensed, License Number: \_\_\_\_\_

**If PR is a non-Licensed Individual, please complete the following:**

Relationship to Decedent:  Spouse  Child  Heir  Devisee  Other: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*The following information is required for the Probate Cover Sheet:*

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Qualification to Serve as PR (pick one only)**

Nominated in Will **OR**

Applicant/PR Is Decedent's:

Spouse  Child

Sibling  Parent

Heir (Decedent's natural heir, but there is no Will/not named in Will)

Devisee (Someone named in the Will to inherit property from Decedent's estate)

Other: \_\_\_\_\_

PR Status:  Will Serve

Will nominate someone else to serve Who: \_\_\_\_\_

(please complete Part Five for the PR to be nominated)

**Part Six: Heirs & Devisees**

(Make additional copies as needed)

**Name:** \_\_\_\_\_  Male  Female  
 Charity  Entity

Relationship to Decedent:  Spouse  Child  Heir  Devisee  Other: \_\_\_\_\_

Legal Status:  Adult  Minor  Trust  Entity Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Named PR in the Will?  Yes  No

If yes, will this individual sign a Renunciation of Right to Appointment and Consent to the PR named in Part Five to Serve?  Yes  No

**Name:** \_\_\_\_\_  Male  Female  
 Charity  Entity

Relationship to Decedent:  Spouse  Child  Heir  Devisee  Other: \_\_\_\_\_

Legal Status:  Adult  Minor  Trust  Entity Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Named PR in the Will?  Yes  No

If yes, will this individual sign a Renunciation of Right to Appointment and Consent to the PR named in Part Five to Serve?  Yes  No

**Name:** \_\_\_\_\_  Male  Female  
 Charity  Entity

Relationship to Decedent:  Spouse  Child  Heir  Devisee  Other: \_\_\_\_\_

Legal Status:  Adult  Minor  Trust  Entity Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Named PR in the Will?  Yes  No

If yes, will this individual sign a Renunciation of Right to Appointment and Consent to the PR named in Part Five to Serve?  Yes  No

**Name:** \_\_\_\_\_  Male  Female  
 Charity  Entity

Relationship to Decedent:  Spouse  Child  Heir  Devisee  Other: \_\_\_\_\_

Legal Status:  Adult  Minor  Trust  Entity Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Named PR in the Will?  Yes  No

If yes, will this individual sign a Renunciation of Right to Appointment and Consent to the PR named in Part Five to Serve?  Yes  No





**Part Eight: Items We Need**

- Will (if any) - ORIGINAL
- Will Amendments (if any) – ORIGINAL
- Trust (if any) - COPY
- Death Certificate – COPY (we may need a certified copy later)
- Deed(s) to Real Estate – COPY

**Part Nine: Questions?**

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***Please send your completed questionnaire to:***

**[michael@theestateplanninglawfirm.com](mailto:michael@theestateplanninglawfirm.com)**

***Thank you for completing the questionnaire!***