

Special Needs Lawyers, PA

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Special Needs Trusts | Elder Law | Long Term Care Planning | Medicaid | Probate | Wills & Trusts
Incapacity Planning | Guardian Advocacy | Developmental Disabilities

CONFIDENTIAL PROBATE AND ESTATE ADMINISTRATION QUESTIONNAIRE

Please use the last page to write additional information if necessary.

A. DECEDENT INFORMATION

1. Name of Decedent: _____
2. Address: _____
3. Date of Birth: _____
4. Date of Death: _____
5. Social Security Number: _____

B. WILL INFORMATION

1. Location of Will, if any: _____
2. Date of Will: _____
3. Location of Codicil, if any: _____
4. Date of Codicil: _____

C. PERSONAL REPRESENTATIVE INFORMATION

1. Name: _____
2. Address: _____
3. Telephone Number: _____
4. Email Address: _____
5. Social Security Number: _____
6. Relationship to Decedent: _____

D. ALTERNATE PERSONAL REPRESENTATIVE INFORMATION

1. Name: _____
2. Address: _____
3. Telephone Number: _____
4. Email Address: _____
5. Social Security Number: _____
6. Relationship to Decedent: _____

E. TRUST INFORMATION

1. Name of Trust, if any: _____
2. Date of Trust: _____
3. Date of Amendments and/or Restatements, if any: _____

F. TRUSTEE INFORMATION

TRUSTEE/SUCCESSOR TRUSTEE 1

1. Name: _____
2. Address: _____
3. Telephone Number: _____
4. Email Address: _____
5. Relationship to Decedent: _____

TRUSTEE/SUCCESSOR TRUSTEE 2 *(if needed)*

1. Name: _____
2. Address: _____
3. Telephone Number: _____
4. Email Address: _____
5. Relationship to Decedent: _____

G. BENEFICIARIES OR HEIRS AT LAW INFORMATION

DECEDENT'S SPOUSE

1. Name: _____
2. Address: _____
3. Telephone Number: _____
4. Email Address: _____
5. Social Security Number: _____

DECEDENT'S 1ST CHILD

1. Name: _____
2. Date of Birth, if minor: _____
3. Address: _____
4. Telephone Number: _____
5. Email Address: _____
6. Social Security Number: _____

DECEDENT'S 2ND CHILD *(if needed)*

1. Name: _____
2. Date of Birth, if minor: _____
3. Address: _____
4. Telephone Number: _____
5. Email Address: _____
6. Social Security Number: _____

DECEDENT'S 3RD CHILD *(if needed)*

1. Name: _____
2. Date of Birth, if minor: _____
3. Address: _____
4. Telephone Number: _____
5. Email Address: _____
6. Social Security Number: _____

DECEDENT'S 4TH CHILD *(if needed)*

1. Name: _____
2. Date of Birth, if minor: _____
3. Address: _____
4. Telephone Number: _____
5. Email Address: _____
6. Social Security Number: _____

DECEDENT'S 5TH CHILD *(if needed)*

1. Name: _____
2. Date of Birth, if minor: _____
3. Address: _____
4. Telephone Number: _____
5. Email Address: _____
6. Social Security Number: _____

DECEDENT'S 6TH CHILD *(if needed)*

1. Name: _____
2. Date of Birth, if minor: _____
3. Address: _____
4. Telephone Number: _____
5. Email Address: _____
6. Social Security Number: _____

H. OTHER BENEFICIARIES INFORMATION

OTHER BENEFICIARY 1

1. Name: _____
2. Date of Birth, if minor: _____
3. Address: _____
4. Telephone Number: _____
5. Email Address: _____
6. Relationship to Decedent: _____

OTHER BENEFICIARY 2 *(if needed)*

1. Name: _____
2. Date of Birth, if minor: _____
3. Address: _____
4. Telephone Number: _____
5. Email Address: _____
6. Relationship to Decedent: _____

OTHER BENEFICIARY 3 *(if needed)*

1. Name: _____
2. Date of Birth, if minor: _____
3. Address: _____
4. Telephone Number: _____
5. Email Address: _____
6. Relationship to Decedent: _____

I. ASSET INFORMATION

SAFE DEPOSIT BOX

1. Does the Decedent have a Safe Deposit Box? _____
2. If yes, what is the name of the bank? _____
3. What is the bank's address? _____
4. What is the Safe Deposit Box Number? _____

REAL ESTATE 1

1. Address: _____
2. Date of Death Value \$: _____
3. How titled: _____
4. Homestead (yes or no): _____

REAL ESTATE 2 *(if needed)*

1. Address: _____
2. Date of Death Value \$: _____
3. How titled: _____
4. Homestead (yes or no): _____

REAL ESTATE 3 *(if needed)*

1. Address: _____
2. Date of Death Value \$: _____
3. How titled: _____
4. Homestead (yes or no): _____

STOCKS AND BONDS 1

1. Name of Company: _____
2. Type of Security: _____
3. How titled: _____
4. Location of Certificate: _____
5. Date of Death Value \$: _____

STOCKS AND BONDS 2 *(if needed)*

1. Name of Company: _____
2. Type of Security: _____
3. How titled: _____
4. Location of Certificate: _____
5. Date of Death Value \$: _____

STOCKS AND BONDS 3 *(if needed)*

1. Name of Company: _____
2. Type of Security: _____
3. How titled: _____
4. Location of Certificate: _____
5. Date of Death Value \$: _____

BANK ACCOUNT 1

1. Bank Name: _____
2. Account Number: _____
3. How titled: _____
4. Date of Death Value \$: _____

BANK ACCOUNT 2 (if needed)

1. Bank Name: _____
2. Account Number: _____
3. How titled: _____
4. Date of Death Value \$: _____

BANK ACCOUNT 3 (if needed)

1. Bank Name: _____
2. Account Number: _____
3. How titled: _____
4. Date of Death Value \$: _____

MONEY MARKET ACCOUNT OR CERTIFICATE OF DEPOSIT 1

1. Bank Name: _____
2. Account Number: _____
3. How titled: _____
4. Date of Death Value \$: _____

MONEY MARKET ACCOUNT OR CERTIFICATE OF DEPOSIT 2 (if needed)

1. Bank Name: _____
2. Account Number: _____
3. How titled: _____
4. Date of Death Value \$: _____

MONEY MARKET ACCOUNT OR CERTIFICATE OF DEPOSIT 3 *(if needed)*

1. Bank Name: _____
2. Account Number: _____
3. How titled: _____
4. Date of Death Value \$: _____

U.S. GOVERNMENT SAVINGS BOND (E, EE, H)

1. How titled: _____
2. Location of Bonds: _____
3. To be cashed (yes or no): _____
4. If yes, name of transferee: _____
5. Date of Death Value \$: _____

MORTGAGES AND NOTES (RECEIVABLE) 1

1. Mortgagor: _____
2. Address: _____
3. Terms of Obligation: _____
4. Date of Death Value \$: _____

MORTGAGES AND NOTES (RECEIVABLE) 2 *(if needed)*

1. Mortgagor: _____
2. Address: _____
3. Terms of Obligation: _____
4. Date of Death Value \$: _____

INSURANCE ON DECEDENT'S LIFE 1

1. Company Name: _____
2. Policy Number: _____
3. Location of Policy: _____
4. Beneficiaries Named: _____
5. Date of Death Value \$: _____

INSURANCE ON DECEDENT'S LIFE 2 *(if needed)*

1. Company Name: _____
2. Policy Number: _____
3. Location of Policy: _____
4. Beneficiaries Named: _____
5. Date of Death Value \$: _____

INSURANCE ON DECEDENT'S LIFE 3 *(if needed)*

1. Company Name: _____
2. Policy Number: _____
3. Location of Policy: _____
4. Beneficiaries Named: _____
5. Date of Death Value \$: _____

ANNUITY 1

1. Company Name: _____
2. Policy Number: _____
3. Location of Policy: _____
4. Beneficiaries Named: _____
5. Date of Death Value \$: _____

ANNUITY 2 *(if needed)*

1. Company Name: _____
2. Policy Number: _____
3. Location of Policy: _____
4. Beneficiaries Named: _____
5. Date of Death Value \$: _____

ANNUITY 3 *(if needed)*

1. Company Name: _____
2. Policy Number: _____
3. Location of Policy: _____
4. Beneficiaries Named: _____
5. Date of Death Value \$: _____

VEHICLE 1

1. Year / Make / Model: _____
2. How titled: _____
3. Location of title: _____
4. Date of Death Value \$: _____

VEHICLE 2 *(if needed)*

1. Year / Make / Model: _____
2. How titled: _____
3. Location of title: _____
4. Date of Death Value \$: _____

MISCELLANEOUS PERSONAL PROPERTY

DOCUMENTS TO PROVIDE WITH QUESTIONNAIRE *(copies are sufficient)*

Last Will & Testament
Codicil(s) to Last Will & Testament
Trust Agreement
Trust Amendment(s)
Death Certificate

Paid Funeral Bill
Real Estate Deeds
Vehicle Titles
Copies of any bills/creditor's addresses

