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**PROBATE QUESTIONNAIRE**

*Thank you for requesting our Probate Questionnaire. In order to better serve your needs, please review and complete the following information and return the completed Questionnaire to our office. We will then prepare an engagement letter and provide you with an estimate of fees with respect to this engagement. If you should have any questions, please contact our office. Completion of this Questionnaire does not mean we are representing you. You will need to sign an engagement letter before representation can begin.*

*Thank you for selecting our firm to possibly represent you with respect to your Probate matter. We look forward to hopefully working with you.*

1. Your name: \_\_\_\_\_
2. Your address: \_\_\_\_\_
3. Your phone number:
  1. Home: \_\_\_\_\_
  2. Office: \_\_\_\_\_
  3. Cell: \_\_\_\_\_
4. Your email address: \_\_\_\_\_
5. Your relationship to Decedent: \_\_\_\_\_

6. Full Name of Decedent: \_\_\_\_\_
7. Decedent's Spouse (if applicable): \_\_\_\_\_
8. Spouse's Social Security Number: \_\_\_\_\_
9. If Decedent's Spouse is deceased, please give date of Spouse's death and date Spouse's estate was Opened/Closed; if applicable, and County/State where Spouse's Estate was probated: \_\_\_\_\_
10. If divorced, please give date divorce was finalized: \_\_\_\_\_
11. Decedent's Social Security Number: \_\_\_\_\_
12. Decedent's Date of Birth: \_\_\_\_\_
13. Decedent's Date of Death: \_\_\_\_\_
14. Decedent's City/County of residence: \_\_\_\_\_
15. Did the Decedent have a Will? (If so, please provide a copy. The original will have to be filed with the Chancery Court when the Estate is opened.) YES or NO \_\_\_\_\_
16. If the Decedent did not have a Will, please list names, addresses, telephone numbers and email addresses (and Social Security Number, if available) of all known heirs of and relationship to Decedent: (Attach separate sheet, if necessary) \_\_\_\_\_  
\_\_\_\_\_
17. Please list all known assets of Decedent with the approximate Fair Market Value of same. (Attach separate sheet, if necessary)
  1. Real Property: \_\_\_\_\_
  2. Stocks/Bonds/Mutual Funds: \_\_\_\_\_
  3. Bank Accounts/CDs: \_\_\_\_\_
  4. Trusts (Creator/Beneficiary): \_\_\_\_\_
  5. Vehicles: \_\_\_\_\_
  6. Personal Property: \_\_\_\_\_
  7. Retirement Account(s): (IRAs, 401(k), etc.) \_\_\_\_\_
18. Please list all known creditors of the Decedent with address, telephone number and email address, as well as the approximate amount of such liability at the Decedent's date of death: (Attach additional sheets if necessary) \_\_\_\_\_  
\_\_\_\_\_
19. Do any of the heirs wish to make a qualified Disclaimer of any specific bequest or devise under the Will or any inheritance from the Decedent? Yes or No? Such qualified Disclaimer must be filed within nine (9) months from the Decedent's Date of Death: \_\_\_\_\_



