



SHARP LAW

PROBATE QUESTIONNAIRE

Completion of this form will help us to know what options are available for administering your loved ones' estate. If you are able, please return the completed form by email or mail prior to your appointment. Contact information can be found at the bottom of the page.

DECEDENT'S INFORMATION

Full Legal Name: _____ Date of Death: ____/____/____

Residence at time of death: _____

Social Security Number: _____ Occupation at time of death: _____

Did Decedent have a Will? ____ YES or ____ NO

PERSONAL REPRESENTATIVE

Full Legal Name: _____ Relationship: _____

Residence/Mailing Address: _____

Is the person listed above as Personal Representative the same person listed in the Will? ____ YES or ____ NO

Phone Number: _____ Email: _____

Social Security Number: _____

FAMILY

Decedent's Spouse: _____ **Deceased:** _____

Address: _____

Phone Number: _____

Child #1 Name: _____ **Deceased:** _____

Address: _____

Phone Number: _____

Child #2 Name: _____ **Deceased:** _____

Address: _____

Phone Number: _____

Child #3 Name: _____ **Deceased:** _____

Address: _____

Phone Number: _____

Child #4 Name: _____ **Deceased:** _____

Address: _____

Phone Number: _____

Child #5 Name: _____ **Deceased:** _____

Address: _____

Phone Number: _____

If no spouse or children, please list the Decedent's closest living relatives.

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

ASSETS

To know the options available to administer the Decedent's estate, it is necessary to know the type and value of the Decedent's assets. If it is easier to provide this information in the form of account statements, policy documents, deeds, or other form, feel free to provide those items in the manner that is most convenient for you, rather than completing the section below.

REAL ESTATE & MINERAL INTERESTS

Address/Legal Description: _____

Surface ____ Minerals ____ Amount Owed: _____ Value: _____

Address/Legal Description: _____

Surface ____ Minerals ____ Amount Owed: _____ Value: _____

Address/Legal Description: _____

Surface ____ Minerals ____ Amount Owed: _____ Value: _____

BANK ACCOUNTS

Financial Institution: _____ Account Number: _____

Name(s) on Account: _____ Amount: _____

Safe Deposit Box: ____ YES or ____ NO

If Account is POD (Payable on Death), to Whom? _____

Financial Institution: _____ Account Number: _____

Name(s) on Account: _____ Amount: _____

Safe Deposit Box: ____ YES or ____ NO

If Account is POD (Payable on Death), to Whom? _____

Financial Institution: _____ Account Number: _____

Name(s) on Account: _____ Amount: _____

Safe Deposit Box: ____ YES or ____ NO

If Account is POD (Payable on Death), to Whom? _____

BROKERAGE ACCOUNTS/CERTIFICATES OF DEPOSIT/BONDS

Financial Institution: _____ Type: _____

Account Number: _____ Value: _____

Were beneficiaries designated: ____ YES or ____ NO

Financial Institution: _____ Type: _____

Account Number: _____ Value: _____

Were beneficiaries designated: ____ YES or ____ NO

Financial Institution: _____ Type: _____

Account Number: _____ Value: _____

Were beneficiaries designated: ____ YES or ____ NO

RETIREMENT/PENSION/IRA ACCOUNTS

Financial Institution: _____ Type: _____

Account Number: _____ Value: _____

Were beneficiaries designated: ____ YES or ____ NO

Financial Institution: _____ Type: _____

Account Number: _____ Value: _____

Were beneficiaries designated: ____ YES or ____ NO

Financial Institution: _____ Type: _____

Account Number: _____ Value: _____

Were beneficiaries designated: ____ YES or ____ NO

LIFE INSURANCE POLICIES/ANNUITIES

Company: _____ Type: _____

Policy or Account Number: _____ Value: _____

Were beneficiaries designated: ____ YES or ____ NO

Company: _____ Type: _____

Policy or Account Number: _____ Value: _____

Were beneficiaries designated: _____ YES or _____ NO

Company: _____ Type: _____

Policy or Account Number: _____ Value: _____

Were beneficiaries designated: _____ YES or _____ NO

BUSINESS INTERESTS

Entity Name: _____ Type: _____

Ownership Percentage: _____ Value: _____

Entity Name: _____ Type: _____

Ownership Percentage: _____ Value: _____

MONIES OWED TO DECEDENT

Debtor: _____ Amount Owed: _____

Additional Information: _____

Debtor: _____ Amount Owed: _____

Additional Information: _____

OTHER ASSETS

This section is a place to list other assets of the Decedent, such as automobiles, boats, RVs, jewelry etc.

Description: _____ Value: _____

Description: _____ Value: _____

Description: _____ Value: _____

Description: _____ Value: _____

Description: _____ Value: _____

Description: _____ Value: _____

Description: _____ Value: _____

DEBTS

Please list all debts of the Decedent, as well as amount owed at time of death. Examples of debts include, but are not limited to, credit cards, mortgages, loans, medical bills, and other expenses. Print additional pages, if needed.

Have funeral expenses been paid? ____ YES or ____ NO

Creditor: _____ Debt Type: _____

Address: _____

Account Number: _____ Amount Owed: _____

Creditor: _____ Debt Type: _____

Address: _____

Account Number: _____ Amount Owed: _____

Creditor: _____ Debt Type: _____

Address: _____

Account Number: _____ Amount Owed: _____

Creditor: _____ Debt Type: _____

Address: _____

Account Number: _____ Amount Owed: _____

Creditor: _____ Debt Type: _____

Address: _____

Account Number: _____ Amount Owed: _____

Creditor: _____ Debt Type: _____

Address: _____

Account Number: _____ Amount Owed: _____

Creditor: _____ Debt Type: _____

Address: _____

Account Number: _____ Amount Owed: _____

TAXES

Date of Decedent's most recently filed tax return(s): _____

DOCUMENTS NEEDED

The following documents will need to be provided to this office:

- _____ Certified Death Certificate
- _____ Original Last Will and Testament
- _____ Copies of Property Deeds, including Minerals