



## Probate And Estate Questionnaire

Thank you for contacting Starrett Law Firm. Please accept our sincere condolences on your loss. We know this is a difficult time. This questionnaire will be helpful for organizing your thoughts prior to our appointment. Fill it out as well as you can, either skipping or placing question marks next to those items that seem inapplicable or about which you have questions or simply don't know the answer. Use full legal names (first, middle and last). Attach additional sheets if necessary. Please submit this completed questionnaire and copies of any supporting documentation such as death certificate, will, and/or trust at least 3 days prior to our meeting. This will better ensure a productive and efficient meeting.

Matter Number, if known: \_\_\_\_\_

### I. Personal Information

#### A. Decedent Info

1. Decedent's full legal name: \_\_\_\_\_
2. Date of birth: \_\_\_\_\_ 3. Decedent's social security number: \_\_\_\_\_
4. Place of birth: \_\_\_\_\_ 5. Year NC domicile was established: \_\_\_\_\_
6. Home Address: \_\_\_\_\_ County: \_\_\_\_\_
7. Did decedent ever reside in Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and/or Wisconsin? Y N
8. Citizenship at death: \_\_\_\_\_ 9. Date of death: \_\_\_\_\_
10. Place of death (e.g. hospital name): \_\_\_\_\_ County: \_\_\_\_\_
11. Cause of death (compare with information on death certificate): \_\_\_\_\_
12. Is an action for wrongful death possible? Y N
13. Length of last illness (compare with information on death certificate): \_\_\_\_\_
14. Decedent's primary physician: \_\_\_\_\_ Practice/Office: \_\_\_\_\_
15. Decedent's business/occupation: \_\_\_\_\_ Retired? Y N
16. Marital status at time of death: \_\_\_\_\_
17. Name of surviving spouse (if applicable): \_\_\_\_\_  
Social security number of surviving spouse: \_\_\_\_\_

18. If married, did decedent and decedent's spouse enter into a pre-marital or post-marital agreement?      Y      N  
*If so, please provide the original of the document and any amendments.*
19. If decedent was a widow(er), name of deceased spouse: \_\_\_\_\_  
 Date of death of deceased spouse: \_\_\_\_\_ Social Security # of deceased spouse: \_\_\_\_\_
20. Was decedent a veteran?      Y      N  
*If so, please explain.*
21. Did decedent receive SSI, Medicaid, or other government benefit?      Y      N  
*If so, please explain.*
22. Did decedent have a will?      Y      N      TBD  
 If so, where is the original? (Please attach a copy) \_\_\_\_\_ Date will signed: \_\_\_\_\_  
 Is the will witnessed and notarized?      Y      N  
 If not, names and addresses of witnesses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## B. Personal Representative(s) Information

23. Complete the following information for each individual or entity that intends to represent and settle the decedent's estate as either an Executor (i.e. the title for the representative when a will exists) or Administrator (i.e. the title for the representative when no will exists). If there will be a co-Executor or co-Administrator, provide his/her/its information as well. Also, if the individual or entity that is named in the will as the Executor or co-Executor does not wish to serve, provide the information of the individual or entity that will serve instead.

	Representative	Co-Representative (if applicable)
Name:	_____	_____
Nickname or Preferred Name:	_____	_____
Address-Street:	_____	_____
Address-City/State/Zip:	_____	_____
County of Residence:	_____	_____
Cell Phone:	_____	_____
Home Phone:	_____	_____
Email:	_____	_____
SSN (or EIN/TIN):	_____	_____
Date of Birth:	_____	_____
Age:	_____	_____
Relationship to Decedent:	_____	_____

### C. Beneficiary/Heir Information

24. If the decedent had a will, complete the following information for each beneficiary of property identified in the will.  
If the decedent did not have a will, complete the following information for each of the decedent's heirs-at-law.

	Bene/Heir 1	Bene/Heir 2 (if applicable)
Name:	<hr/>	<hr/>
Address:	<hr/>	<hr/>
	<hr/>	<hr/>
Phone:	<hr/>	<hr/>
Email:	<hr/>	<hr/>
SSN (or EIN/TIN):	<hr/>	<hr/>
Date of Birth:	<hr/>	<hr/>
Age:	<hr/>	<hr/>
Relationship to Decedent:	<hr/>	<hr/>

	Bene/Heir 3 (if applicable)	Bene/Heir 4 (if applicable)
Name:	<hr/>	<hr/>
Address:	<hr/>	<hr/>
	<hr/>	<hr/>
Phone:	<hr/>	<hr/>
Email:	<hr/>	<hr/>
SSN (or EIN/TIN):	<hr/>	<hr/>
Date of Birth:	<hr/>	<hr/>
Age:	<hr/>	<hr/>
Relationship to Decedent:	<hr/>	<hr/>

*\*Please provide the information requested above for any additional beneficiary or heir on an attachment.*

25. Is any beneficiary or heir-at-law pregnant, disabled, deceased, or affected by a special circumstance? Y      N  
*If so, please explain:*

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### D. Miscellaneous Information

26. Complete if decedent had a safe deposit box:

Location: 

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If jointly owned, with whom: 

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Relationship of joint owner to decedent: 

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27. Name, company, phone and email of decedent's accountant or tax return preparer:

28. Name, company, phone and email of decedent's financial advisor or stockbroker.

## II. Preliminary Inventory Of Decedent's Assets

For each asset, indicate the approximate fair market value on the date of death. Also, where requested, indicate how the property is titled (owned). When noting title, please use the following abbreviations:

<b>D</b>	Asset was titled in the decedent's individual name.
<b>JTS</b>	Asset was titled jointly with decedent's spouse.
<b>JTO</b>	Asset was titled jointly with someone other than decedent's spouse.
<b>T</b>	Asset was titled in the name of decedent's trust.
<b>UNK</b>	Ownership is unknown

Special note for JTS and JTO property: If joint property passed automatically to a surviving joint owner by a "right of survivorship," then include the abbreviation **ROS**. For example, decedent owned a joint checking account with his or her spouse and the account included a right of survivorship. Indicate title as "JTS ROS."

### A. Real Property

1. Basic Information	Parcel One	Parcel Two	Parcel Three
a. Address or location	<hr/>	<hr/>	<hr/>
b. Type of property (e.g., residence, commercial, lot)	<hr/>	<hr/>	<hr/>
c. Title	<hr/>	<hr/>	<hr/>
d. Date acquired	<hr/>	<hr/>	<hr/>
e. Cost basis	<hr/>	<hr/>	<hr/>
f. Value (rent treated separately)	<hr/>	<hr/>	<hr/>
2. Mortgage Obligation			
a. Payee	<hr/>	<hr/>	<hr/>
b. Original amount	<hr/>	<hr/>	<hr/>
c. Current balance of mortgages (interest treated separately)	<hr/>	<hr/>	<hr/>
d. Payment schedule	<hr/>	<hr/>	<hr/>

### B. Checking and Savings Accounts

Institution	Account Number	Type of Account	Title	Value (interest treated treated separately)
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>


C. Brokerage Accounts (Non-Retirement Stocks and Bonds)

For stock that is not held inside a brokerage account, list issuer name under “Institution” and number of shares under “Account Number.”

For government bonds, indicate the type of bond under “Institution” and date of issue under “Account Number.”

Institution	Account Number	Contact	Title	Value <small>(interest and dividends treated separately)</small>

D. Retirement Accounts (e.g. pension, 401k, IRA, annuity)

Type of Benefit	Institution/Employer	Contact	Beneficiary	Value

## E. Life Insurance

Title	Insurer	Number	Beneficiary	Death Benefit

## F. Tangible Personal Property

Item	Description	Value
1. Clothing		
2. Jewelry		
3. Home Furnishings		
4. Collections		
5. Automobiles		
6. Firearms		
7. Other		

## G. Other Property

If the decedent had an interest in any items listed below, describe the interest in the space provided.

1. Time-Sensitive: If any of the following circumstances apply, please explain –
  - a. Assets subject to rapid or severe deterioration or perishable property
  - b. Assets especially susceptible to theft, destruction, damage or injury
  - c. Valuable assets that are presently in the possession of another person or in a location that is not secure
  
2. Cash, Mortgages and Notes: For mortgages and notes, indicate the type of obligation, the obligor, security (if any), terms, interest, current status and value.

3. **Business Interests:** Identify any of decedent's closely-held business interests (e.g. LLC, corporation, sole proprietorship). Include the approximate value, if known. Please provide a copy of any buy-sell or shareholders agreement and financial statements for the five-year period prior to the date of death, if available. If not, please advise if and how we may obtain a copy.
  
4. **Income Due Decedent:** Describe and value any income due the decedent at time of death, including accrued compensation, commissions, fees, rents and tax refunds, if not included under other categories.
  
5. **Trusts and Estates:** Describe and identify the source of the interest and explain what disposition will be made of the interest as a result of the decedent's death. Include the approximate value. Please provide a copy of the Will or Trust which creates the interest, if available. If not, please advise if and how we may obtain a copy.
  
6. **Lump Sum Death Benefit:** Indicate the government agency making the payment, the payee and the amount.
  
7. **Other Property:** List any of decedent's powers of appointment or disposition (whether general or limited), patents, royalties, copyrights, or other assets not listed elsewhere and corresponding values.

### III. Preliminary Inventory Of Decedent's Liabilities

#### A. Funeral and Burial Expenses

Item	Payee	Amount Due
1. Funeral Home	_____	_____
2. Grave Marker	_____	_____
3. Grave Lots	_____	_____
4. Other (flowers, etc.)	_____	_____
	_____	_____
	_____	_____
	_____	_____

**B. Medical and Hospital Expenses**

Item	Payee	Amount Due
1. Doctor		
2. Hospital		
3. Other (Nurses, etc.)		

**C. Household Bills, Charge Accounts and Installment Payments**

Item	Payee	Amount Due

**D. Other Debts of Decedent**

Include estimated income tax payments and property taxes. Please note if decedent was current on his/her state and federal taxes.

Item	Payee	Amount Due

**E. Mortgages, Notes and Deeds of Trust**

Indicate only balance due as of date of death.

Item	Payee	Amount Due

**F. Additional Obligations**

If more space is needed for listing obligations, indicate Category (A through F) and use space provided below.

Item	Payee	Amount Due



\* \* \*

The undersigned hereby represents to Starrett Law Firm that the information contained in this questionnaire and any supporting documentation is accurate and complete, and that the undersigned understands that we will rely on this information. If the information contained herein is inaccurate or incomplete, our counsel may not be appropriate.

*Type or sign your name below to acknowledge and agree to the above statement.*

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Signature

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Date