

PROBATE QUESTIONNAIRE (TESTATE)

**APPLICANT'S INFORMATION** (First named Executor in Will or alternate if first named is unable to serve)

Name: \_\_\_\_\_ Last 3 #'s of SSN \_\_\_\_\_ DL \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_  
\_\_\_\_\_ (city, county & state)  
Home Address: \_\_\_\_\_  
County \_\_\_\_\_  
Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Has applicant been convicted of a felony? Yes \_\_\_ No \_\_\_  
Does applicant have mental capacity to serve? Yes \_\_\_ No \_\_\_  
Is First named Executor in Will agreeing to serve? Yes \_\_\_ No \_\_\_  
Approximate Value of Decedent's estate: \$ \_\_\_\_\_  
Are there funds in bank and / or investment accounts in the estate that are inaccessible? Yes \_\_\_ or No \_\_\_  
Did Decedent leave a valid Will that is accessible? Yes \_\_\_ or No \_\_\_ If yes date of will \_\_\_\_\_  
Did Decedent receive Medicaid Benefits? Yes \_\_\_ or No \_\_\_

**DECEDENT'S INFORMATION** (person who passed away)

Full Name of Decedent: \_\_\_\_\_ Last 3 #'s of SSN \_\_\_\_\_ DL \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_  
\_\_\_\_\_ (city, county & state)  
Date of Death: \_\_\_\_\_ Place of Death \_\_\_\_\_  
\_\_\_\_\_ (city, county & state)  
Legal Address at date of death (Include county): \_\_\_\_\_

**BENEFICIARIES NAMED IN WILL:**

NAME: \_\_\_\_\_  
Address (if deceased, please omit): \_\_\_\_\_  
Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_  
If deceased, surviving children, and their dates of birth:  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NAME: \_\_\_\_\_  
Address (if deceased, please omit): \_\_\_\_\_  
Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_  
If deceased, surviving children, and their dates of birth:  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NAME: \_\_\_\_\_

Address (if deceased, please omit): \_\_\_\_\_

Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_

If deceased, surviving children, and their dates of birth:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NAME: \_\_\_\_\_ Last 3 #'s of SSN \_\_\_\_\_ DL \_\_\_\_\_

Address (if deceased, please omit): \_\_\_\_\_

Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_

If deceased, surviving children, and their dates of birth:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**REAL PROPERTY OWNED BY DECEDENT AT TIME OF DEATH**

**IS THIS PROPERTY SEPARATE OR COMMUNITY?** \_\_\_\_\_

Common street address: \_\_\_\_\_

Legal Description of Property (Lot and Block Description or Attach copy of Deed/Title Policy, if unknown we can research) : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_