

Probate/Trust Admin Questionnaire

Date: _____ New or Returning Client? _____ Referral Source? _____

**For Office Use Only:*

Atty: _____ EJK: _____ JMG: _____ Location: _____ Quote \$ _____ Deposit \$ _____ Payment Method _____

Client / Fiduciary Information

Name: _____ Date of Birth: _____

Other Names (Aliases): _____ SSN: _____

US Citizenship: Y ___ N ___ If "No", then which country? _____ CADL or CAID: _____

Client / Fiduciary Contact Information

Address	Email	Phone
		Home: _____
		Cell: _____

Decedent's Personal Information

Decedent's Full Legal Name: _____	Date of Birth: _____
Decedent's Other Names (Aliases): _____	Date of Death: _____
Address: _____	SSN: _____

Decedent's Children's Information

Name and Address	Relationship	Date of Birth, Phone and Email
	(Son ___ Daughter ___)	Date of Birth: _____
	(of H ___ W ___ Both ___)	Phone: _____
	(or Adopted ___)	Email: _____
	(Son ___ Daughter ___)	Date of Birth: _____
	(of H ___ W ___ Both ___)	Phone: _____
	(or Adopted ___)	Email: _____
	(Son ___ Daughter ___)	Date of Birth: _____
	(of H ___ W ___ Both ___)	Phone: _____
	(or Adopted ___)	Email: _____
	(Son ___ Daughter ___)	Date of Birth: _____
	(of H ___ W ___ Both ___)	Phone: _____
	(or Adopted ___)	Email: _____

Decedent's Marriage History

Current Spouse's Name:	Currently Alive?
Current Spouse's Address:	Phone:
Ex-Spouse's Name:	Currently Alive?
Ex-Spouse's Address:	Phone:

Real Estate Information (USE LAST PAGE FOR ADDITIONAL REAL ESTATE)

Property Address	Name on Title	Current FMV	Mortgage	Equity

Business Information (USE LAST PAGE FOR ADDITIONAL BUSINESSES)

Business Name	Type (eg LLC, Corp, SP)	% Owned	Value of Client's Share

Bank Accounts (Checking, Savings, CDs, Stocks, Bonds, etc)

Financial Institution	Name(s) on Acct	Type of Acct	Title (JT, CP, TIC)	Amount	Beneficiary

Retirement Accounts (IRA, 401k, Pension, Profit Sharing, etc)

Financial Institution	Name(s) on Acct	Type of Acct	Title (JT, CP, TIC)	Amount	Beneficiary

Life Insurance / Annuities (USE LAST PAGE FOR ADDITIONAL POLICIES)

Company	Insured (H or W)	Policy Owner	Face Value/Death Benefit	1 st Beneficiary	2 nd Beneficiary

Items of Value (Cars, Boats, Coin Collections, Antiques, Jewelry, Heirlooms, etc)

Item Description	Approximate FMV

Debts and Liabilities

Description	Amount

Total Value of Estate (Add all items above): **Gross** \$ _____
Deduct Total Amount Owed: **(Debts)** - \$ _____
Total Estate Net Value: **Net Estate** \$ _____

*** Approx Value of Property outside of the United States (if any):** \$ _____

**** Is all property considered Community Property? Yes ___ No ___ If not, please list below**

Decedent's Separate Property:
