



1180 Washington Street, Suite 101
Boston, MA 02118
(617) 357-4898 Tel.
(617) 357-4899 Fax
(866) 606-4188 Toll-free
www.vaughnmartel.com

INTESTATE PROBATE QUESTIONNAIRE

ESTATE OF: _____

CONFIDENTIALITY NOTE: As with all attorney-client communications, please note that any and all information you disclose to this office orally or in writing will be held in the strictest possible confidence and released to no one without your consent.

INSTRUCTIONS: Before an administration of probate can be opened, and so that proper preparation can be made for our initial conference, the following information must be supplied. If any question does not apply, please indicate. If you have questions, please call me. If additional space is required, attach a separate sheet.

1. CLIENT INFORMATION

- 1.1. Your full name: _____
- 1.2. Your street address: _____ City: _____
State: _____ Zip code: _____ Home phone: _____ Other phone: _____
E-mail address: _____ Preferred contact: _____
- 1.3. Relationship to Deceased: _____
- 1.4. Interest in estate: _____

2. THE DECEDENT

- 2.1. The Decedent's Full Name: _____ SS Number: _____
- 2.2. Decedent's Address at Death: _____
- 2.3. Date of Death: _____ Place of Death (e.g. Name of Hospital): _____
- 2.4. Cause of Death: _____
- 2.5. Date of Birth: _____ Place of Birth: _____
- 2.6. Current or, if retired, former occupation or business: _____
- 2.7. Marital Status at Time of Death: _____
Name of Surviving Spouse: _____ SS Number: _____
- 2.8. If Widower, name of Deceased Spouse: _____
Date of Death of Deceased Spouse: _____ SS Number: _____
- 2.9. Location of Decedent's safe deposit boxes: _____
If joint, name of joint owner: _____
Relationship of joint owner to Decedent: _____
- 2.10. Name of accountant or tax preparer: _____

Please list below the following information for the Decedent's SPOUSE, CHILDREN, PARENTS, & SIBLINGS, whether alive or deceased. Please indicate any deceased family members with a ("D"):

<u>Name</u>	<u>Age</u>	<u>SS Number</u>	<u>Address</u>	<u>Relationship to Deceased</u>

INVENTORY OF DECEDENT'S ASSETS

3. REAL PROPERTY

	<u>First Property</u>	<u>Second Property</u>
3.1. Address:	_____	_____
3.2. Type of property (e.g. residential, etc.):	_____	_____
3.3. Name on title:	_____	_____
3.4. How held – solely or jointly (with whom and with or without rights of survivorship):	_____	_____
3.5. Date acquired:	_____	_____
3.6. Cost basis:	_____	_____
3.7. Present fair market value: (list any rents accrued or due below)	_____	_____

4. CHECKING & SAVINGS ACCOUNTS (Obtain a copy of the signature card for each account)

<u>Institution</u>	<u>Account Number</u>	<u>Acct. Type</u>	<u>Sole/Joint</u>	<u>Value at Death</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. STOCKS & BONDS

<u>Issuer</u>	<u>No. of Shares</u>	<u>Description</u>	<u>Sole/Joint</u>	<u>Value at Death</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. BROKER ACCOUNTS (Obtain a copy of the signature card for each account)

<u>Location</u>	<u>Contact</u>	<u>Sole/Joint</u>	<u>Account Numbers</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. LIFE INSURANCE POLICIES

<u>Owner</u>	<u>Insurer</u>	<u>Policy No.</u>	<u>Beneficiary</u>	<u>Face Amnt.</u>	<u>Policy Loans</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

8. TANGIBLE PERSONAL PROPERTY

	<u>Approx. Value</u>
8.1. Clothing & Jewelry: <u>Description</u>	_____
8.2. Home Furnishings: _____	_____
8.3. Collections: _____	_____
8.4. Other: _____	_____

9. DECEDENT'S AUTOMOBILE(S)

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Vehicle Identification Number</u>
_____	_____	_____	_____
_____	_____	_____	_____

10. OTHER PROPERTY OF THE DECEDENT (If the Decedent owned an interest in any of the following items listed below, please describe the interest in the space provided)

10.1. Cash, Mortgages and Notes (For mortgages and notes, indicate the type of obligation, the obligor, security (if any), terms, interest, current status, and current value).

10.2. Business Interests (Describe the value of the Decedent's interest in sole proprietorships and partnerships. Request financial statements for the five year period prior to the date of death. Obtain a copy of any buy-sell-agreement, ascertain how funded and amount and method for determining value (e.g. book value, earnings multiple, appraisal, agreed value).

10.3. Income Due Decedent (Describe and value any income due the Decedent at time of death, including accrued compensation, commissions, fees, rents, tax refunds, etc., if not included above).

10.4. Employee Benefits: (Indicate the type of benefit: pension, profit sharing, deferred compensation plan, etc. and the name of the employer, contact person, beneficiary, type of benefits and values).

10.5. Lump Sum Death Benefit: (Indicate the government agency making the payment, the payee, and the amount).

10.6. Annuities, Trusts, Estates: (Identify and describe the interest and explain what disposition will be made of the interest as a result of the Decedent's death).

11. GIFTS (List any large gifts made by the Decedent within the last three years before death)

<u>Donee</u>	<u>Date</u>	<u>Description of Property</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____

INVENTORY OF DECEDENT'S LIABILITIES

12. FUNERAL EXPENSES

	<u>Payee</u>	<u>Amount Due</u>
12.1. Funeral Home:	_____	_____
12.2. Grave Marker:	_____	_____
12.3. Grave Lot(s):	_____	_____
12.4. All Other (flowers, etc.):	_____	_____
	_____	_____
	_____	_____

13. MEDICAL & HOSPITAL EXPENSES

	<u>Item</u>	<u>Payee</u>	<u>Amount Due</u>
13.1. Doctor(s):	_____	_____	_____
13.2. Hospital:	_____	_____	_____
13.3. Other	_____	_____	_____
(Nurses, etc.):	_____	_____	_____

14. ESTIMATED HOUSEHOLD BILLS AND CHARGE ACCOUNTS

<u>Item</u>	<u>Payee</u>	<u>Amount Due</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. ADDITIONAL OBLIGATIONS (Indicate any other obligations of the Decedent below).

OTHER NOTES