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TESTATE 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 or a will can be probated, 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: _____

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"):

Table with 5 columns: Name, Age, SS Number, Address, Relationship to Deceased. Includes multiple blank rows for data entry.

3. THE WILL

- 3.1. Where is the Will? _____

3.2. Beneficiaries Under the Will:

<u>Name</u>	<u>Age</u>	<u>Social Security #</u>	<u>Address</u>	<u>Relationship</u>

3.3. Executor(s) Under the Will:

<u>Name</u>	<u>Age</u>	<u>Social Security #</u>	<u>Address</u>	<u>Relationship</u>

INVENTORY OF DECEDENT'S ASSETS

Indicate the approximate value of each asset. If jointly held, indicate the name of any co-owner of the asset and how the asset is currently held.

4. REAL PROPERTY

	<u>First Property</u>	<u>Second Property</u>
4.1. Address:		
4.2. Type of property (e.g. residential, etc.):		
4.3. Name on title:		
4.4. How held – solely or jointly (with whom and with or without rights of survivorship):		
4.5. Date acquired:		
4.6. Cost basis:		
4.7. Present fair market value: (list any rents accrued or due below)		

5. 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>

6. STOCKS & BONDS

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

7. 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>

8. LIFE INSURANCE POLICIES

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

9. TANGIBLE PERSONAL PROPERTY

	<u>Description</u>	<u>Approx. Value</u>
9.1. Clothing & Jewelry:	_____	_____
9.2. Home Furnishings:	_____	_____
9.3. Collections:	_____	_____
9.4. Other:	_____	_____

10. DECEDENT'S AUTOMOBILE(S)

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

11. 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)

11.1. 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).

11.2. 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).

11.3. 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).

11.4. 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).

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

11.6. 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).

12. 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

13. FUNERAL EXPENSES

	<u>Payee</u>	<u>Amount Due</u>
13.1. Funeral Home:		
13.2. Grave Marker:		
13.3. Grave Lot(s):		
13.4. All Other (flowers, etc.):		

14. MEDICAL & HOSPITAL EXPENSES

	<u>Item</u>	<u>Payee</u>	<u>Amount Due</u>
14.1. Doctor(s):			
14.2. Hospital:			
14.3. Other			
(Nurses, etc.):			

15. ESTIMATED HOUSEHOLD BILLS AND CHARGE ACCOUNTS

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

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

OTHER NOTES