

LAW OFFICE OF CATHERINE S. STRONG, PLLC
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PROBATE QUESTIONNAIRE

Thank you for contacting my office regarding probate. In order to assist me in the probate process, please complete this questionnaire and bring it with you to your initial appointment.

Your Name: _____

Mailing Address:

Telephone Numbers: Home _____ Work _____
Cell _____ Other _____

Email Address: _____

Your relation to the deceased: _____

IDENTITY OF DECEASED

Name of Deceased: _____

Deceased's Date of Birth: _____ Social Security No. _____

ESTATE PLAN

Did the deceased have an existing will? YES NO

If yes, please bring a copy to your appointment.

Did the deceased have an existing trust? YES NO

If yes, please bring a copy to your appointment.

FAMILY INFORMATION

Was the deceased married? YES NO

If yes, what is/was the name of the deceased's spouse? _____

Is the deceased's spouse still living? YES NO

If no, when and where did the spouse die? _____

Deceased's Children:

NAME DATE OF BIRTH ADOPTED/PREVIOUS MARRIAGE?

Have any children received an advance on their inheritance or are any children financially indebted to the deceased? YES NO

Are there any deceased children? YES NO

If yes, Name of deceased child: _____

Did the deceased child leave any children? YES NO

Deceased's Grandchildren:

NAME DATE OF BIRTH PARENTS

Other pertinent family information or explanation of above items: _____

PERSONAL REPRESENTATIVE

Does the will or any other communication from the Deceased indicate who should be Personal Representative (“executor”) of the Deceased’s estate? (The Personal Representative is responsible for probating the will, paying debts, collecting the assets, and settling the estate.)

YES NO

If yes, name: _____

SAFE DEPOSIT BOX

Did the deceased have a safe deposit box? YES NO

If so, where? _____

Does anyone else have access to the box? _____

PROFESSIONALS

Did the deceased have an attorney? YES NO

If yes, please give name and address:

Did the deceased have an accountant? YES NO

If yes, please give name and

address: _____

Did the deceased have a financial planner, investment advisor or insurance agent? YES NO

If yes, please give name and address:

INFORMATION REGARDING THE DECEASED’S ASSETS

Estimated net worth of estate: \$ _____

2. To the extent possible, collect information and documents regarding the Deceased’s accounts held at financial institutions:

[] Checking Accounts

- Savings Accounts
- Other Bank Accounts

3. To the extent possible, collect information and documents regarding the Deceased's investments:

- Cash or money fund accounts, or certificates of deposit with stock broker firms.
 - Stocks, bonds, and mutual funds where the broker holds the certificates and sent the Deceased periodic statements showing the account balance.
 - Mutual funds where the Deceased dealt directly with the issuing company rather than through a stock broker.
 - Stocks and bonds (other than U.S. Savings Bonds) where the deceased held the certificates in your possession.
 - U.S. savings bonds.
 - Treasury bills or other government securities.
 - Limited partnerships.
 - Oil and gas royalty or working interests.
 - Oil and gas mineral rights in land.
 - Other securities [describe] _____
-

4. Retirement plans:

- Individual retirement accounts (IRAs), Keogh, or other individual plans providing tax deferment for deposits and income.
- Employer-provided profit sharing, retirement, or other benefit plans:

5. Real estate:

- Personal residence located in state of _____
 - Other property. How many different parcels of real estate did the Deceased own, other than his/her personal residence? _____
 - In what state(s) are these parcels located? _____
 - Was the Deceased purchasing any of the above properties on a contract for deed? Yes No.
 - If Yes, provide details: _____
-

6. Complete this section if the deceased was engaged in business.

Did the Deceased own a business, or was he/she a partner in a business?

- Yes No

If Yes, complete the following:

- Business is organized as a corporation. How many corporations? _____
- How many corporations are subchapter S corporations? _____
- Business is organized as a partnership. How many partnerships? _____
- Business is a sole proprietorship. How many different firms? _____

7. Receivables: If any money is owed to the Deceased, as payments on contracts, where the Deceased sold a business, as payments on obligations secured by real estate, or where the Deceased loaned money to someone and held a note, indicate each type of indebtedness:

- Promissory note(s) secured by real estate. Amount(s) owed: _____

Installment contract(s) of sale of personal property. Amount(s) owed: _____

Unsecured promissory note(s). Amount(s) owed: _____

8. Life Insurance Policies: For life insurance policies insuring the Deceased, indicate the name of the insurance company, the face amount of the policy, and the type of policy:

Insurance Company	Face Amount	Type of Policy
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Annuities: Please indicate the name of the annuitant and the type of annuity. Do not list annuities under which no benefits are payable after the death of the annuitant.

Regular annuities payable for guaranteed minimum term or amount:

Tax-deferred annuities:

10. Personal property other than automobiles, trucks, boats, and trailers:

Household furniture and appliances

Collections, art, antiques, valuable jewelry

Automobiles

Boats

Recreational vehicles

Motor home

Business machinery and equipment

Personal equipment and tools

Farm or ranch machinery and equipment (other than general tools)

Livestock

LIABILITIES

(Make a list of known liabilities or debts of the deceased.)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____