



Confidential Probate / Trust Questionnaire

Thank you for choosing Legacy Protection Lawyers to assist you with your Probate / Trust Administration needs. This questionnaire is designed so that we may properly prepare for our initial consultation and will assist us in preparing the necessary legal paperwork to administer the estate of the decedent. Please complete this questionnaire and submit it to us (either via website link, email, fax or regular mail) at least one business day prior to your initial consultation so our attorneys can review your information and be prepared to discuss your situation in detail.

COPIES OF DOCUMENTS TO BRING WITH YOU

- Original Will and any Codicils
- Copies of any Irrevocable Trust, Revocable Trust, personal property list, or other document which may direct the disposition of the decedent's assets or reference the decedent's wishes upon his or her death
- Certified copy of Death Certificate (without cause of death)
- Individual Income Tax Return (IRS Form 1040)
- Any copies of Federal Gift Tax Returns (IRS Form 709) filed by the decedent
- Copies of bank and saving account statements for the month preceding date of death and the month containing the date of death
- Copies of life insurance policies
- Copies of stocks, bonds & mutual fund account statements for the month preceding date of death and the month containing the date of death
- Copies of retirement plan statements for the month preceding date of death and the month containing the date of death; and in the case of a qualified plan, the summary plan document
- Copies of deeds and P&C insurance policies
- Copies of automobile title and P&C insurance policies
- Copy of paid in full funeral bill

Legacy Protection Lawyers
CONFIDENTIAL
PROBATE / TRUST QUESTIONNAIRE

DATE: _____

Person Completing Form: _____
(First) (Middle) (Last)

Home Address: _____
(Street) (City) (State) (Zip Code)

Relationship to Client: _____

I. DECEDENT

Client's Full Name: _____
(First) (Middle) (Last)

Please list any other names used by the decedent in legal documents or former names (e.g., Maiden name):

Home Address: _____
(Street) (City) (State) (Zip Code)

County of Residence: _____

Florida Homestead Property: Yes No

Date of Birth: ____ / ____ / ____

Social Security #: _____ - _____ - _____

Date of Death: ____ / ____ / ____

Place of Death: _____
City County State

Marital Status: Single Married Divorced Widowed

If divorced, did the decedent have any obligations under a divorce decree? Yes No

If married, was the decedent a party of a prenuptial or postnuptial agreement? Yes No

Will: Yes No Location of Original Will: _____ Date of Will: ____ / ____ / ____

II. DECEDENT'S HEIRS

A. Spouse

Full Legal Name Date of Birth

Home Address: _____
(Street) (City) (State) (Zip Code)

Is the decedent's spouse (if living) a United States citizen? Yes No

B. Children (If no living children, list parents; if no living parent(s), list siblings.)

Full Legal Name	Birth Date	Mailing Address	Deceased
1. _____	_____	_____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. _____	_____	_____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. _____	_____	_____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. _____	_____	_____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. _____	_____	_____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please note below whether any of the above named persons has been declared incompetent or incapacitated (i.e., has a legal guardian appointed for them) and whether any minors have been emancipated. If above-listed persons are not the children of the decedent, please list the relationship of each of each to the decedent below. Please also include any additional information about any of the above heirs which may be relevant, such as whether a child is adopted, etc.

III. PERSONAL REPRESENTATIVE

A. Personal Representative

Name: _____ Relationship to Decedent: _____

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Social Security#: _____

Home Phone: (____) - _____ Business Phone: (____) - _____

Mobile Phone: (____) - _____ Email: _____

B. Co-Personal Representative (If any)

Name: _____ Relationship to Decedent: _____

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Social Security#: _____

Home Phone: (____) - _____ Business Phone: (____) - _____

Mobile Phone: (____) - _____ Email: _____

IV. TAX RETURNS

A. Individual Income Tax Return (IRS Form 1040)

The last personal income tax return filed by decedent was for tax year: _____

The date on which such return was filed: _____, 20_____

B. Federal Gift Tax Return (IRS Form 709)

Did the decedent make gifts in excess of the annual exclusion during his/her lifetime? Yes No

(Prior to 1981: \$3,000, 1981-2001: \$10,000, 2002-2005: \$11,000, 2006-2008: \$12,000, 2009-2012: \$13,000, 2013 - current: \$14,000)

V. ASSETS OF DECEDENT

A. Cash & Savings Accounts

Name of Institution	Address	Approximate Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

B. Life Insurance

Name of Insurance Co.	Beneficiary	Face Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____

C. Stocks, Bonds & Mutual Fund Accounts

Name of Institution	Address	Approximate Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

D. Retirement Plans (not listed above; e.g. 401(k), IRA, ROTH IRA)

Name of Institution	Account Type	Beneficiary	Approximate Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____

E. Real Property

Name of Institution	Address	Approximate Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Please note if any real property was jointly held or not owned by decedent in fee simple:

F. Automobiles

Make, Model, & Year	Property & Casualty Insurer	Approximate Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____

G. Other Vehicles (motorcycles, boats, personal watercraft, airplanes, etc.)

Description	Property & Casualty Insurer	Approximate Value
1. _____	_____	\$ _____

H. Valuable Personal Property (over \$500.00 in value; e.g. jewelry, paintings, antiques, etc.)

Description	Approximate Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

I. Business Interests

Name of Business	Shares/Units/ Membership Interest	Entity Type	Approximate Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____

If any Business Interests listed above are corporations, are any taxed as S Corporations? Yes No

Do in-force buy/sell agreements apply to any Business Interests listed above? Yes No

J. Accounts over which Decedent was Custodian

1. _____	\$ _____
2. _____	\$ _____

K. Other Assets Not Listed Above (cemetery lots, timeshares, notes receivable, etc.)

Description	Approximate Value
1. _____	\$ _____
2. _____	\$ _____

L. Safe Deposit Box

Please attach a summary of the contents of any safe deposit boxes which have already been opened. Please list the institution and location of any additional boxes and whether or not you have the key.

VI. DEBTS OF THE DECEDENT

For each of the following categories, please note whether the obligation has been paid or not and note at the end of this section whether any of the listed debts are disputed.

A. Funeral Expenses

Creditor	Paid/Not Paid	Amount Owed/Paid
1. _____	_____	\$ _____
2. _____	_____	\$ _____

B. Expenses of Last Illness

Creditor	Paid/Not Paid	Amount Owed/Paid
1. _____	_____	\$ _____
2. _____	_____	\$ _____

C. Taxes Owed

Government Entity	Type (e.g. income, property)	Amount Owed/Paid
1. _____	_____	\$ _____
2. _____	_____	\$ _____

D. Secured Creditors (mortgages, car loans, etc.)

Creditor	Collateral Property	Amount Owed
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

E. Unsecured Creditors (credit cards, loans, utilities)

1. _____	\$ _____
2. _____	\$ _____

F. Disputed Debts (please provide details regarding disputed debts)

OTHER INFORMATION

1. Did the decedent receive Medicaid at any time during his/her life? Yes No
2. Was the decedent a beneficiary of any trusts? Yes No
3. Was the decedent a grantor of any trusts? Yes No
4. Are any of the decedent's assets:
- subject to rapid or severe deterioration? Yes No
 - especially susceptible to theft, destruction, damage or injury? Yes No
 - located in a storage unit? Yes No
5. Was the decedent required to file tax returns with any other state or country? Yes No
6. Was the decedent a veteran? Yes No
7. Do you anticipate that anyone is likely to contest the decedent's will? Yes No
8. Was the decedent involved in any pending litigation? Yes No
9. Are you aware of the decedent right to sue on any cause of action? Yes No
10. Has any property listed on this form been formally appraised recently? Yes No
11. Did the decedent own any real property outside of Florida? Yes No
12. Did the decedent own any property outside of the United States? Yes No

If the answers to any of the above questions are "yes" please provide details below.
