

DANA H. HANKINS, P.A.
2510 E. JACKSON ST.
ORLANDO, FL 32807
407-896-9650

PROBATE QUESTIONNAIRE

Date: _____

1. Client: _____ (Maiden Name) _____

Address: _____

City: _____ County: _____ Florida, Zip Code _____

Telephone: _____ (H) _____ (W)

E-Mail address: _____

* **If you list a work e-mail address or other non-private e-mail address, please initial to confirm a confidentiality waiver with regard to ALL communications at this e-mail address.** _____ Initial

Date of Birth: _____ Birthplace: _____

Social Security Number: _____

Other names by which you are known: _____

Occupation/Employer: _____

How were you referred to our office? _____

To your knowledge, have you or any members of your family, including your spouse, ever consulted with our firm? If so, state the person's full name, date of consultation, and the reason for the consultation. _____

2. Decedent's Name: _____

Decedent's last place of Residence (Address and County): _____

Decedent's social security number: _____

Decedent's Date of Death: _____

Decedent's Date of Birth: _____

3. What is your relationship to the Decedent? _____

Please list name, address, telephone number, age and social security number of Decedent's spouse and indicate whether spouse is living. If spouse is deceased, list name, date of death and County and State of death.

Name: _____ Address: _____

Telephone number: _____ Age: _____ SS#: _____

Spouse living? Yes or No. (*please circle*)

If no: Name of Deceased Spouse: _____

Date of Death: _____ County and State of Death: _____

List name, address, telephone number, age and social security number of Decedent's living children, if any. List name, date of death, and County and State of death of any deceased children.

Child's Name (living): _____

Address: _____

Telephone Number: _____

Age: _____ SS#: _____

Child's Name (living): _____

Address: _____

Telephone Number: _____

Age: _____ SS#: _____

Child's Name (living): _____

Address: _____

Telephone Number: _____

Age: _____ SS#: _____

Child's Name (living): _____

Address: _____

Telephone Number: _____
Age: _____ SS#: _____

Deceased Child's Name: _____
Date of Death: _____ County and State of Death: _____

Deceased Child's Name: _____
Date of Death: _____ County and State of Death: _____

List name, address, telephone number, age, and social security number of Decedent's living siblings, if any. List name, date of death, and County and State of death of any deceased siblings.

Name: _____ Address: _____
Telephone number: _____ Age: _____ SS#: _____

Name: _____ Address: _____
Telephone number: _____ Age: _____ SS#: _____

Name: _____ Address: _____
Telephone number: _____ Age: _____ SS#: _____

Name: _____ Address: _____
Telephone number: _____ Age: _____ SS#: _____

Name of Deceased Sibling: _____
Date of Death: _____ County and State of Death: _____

Name of Deceased Sibling: _____
Date of Death: _____ County and State of Death: _____

Name of Deceased Sibling: _____
Date of Death: _____ County and State of Death: _____

4. Does Decedent have a Will or Testamentary Trust instrument? YES or NO (*please circle*)

If so, where is the original located? _____
List name, address, telephone number, age, and social security number and relationship to Decedent of any beneficiaries named in the Will or Trust (if known).

Beneficiary Name: _____
Address: _____
Telephone number: _____ Age: _____ SS#: _____
Relationship to Decedent: _____

Beneficiary Name: _____
Address: _____
Telephone number: _____ Age: _____ SS#: _____
Relationship to Decedent: _____

Beneficiary Name: _____
Address: _____
Telephone number: _____ Age: _____ SS#: _____
Relationship to Decedent: _____

Beneficiary Name: _____
Address: _____
Telephone number: _____ Age: _____ SS#: _____
Relationship to Decedent: _____

Beneficiary Name: _____
Address: _____
Telephone number: _____ Age: _____ SS#: _____
Relationship to Decedent: _____

Beneficiary Name: _____
Address: _____
Telephone number: _____ Age: _____ SS#: _____
Relationship to Decedent: _____

5. List all property in which Decedent had an interest at the time of death, as categorized below, and state the location and approximate value of the property, if known:

<u>Asset</u>	<u>Location</u>	<u>Value</u>
A. Real property:		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

B. Cash in banking institutions, including certificates of deposit, savings and money market accounts:

Name of Institution: _____ Amount: \$ _____

Name of Institution: _____ Amount: \$ _____

Name of Institution: _____ Amount: \$ _____

Name of Institution: _____ Amount: \$ _____

C. Stocks and other investments and intangibles:

Name: _____ Amount: \$ _____

Name: _____ Amount: \$ _____

Name: _____ Amount: \$ _____

D. Retirement benefits, including Individual Retirement Accounts:

Name: _____ Amount: \$ _____

Name: _____ Amount: \$ _____

Name: _____ Amount: \$ _____

E. Life insurance and annuity policies:

Name: _____ Amount: \$ _____

Name: _____ Amount: \$ _____

Name: _____ Amount: \$ _____

F. Business interests:

Name: _____ Amount\$ _____

Name: _____ Amount\$ _____

Name: _____ Amount\$ _____

G. Automobiles:

Make: _____ Model: _____ Year: _____
Value\$ _____

Make: _____ Model: _____ Year: _____
Value\$ _____

H. Boats:

Make: _____ Model: _____ Year: _____
Value\$ _____

Make: _____ Model: _____ Year: _____
Value\$ _____

I. Jewelry: _____

K. Household furniture and furnishings: _____

6. List all debts of the Decedent, if known, including mortgages against real property:

Mortgages:

Mortgage Holder: _____

Principal Amount: _____

Mortgage Holder: _____

Principal Amount: _____

Vehicles:

Vehicle loan/lease Holder: _____

Amount: _____

Vehicle loan/lease Holder: _____

Amount: _____

Credit Cards:

Creditor: _____

Amount: _____

Creditor: _____

Amount: _____

Other Loans:

Creditor: _____

Amount: _____

Creditor: _____

Amount: _____

7. Did the Decedent have a safe deposit box? If so, where is it located? Who are the authorized signatories?

Location of safe deposit box: _____

Authorized signatories: _____

8. Did the Decedent have any burial or funeral pre-arranged plans? If so, where are the documents regarding the plans located?

9. Do you have a certified copy of the Decedent's death certificate, WITHOUT the cause of death?
YES or NO (*please circle*)