

GRIFFIN & GRIFFIN

Attorneys and Counselors at Law

Probate Questionnaire

Thank you for choosing Griffin & Griffin to assist you with your legal affairs.

Please fill out the following Probate Questionnaire as completely as you are able. This questionnaire is designed to allow you and the attorney to maximize your time together during your initial consultation. A completed questionnaire will allow the attorneys the opportunity to get a general overview of your affairs and spot potential issues that may need to be addressed during the course of your relationship together.

Please complete the following questionnaire to the best of your ability. Don't worry, this is not a test and no points are taken off for wrong or incomplete answers. Simply do your best.

Please bring the completed questionnaire with you to your consultation. If your consultation is scheduled by phone, please fax, mail or email the completed questionnaire to the office prior to your appointment time.

If you need assistance completing this questionnaire please feel free to call our office and someone will assist you.

Thank you again for allowing all of us at Griffin & Griffin to have the opportunity to work with you and we look forward to meeting you at our initial meeting.

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& GRIFFIN & GRIFFIN

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Phone: (941) 966-2700 Fax: (941) 966-2722

Email: Griffin@GriffinElderLaw.com

Name of Decedent

Last Will and Testament:

Please provide the original, or a copy if you do not possess the original, of the Last Will and Testament, Codicils, and Memorandum of Tangible Personal Property, if any, of the decedent.

Location of the Will (if original is not provided): _____

Date of Will: _____

Codicils: Yes No If yes, dates of Codicils: _____

Death Certificate:

A death certificate without cause of death must be filed with the opening pleadings for probate.

Death Certificate issued? Yes No

Personal Representative (Executor):

Name: _____

Address: _____

Work Phone: _____

Home Phone: _____

E-Mail Address: _____

Relationship to Decedent: _____

Has the person seeking appointment as personal representative been convicted of a felony: Yes No

Is the person mentally or physically unable to perform the duties of a personal representative: Yes No

Is the person under the age of eighteen (18) years of age: Yes No

Has the person seeking appointment filed for bankruptcy: Yes No

Is the person seeking appointment domiciled (six months or more) in Florida: Yes No

I _____ if not how is the person seeking appointment related to the decedent: _____

Beneficiaries Named in Will:

1. Name: _____
Address: _____
Phone: Home: _____ Work: _____
E-Mail Address: _____
Relationship to Decedent: _____
Living: Yes No If yes and minor, date of birth: _____

2. Name: _____
Address: _____
Phone: Home: _____ Work: _____
E-Mail Address: _____
Relationship to Decedent: _____
Living: Yes No If yes and minor, date of birth: _____

3. Name: _____
Address: _____
Phone: Home: _____ Work: _____
E-Mail Address: _____
Relationship to Decedent: _____
Living: Yes No If yes and minor, date of birth: _____

Attach a list of any additional beneficiaries named in will on a separate sheet of paper.

Heirs-at-Law (immediate relatives of decedent not named in the Last Will and Testament)

1. Name: _____
Address: _____
Phone: Home: _____ Work: _____
E-Mail Address: _____
Relationship to Decedent: _____
Living: Yes No If yes and minor, date of birth: _____

2. Name: _____
Address: _____
Phone: Home: _____ Work: _____
E-Mail Address: _____
Relationship to Decedent: _____
Living: Yes No If yes and minor, date of birth: _____

3. Name: _____
Address: _____
Phone: Home: _____ Work: _____
E-Mail Address: _____
Relationship to Decedent: _____
Living: Yes No If yes and minor, date of birth: _____

Attach a list of any additional heirs-at-law on a separate sheet of paper.

Trust Agreement:

Yes No

If yes, please provide a copy of the Trust and any amendments.

Date of Trust: _____

Are there any amendments to the Trust? Yes No

If yes, dates of amendments: _____

Name of Trustee: _____

Address of Trustee: _____

Phone: Home: _____ Work: _____

E-Mail Address: _____

Beneficiaries of Trust, who are not listed as beneficiaries of the estate:

1. Name: _____

Address: _____

Phone: Home: _____ Work: _____

E-Mail Address: _____

Relationship to Decedent: _____

Living: Yes No If yes and minor, date of birth: _____

2. Name: _____

Address: _____

Phone: Home: _____ Work: _____

E-Mail Address: _____

Relationship to Decedent: _____

Living: Yes No If yes and minor, date of birth: _____

3. Name: _____

Address: _____

Phone: Home: _____ Work: _____

E-Mail Address: _____

Relationship to Decedent: _____

Living: Yes No If yes and minor, date of birth: _____

Decedent's Accountant:

Name: _____

Position: _____

Address: _____

Phone: _____ E-Mail: _____

Decedent's Financial Advisor/Stock Broker:

Name: _____

Position: _____

Address: _____

Phone: _____ E-Mail: _____

Decedent's Medical Insurance Information:

This information is necessary so that we can properly review any medical claims made against the estate and it allows us to notify potential creditors that they must present all claims to insurance sources before presenting a final claim against the estate.

1. Medicare No.: _____

2. Supplemental Insurance Policy:

Company: _____

Policy No.: _____

Claims Address: _____

3. Additional Supplemental Insurance Policy:

Company: _____

Policy No.: _____

Claims Address: _____

Assets of the Decedent:

The Court requires a complete inventory of the probate assets of the decedent. Please include all known bank accounts, securities, money market accounts, automobiles, real property, high value personal property (in excess of \$1,000.00), refunds due, business interests, retirement funds, life insurance, safe deposit boxes, and any other asset not previously listed.

EXAMPLE:

Asset Type: Decedent's checking acct. no. 0000
Location of Asset: Federal Bank, 123 Main Street, Sarasota, FL 34231
Estimated Value of Asset: \$2,350.00

1. Real Property Address: _____

Was this the Decedent's primary residence? Yes No

Is this property co-owned by married spouse? Yes No

If yes, please provide name of spouse _____ and a copy of
the deed.

Estimated Value: \$ _____

2. Asset Type: _____

Location of Asset: _____

Estimated Value of Asset: _____

3. Asset Type: _____

Location of Asset: _____

Estimated Value of Asset: _____

4. Asset Type: _____

Location of Asset: _____

Estimated Value of Asset: _____

5. Asset Type: _____

Location of Asset: _____

Estimated Value of Asset: _____

6. Asset Type: _____
Location of Asset: _____
Estimated Value of Asset: _____

7. Asset Type: _____
Location of Asset: _____
Estimated Value of Asset: _____

8. Asset Type: _____
Location of Asset: _____
Estimated Value of Asset: _____

9. Asset Type: _____
Location of Asset: _____
Estimated Value of Asset: _____

10. Asset Type: _____
Location of Asset: _____
Estimated Value of Asset: _____

11. Asset Type: _____
Location of Asset: _____
Estimated Value of Asset: _____

12. Asset Type: _____
Location of Asset: _____
Estimated Value of Asset: _____

13. Asset Type: _____
Location of Asset: _____
Estimated Value of Asset: _____

Suggested list of documents to bring with you to the appointment:

- Bank account statements
- IRA statements
- Retirement fund statements
- Annuity statements
- Brokerage account statements
- Stock certificates not held by broker
- Title(s) to automobile(s)
- Deed(s) to property
- Statements regarding business interests
- Insurance policies
- Statements for jointly held assets
- Notes or mortgages receivable by you
- Partnership Agreements or Stockholder's Agreements you may have
- Previously filed gift tax returns
- List of contents held in safe deposit box
- Copy of health insurance card
- Copy of Medicare card
- List of potential creditors of estate (As of the date of death of the decedent, all claims generated before or after death will be paid through the probate process. Examples of such claims are doctor's bills, credit card bills, etc.)