
Probate Questionnaire

CONFIDENTIAL INFORMATION

in Re:

THE ESTATE OF

Dated: _____

This document is provided to help you prepare for our upcoming meeting. When you have completed this form, please contact us to schedule your office conference. We rely upon the information you provide us to be accurate and complete in all respects. If the information is not accurate and complete, it could result in amending documents, increasing the expense to the estate.

This information booklet has been prepared for general use. Please disregard any questions which do not apply to your situation. If space is inadequate, add sheets or use the back of the preceding page. Add any details you think are pertinent. If you need any help or have any questions, please do not hesitate to call.

Thank you.

EASTLUND, SOLSTAD, CADE & HUTCHINSON
4200 West County Road 42
Savage, Minnesota 55378
(952) 894-6400

PROBATE QUESTIONNAIRE

A. General Information

Full Name of Deceased ("Decedent")		Soc Sec #	
Address			
Date of Birth		Date of Death	
Place of Birth (city, state)		Place of Death (city, state)	
In what state did the Decedent live at the time of Death?		How long had he/she lived there?	
If the Decedent owned a home, did he/she live there at any point during the six month period preceding death? <input type="checkbox"/> NO <input type="checkbox"/> YES			

Spousal Information

Was Decedent survived by a spouse? <input type="checkbox"/> NO <input type="checkbox"/> YES	
<i>IF YES</i> , provide the following information:	Spouse's Name: _____ Soc. Sec # _____ Spouse's Address (if different) _____ _____
Does the surviving spouse have children from another marriage? <input type="checkbox"/> NO <input type="checkbox"/> YES	

Surviving Children

Was Decedent survived by any children, natural or adopted? <input type="checkbox"/> NO <input type="checkbox"/> YES		
<i>IF YES</i> , provide the following information		
Name of Child	Address	Date of Birth

B. Employment History

Please list the following information regarding Decedent's employers (if any), for the last five years.

Name of Employer	Address of Employer	Decedent's Position	Annual Earnings

C. Will Information

Fill in this information if the Decedent had a Will or Trust; if not, then skip to Section D.

The Decedent had a <input type="checkbox"/> Will <input type="checkbox"/> Trust	
Where is the original will located?	<i>If available, please attach a copy and bring the original to our meeting</i>
When was the Will signed?	
Does a written list exist <i>separate</i> from any Will indicating Decedent's wishes regarding transfer of personal property? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If yes, please attach a copy and bring the original to our meeting.</i>	
Is there a "Codicil" (amendment) to the Will?	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If yes, please attach a copy and bring the original to our meeting</i>
Who is nominated in the Will as first choice for Personal Representative (PR)?	Name: _____ Address: _____ _____
Is this person/entity still willing or able to serve as PR?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<i>IF NO, please list the name and address of the successor/alternate PR</i>	Name: _____ Address: _____ _____
Does the Will indicate of a bond is required?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Does the Will indicate if the probate can proceed informally?	<input type="checkbox"/> NO <input type="checkbox"/> YES

D. NO WILL EXISTS

[Please complete this section ONLY if there is NO Will]

Is there an interested person willing to serve as Personal Representative? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Interested Person's Name:	Address:
Telephone Number: ()	Relationship to Decedent: _____

If the Decedent had no living children or spouse AND no Will, the heirs are determined in the order set forth in Minn. Stat. 524.2-103: parents, siblings, nephews and nieces, grand nephews and nieces, maternal and paternal grandparents, etc. List the names, addresses and relationships of these individuals (NOTE: only list persons up to and including the first surviving category in this order. Thus, if Decedent had no living parents but had surviving siblings, only provide information about the parents and siblings. [You may attach a family tree diagram if you are answering this section])

Name	Address	Relationship

E. Asset/Liability Information

Do you believe the total value of the estate, including life insurance and retirement plans, is likely to exceed \$1,000,000? NO YES

Did the Decedent receive any form of public assistance, medical assistance, or general assistance?
 NO YES *If YES, please fill in the questions below under "Assistance Received".*

Assistance Received

Type of Assistance	When Received	From Which County	Approximate Amount
			\$
			\$
			\$
			\$

Real Property

In which state(s) did the Decedent own property? Please attach copies of deeds/certificates, along with property tax statements if available.

State/County	Property Address	Title Held in Whose Name(s)	Approximate Value
			\$
			\$
			\$

Personal Property

Bank Accounts

Name of Bank	Acct. #	Type of Account	Name(s) on Account	Date of Death Value
				\$
				\$
				\$
				\$

Automobiles

Make/Model	Year	Title in Whose Name(s)	Date of Death Value
			\$
			\$
			\$

Securities			
Company	# of Shares	Title to Shares in Whose Name(s)	Date of Death Value
			\$
			\$
			\$

Life Insurance		
Company	Policy Value	Beneficiary(ies)
	\$	
	\$	
	\$	

Business Interests			
Name	Type of Business	Decedent's Interest	Date of Death Value
			\$
			\$
			\$

Retirement Plans/IRAs		
Name of Plan/IRA	Beneficiary(ies)	Approximate Value of Asset
		\$
		\$
		\$

Other	
<input type="checkbox"/> List any other death benefits from Social Security, Veteran's Rights, or Profit Sharing	
	\$
	\$
<input type="checkbox"/> List other valuable items (jewelry, coin collections, etc.).	
	\$
	\$
	\$

■ List the following items and approximate date of death value	
FURNITURE AND HOUSEHOLD GOODS (furniture, TV's, appliances, etc.)	
	\$
	\$
	\$
	\$
WEARING APPAREL (clothing, etc.)	
	\$
	\$
	\$
■ List any and all other assets held by Decedent at his/her date of death	
	\$
	\$
	\$
	\$
	\$

F. Outstanding Debts/Obligations		
Loans/Mortgages		
Name of Lender	Address	Amount Due
		\$
		\$
		\$

Credit Cards		
Name of Creditor	Address	Amount Due
		\$
		\$
		\$
		\$
		\$

Medical Expenses		
Name of Provider	Address	Amount Due
		\$
		\$
		\$
		\$

Funeral Expenses		
Nature of Expense	Owed to Whom	Amount Due
		\$
		\$
		\$

Were any cash gifts received at the funeral? NO YES If yes, indicate the amount: \$ _____
 Who is in possession of the cash gifts? _____

Miscellaneous Bills (Utility, Heat, Phone, etc.)		
Type	Company	Amount Due
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Other Outstanding Debts (e.g., property taxes, liens, personal obligations, etc.)	
	\$
	\$
	\$
	\$
	\$
	\$

G. Miscellaneous Information	
Who prepared the Decedent's Taxes? <i>(Please attach a copy of most recent returns.)</i>	
Please provide the name and phone number of Decedent's CPA, if applicable:	
Did Decedent hold assets in a different name(s)? If so, please list.	



Checklist of Documents to Bring to the First Meeting

- Original of Will, all Codicils, and written Lists
- List of names and addresses of heirs and/or Will beneficiaries (and family tree if applicable)
- Death Certificate (if available)
- Title papers for real estate (deeds, certificates of title, etc.)
- All available information about Decedent's assets and their value
- All available bills and other evidence of Decedent's outstanding obligations
- Decedent's last income tax return
- List of questions you may have