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PROBATE QUESTIONNAIRE

This is a general questionnaire and checklist setting forth information and steps that are typically needed to administer an estate in probate court. Some of these items may not pertain to your situation. Please provide copies of any documents requested, and answer any questions below as best you can in the space provided or in an attachment.

1. Name of decedent (akas ?). ______________________________

2. Date of death. ______________________________

3. Social security number of decedent. ______________________________

4. Last known address of decedent. ______________________________

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5. Place of death (including County). ______________________________

6. Names and addresses of the decedent's relatives to the second degree (spouse, parents, children, grandchildren). If none, please provide names and address of brothers and sisters or children of predeceased brothers and sisters, and dates of birth for any minors.

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7. Names and addresses of all persons and/or entities named in the decedent's Will, Codicils and Trusts.

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8. Approximate value of personal property. ______________________________

9. Approximate value of real property. ______________________________

10. Estimated annual income from personal property______________________________

11. Estimated annual income from real property ______________________________

12. Amounts of mortgage on real property ______________________________

13. Name of mortgage holder ______________________________

14. Are any assets held outside of California ______________________________

15. Names and addresses of all of the decedent's reasonably ascertainable creditors. Also include account numbers and approximate amount of debts.

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16. Will estate assets be sold during probate? ______________________

17. Name and address of the decedent's ______________________
accountant? ______________________

18. Any Joint Tenancy Property to be terminated? ______________________

19. Any totten trust accounts? ______________________

20. Life insurance on decedent's life? Name of Insurance Company, Policy Holder, Face amount of Policy, Policy number; Owner of Policy, Beneficiaries.

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21. Employee benefits?

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22. Any pending lawsuits? Potential Lawsuits? ______________________

Family Allowance needed (for whom)? ______________________

PERSONAL REPRESENTATIVE INFORMATION

1. Name, address and telephone ______________________
number and relationship to ______________________
decedent. ______________________

2. Date of Birth ______________________

3. Driver's license number ______________________

4. Are you bondable? ______________________

Administer estate under the Independent Administration of Estates Act with Full or Limited Authority? (For attorney only.) ______________________________________

DOCUMENTS TO BRING TO MEETING

1. Obtain originals of all Wills, Codicils and Trust, if known.
2. Obtain death certificate.
3. Asset information:
    a. Copy of grant deed.
    b. Copy of real property tax bill.
    c. Copies of stock certificates.
    d. Copies of bank statements encompassing date of death balance.
    e. Approximate value of furniture, furnishings and personal effects.

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    f. Copy of pink slip to vehicles.
4. Copies of promissory notes and copy of Deed of Trust. Also required amortization schedule.