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PROBATE QUESTIONNAIRE

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In order to assist us with the efficient administration of your probate matter, please complete this Probate Questionnaire with as much detail as possible.
If you have any questions, please do not hesitate to contact our office at **702-798-4955**.

A. DECEDENT (*Please enclose a certified copy of the death certificate with the questionnaire*)

Name of Decedent		
Other Names or Alias Names (if any) used by Decedent:		
Street Address:		
City:	State:	Zip:
Date of Birth:		
Place of Birth		
Date of Death:		
Residence at Date of Death:		
Social Security No:		
Date of decedent's last marriage:		
Was Decedent a US Citizen?	YES	NO
If a Naturalized US Citizen, Date and Place of Naturalization:		

WILL

Date of Last Will: _____ <i>(Provide the original of the Will and each Codicil. If the Will and/or Codicil have been admitted to probate in another state, we will need a certified copy of each document, together with a certified copy of the Court Order admitting it to probate.)</i>
Location of the Will:

CODICILS (A **codicil** is a legal document that amends, rather than replaces, a previously executed **will**).

Location of Codicils:
Date of Codicils:

B. CLIENT

Your Name/Relationship to Decedent	Mailing Address	Telephone No's.	Soc. Sec. No. ¹
		H:	
		W:	
	Email Address	C:	
		F:	

If you will seek appointment as personal representative	Nominated by:	Title
	<input type="checkbox"/> Will <input type="checkbox"/> Heir <input type="checkbox"/> Last named executor <input type="checkbox"/> Other	<input type="checkbox"/> Executor <input type="checkbox"/> Administrator <input type="checkbox"/> Administrator with the Will Annexed
Ancillary Administration	<i>If you have been appointed as personal representative, executor, or administrator, in another state, we will need a certified copy of the Court Order appointing you, together with a certified copy of your Letters Testamentary, Letters of Administration, or other court-issued document evidencing your appointment.</i>	

C. HEIRS AND WILL BENEFICIARIES *(Use additional pages if necessary. List surviving spouse, children, and the children of each deceased child. Great grandchildren and lower generations need be listed only if they have no living ancestor who is a descendant of the decedent. If there is no spouse and no descendant, list closest blood relatives. Include relatives by half-blood. Except for beneficiaries named in the Will, exclude foster- and step-relatives and in-laws.)*

Name of Heir or Will Beneficiary <i>(Include social security number only if we are preparing the estate tax returns)</i>	Mailing Address	Date of Birth <i>(If Minor)</i>	Relationship and Status <i>(i.e. deceased)</i>
			<input type="checkbox"/> Will Beneficiary
			<input type="checkbox"/> Will Beneficiary
			<input type="checkbox"/> Will Beneficiary
			<input type="checkbox"/> Will Beneficiary
			<input type="checkbox"/> Will Beneficiary

¹ Your social security number will not be inserted into any public document. If you are a personal representative, it will be used in the application for a tax identification number for the estate. If you are a beneficiary of the estate, it will be provided to the personal representative, who will provide it to the Internal Revenue Service on required tax filings.

D. ADDITIONAL INFORMATION

<p>Automobile / Boat / Airplane Cycle / Trailer / RV / Mobile Home <i>(Please provide copy of the Title and most recent Statement)</i></p>	<p>Make: _____ Model: _____ Year: _____ Lease: <input type="checkbox"/> Own: <input type="checkbox"/></p> <p>Name on Certificate of Title: _____</p> <p>Name of Creditor if Loan Against Vehicle: _____</p> <p>VIN#: _____ Current Balance: \$ _____</p> <p>Current Net Equity: \$ _____</p> <hr/> <p>Make: _____ Model: _____ Year: _____ Lease: <input type="checkbox"/> Own: <input type="checkbox"/></p> <p>Name on Certificate of Title: _____</p> <p>Name of Creditor if Loan Against Vehicle: _____</p> <p>VIN#: _____ Current Balance: \$ _____</p> <p>Current Net Equity: \$ _____</p>
<p>Jewelry and other Valuables <i>(incl. Cash, Money Orders, Traveler's Checks, Antiques, Artwork, Collections, Sports Memorabilia, Livestock, Electronics, Computers, Household Furniture, Fixtures and Furnishings, Firearms and other Personal Items of Value)</i></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Bank Accounts <i>(Please provide Statements)</i></p>	<p>Bank: _____ Bank: _____</p> <p>Account #: _____ Account #: _____</p> <p>Balance: \$ _____ Balance: \$ _____</p> <p>Name on Account: _____ Name on Account: _____</p>
<p>Safe Deposit Boxes</p>	<p>Name of Depository: _____ Box #: _____</p> <p>Name of Person(s) with Authorized Access to Contents: _____</p> <p>Contents in Safe Deposit Box: _____</p> <p>_____</p> <p>_____</p>
<p>Life Insurance</p>	<p>Name of Insurance Company: _____</p> <p>Policy Number: _____</p> <p>Name of Owner: _____</p> <p>Name of Insured: _____</p> <p>Designated Beneficiary: _____</p> <p>Date of Issue: _____</p> <p>Type of Insurance (Term / Whole / Universal): Face Amount: \$ _____</p> <p>Amount of Premiums (Monthly / Quarterly / Semi-Annually): \$ _____</p> <p>Cash Surrender Value: \$ _____</p>
<p>Did the decedent make any taxable gifts?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please provide copies of all filed gift tax returns, if any.)</i></p>

E. ASSETS AND BONDS (Give the approximate fair market value of the Decedent's Estate as of the date of death for each category. Subtract mortgages and other liens.)

Nevada Real Property 📄	\$ _____	Vesting of Real Property	APN# _____	Total Nevada Estate 📄	\$ _____
Any Beneficiary Designations such as POD (Payable on Death), ITF (In Trust For) or Joint Holder?			Date of Death Balance: \$ _____ Please provide Statements		
Bondable Amount: 📄 Personal Property + Annual Income		\$ _____	<input type="checkbox"/> Will Waives Bond <input type="checkbox"/> Blocked Account <input type="checkbox"/> Trust Account		
Brokerage Accounts:	Current Value \$ _____	Name of Brokerage Firm/Mutual Fund: _____ Name of Account and Sub-accounts (if any): _____ Account Title: _____ Account Number: _____ Stocks, Bonds & Other Securities: _____			
Retirement Benefits	Current Value \$ _____	Type: <input type="checkbox"/> IRA <input type="checkbox"/> SEP <input type="checkbox"/> KEOGH <input type="checkbox"/> DEFINED CONTRIBUTION PLAN <input type="checkbox"/> DEFINED BENEFIT PLAN <input type="checkbox"/> GOVERNMENT BENEFIT <input type="checkbox"/> OTHER NON-QUALIFIED PLAN			

F. LIABILITIES: For the initial petition, give a brief synopsis of known liabilities. Provide only the information you know; do not guess. For purposes of the probate inventory and the giving of notice to creditors, please prepare a complete list of all known creditors of the decedent, such as credit card companies, banks that have extended loans, companies and individuals who are being paid in installments and even family members who have loaned the decedent money. Also include any health care providers and caregivers, even if you think their compensation has been paid or will be paid from insurance, Medicare, Medicaid, or other resources. Liabilities related to taxes, the decedent's funeral and burial, and the decedent's last illness should be clearly identified because they have a priority over other claims. **(NOTE TO PERSONAL REPRESENTATIVE: Check with us before paying any creditor or claimant. If you pay a claimant before the court authorizes you to do so, and the estate is unable to pay all its claims, you may be personally liable if another claimant with a higher priority goes unpaid. If the estate is insufficient to pay all its claims, it may be advisable for you to decline to serve as personal representative and allow the creditors to take over the estate.)**

G. ADDITIONAL NOTES:

Office Use Only

Proceeding: Regular; Summary; Set Aside; Affidavit **Tax Returns:** 706; 1041; 709
Letters: Testamentary; Administration CTA; Administration; Disputed PR; Will contest or disputed distribution

The information presented herein is general information only and should not be considered legal advice nor should you rely solely upon this information in taking any actions regarding your matter. While no attorney-client relationship is formed by supplying this information, please do not hesitate to contact us at **(702) 798-4955** to schedule a time to discuss your particular circumstances.