Siedentopf Law
WILLS • PROBATE
ESTATE PLANNING

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PROBATE INTAKE QUESTIONNAIRE

Please complete the following form. If you are unsure what to put or whether a question applies to your situation, you may leave it blank. Additionally, when giving information about a minor, please provide the email and phone number for the child's guardian instead of the child.

Today's Date: _____

BASIC PERSONAL INFORMATION

NAME OF DECEDENT: _____

PERMANENT RESIDENCE AT TIME OF DEATH (Prior to Nursing Home or Hospital):

_____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____

SOCIAL SECURITY NUMBER: _____

WAS DECEDENT EVER ON MEDICAID? ❑ Yes ❑ No

WAS DECEDENT EVER ON MEDICARE? ❑ Yes ❑ No

LOCATION OF WILL, IF ANY:

DATE OF WILL: _____

LOCATION OF CODICIL, IF ANY: _____

DATE OF CODICIL: _____

ESTATE REPRESENTATION / EXECUTOR / ADMINISTRATOR

PERSONAL REPRESENTATIVE (NAMED IN WILL OR PROPOSED): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

TELEPHONE: _____

RELATIONSHIP TO DECEDENT: _____

ALTERNATE PERSONAL REPRESENTATIVE (NAMED OR PROPOSED):

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

TELEPHONE: _____

RELATIONSHIP TO DECEDENT: _____

BENEFICIARIES OR HEIRS AT LAW:

DECEDENT'S SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

TELEPHONE: _____

DECEDENT'S CHILDREN:

CHILD # 1:

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

CHILD # 2:

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

CHILD # 3:

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

CHILD # 4:

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

CHILD # 5:

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

OTHER BENEFICIARIES (INCLUDE LIVING SIBLINGS AND LIVING PARENTS):

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

ASSETS:

SAFE DEPOSIT BOX: ❑ Yes ❑ No

LOCATION: _____

REAL ESTATE:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

HOMESTEAD: ❑ Yes ❑ No

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

HOMESTEAD: ❑ Yes ❑ No

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

HOMESTEAD: ❑ Yes ❑ No

STOCKS AND BONDS:

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

BANK ACCOUNTS:

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

MONEY MARKET ACCOUNTS OR CERTIFICATES OF DEPOSIT:

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

U.S. GOVERNMENT SAVINGS BONDS (E, EE, H):

HOW TITLED: _____

LOCATION OF FONDS: _____

TO BE CASHED: ❑ Yes ❑ No

IF YES, NAME OF TRANSFEREE: _____

DATE OF DEATH VALUE: _____

MORTAGES AND NOTES (RECEIVABLE):

MORTGAGOR 1: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

DATE OF DEATH VALUE: _____

MORTGAGOR 2: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

DATE OF DEATH VALUE: _____

INSURANCE ON DECENT'S LIFE:

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

ANNUITIES:

COMPANY NAME: _____ POLICY #: _____
BENEFICIARIES NAMED: _____
LOCATION OF POLICY: _____
DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____
BENEFICIARIES NAMED: _____
LOCATION OF POLICY: _____
DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____
BENEFICIARIES NAMED: _____
LOCATION OF POLICY: _____
DATE OF DEATH VALUE: _____

VEHICLES:

MODEL: _____ YEAR: _____
HOW TITLED: _____
LOCATION OF TITLE: _____
DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____
BENEFICIARIES NAMED: _____
LOCATION OF POLICY: _____
DATE OF DEATH VALUE: _____

MODEL: _____ YEAR: _____
HOW TITLED: _____
LOCATION OF TITLE: _____
DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____
BENEFICIARIES NAMED: _____
LOCATION OF POLICY: _____
DATE OF DEATH VALUE: _____

MODEL: _____ YEAR: _____
HOW TITLED: _____
LOCATION OF TITLE: _____
DATE OF DEATH VALUE: _____

MISCELLANEOUS PERSONAL PROPERTY:

_____

_____

DEBTS:

Please list all debts owed by the decedent, including the amount owed, at the time of their death. (Example of debts would be credit cards, automobile loans, home loans, doctor's bills, etc.)

CREDITOR: ______________________________

CREDITOR'S ADDRESS: ______________________________

TYPE OF DEBT: ______________________________ AMOUNT OWED: $: ______________

CREDITOR: ______________________________

CREDITOR'S ADDRESS: ______________________________

TYPE OF DEBT: ______________________________ AMOUNT OWED: $: ______________

CREDITOR: ______________________________

CREDITOR'S ADDRESS: ______________________________

TYPE OF DEBT: ______________________________ AMOUNT OWED: $: ______________

CREDITOR: ______________________________

CREDITOR'S ADDRESS: ______________________________

TYPE OF DEBT: ______________________________ AMOUNT OWED: $: ______________

CREDITOR: ______________________________

CREDITOR'S ADDRESS: ______________________________

TYPE OF DEBT: ______________________________ AMOUNT OWED: $: ______________

CREDITOR: ______________________________

CREDITOR'S ADDRESS: ______________________________

TYPE OF DEBT: ______________________________ AMOUNT OWED: $: ______________

CREDITOR: ______________________________

CREDITOR'S ADDRESS: ______________________________

TYPE OF DEBT: ______________________________ AMOUNT OWED: $: ______________

OTHER QUESTIONS:

ARE ANY OF DECEDENT'S CHILDREN DISABLED? ❏ Yes ❏ No

IF YES, PLEASE LIST THE CHILD'S NAME AND NATURE OF DISABILITY: ______________________________

____

DOCUMENTS NEEDED BY THIS OFFICE:

❏ DEATH CERTIFICATE

❏ COPY OF PAID FUNERAL BILL

❏ COPIES OF ANY REAL ESTATE DEEDS

❏ COPIES OF ANY VEHICLE TITLES

❏ COPIES OF ANY BILLS

❏ LAST WILL AND TESTAMENT (if one exists) ***Original Needed)***

PERSONAL REPRESENTATIVE:

HAS APPLICANT EVER BEEN CHARGED WITH, ARRESTED FOR OR CONVICTED OF A FELONY? ❑ Yes ❑ No

IF "YES" WAS ANSWERED, PLEASE GIVE DATE AND COMPLETE DETAILS: _____

_____

_____

_____

HAS APPLICANT EVER BEEN CHARGED WITH, ARRESTED OR CONVICTED OF OTHER CRIMES? ❑ Yes ❑ No

IF "YES" WAS ANSWERED, PLEASE GIVE DATE AND COMPLETE DETAILS: _____

_____

_____

_____

DOES APPLICANT HAVE ANY PHYSICAL DISABILITIES? ❑ Yes ❑ No

IF "YES" WAS ANSWERED, PLEASE EXPLAIN: _____

_____

_____

_____

WILL ANY PHYSICAL DISABILITY LISTED ABOVE AFFECT ABILITY TO SERVE

AS PERSONAL REPRESENTATIVE? ❑ Yes ❑ No

HAS APPLICANT EVER BEEN TREATED FOR THE FOLLOWING?

MENTAL CONDITION ❑ Yes ❑ No

ALCOHOL ❑ Yes ❑ No

DRUGS ❑ Yes ❑ No

OTHER ❑ Yes ❑ No

NATURE OF CONDITION: _____

IF "YES" WAS ANSWERED TO ANY OF THE ABOVE, PLEASE STATE DATE, TIME, LOCATION OF TREATMENT, _____,

_____, _____ AND NAME OF PHYSICIAN OR PROFESSIONAL INVOLVED _____

PRINT NAME: _____

DATE: _____

You may submit this intake form by email to Sarah@EstateLawAtlanta.com. If you would prefer not to send your documents by email, please call the office at (404)736-6066 to arrange a secure transfer.