

ESTATE (PROBATE) INTAKE QUESTIONNAIRE

1. **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? (Please circle one) YES NO
WAS DECEDENT EVER ON MEDICARE? (Please circle one) YES NO
2. **LOCATION OF WILL, IF ANY:** _____
DATE OF WILL: _____
LOCATION OF CODICIL, IF ANY: _____
DATE OF CODICIL: _____
3. **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: _____

4. BENEFICIARIES OR HEIRS AT LAW:

DECEDENT'S SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

DECEDENT'S CHILDREN:

CHILD # 1: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

DATE OF BIRTH: _____

CHILD # 2: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

DATE OF BIRTH: _____

CHILD # 3: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: _____
DATE OF BIRTH: _____

CHILD # 4: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: _____
DATE OF BIRTH: _____

CHILD # 5: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: _____
DATE OF BIRTH: _____

OTHER BENEFICIARIES (INCLUDE LIVING SIBILINGS AND LIVING PARENTS):

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: _____
RELATIONSHIP TO THE DECEDENT: _____
DATE OF BIRTH: _____

NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
TELEPHONE: _____
RELATIONSHIP TO THE DECEDENT: _____
DATE OF BIRTH: _____

NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
TELEPHONE: _____
RELATIONSHIP TO THE DECEDENT: _____
DATE OF BIRTH: _____

5. 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 BONDS: _____

TO BE CASHED: YES _____ NO _____

IF YES, NAME OF TRANSFEREE: _____

DATE OF DEATH VALUE: _____

MORTGAGES 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 DECEDENT'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 #: _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

VEHICLES:

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MISCELLANEOUS PERSONAL PROPERTY:

6. 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: _____ ACCOUNT # _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____ ACCOUNT # _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____ ACCOUNT # _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____ ACCOUNT # _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____ ACCOUNT # _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____ ACCOUNT # _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____ ACCOUNT # _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

7. OTHER QUESTIONS:

ARE ANY OF DECEDENT'S CHILDREN DISABLED? YES or NO

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

8. DOCUMENTS NEEDED BY THIS OFFICE:

_____ DEATH CERTIFICATE WITHOUT CAUSE OF DEATH (SHORT FORM)

_____ COPY OF PAID FUNERAL BILL WITH \$0.00 BALANCE OR PROOF OF PAYMENT

_____ COPIES OF ANY REAL ESTATE DEEDS

_____ COPIES OF ANY VEHICLE TITLES

_____ COPIES OF ANY BILLS

_____ LAST WILL AND TESTAMENT (IF ONE EXISTS) (***ORIGINAL NEEDED***)

Please email to probateservice@gilbertgrouplaw.com and mail originals to Gilbert

Garcia Group, P.A., 2313 W. Violet Stree, Tampa, FL 33603, attention: Probate.

Please call 813-443-5087 if you have any questions.

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Print Name:_____