



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.

Full name of decedent: _____

Any AKAs: _____

Date of death: _____

Social Security No. of decedent: _____

Street address, city, and county of decedent's residence at time of death:

Place of death (including County): _____

Did decedent have a will: Y ___ N ___

Codicils? Y ___ N ___

Do you have the original(s): Y ___ N ___

Was decedent survived by a spouse or registered domestic partner? Y ___ N ___

Name: _____

List the names and addresses of decedent's relatives to the second degree (spouse, parents, children, grandchildren). If none, please provide names and addresses of decedents siblings or children of predeceased siblings. Include dates of birth for any minors.

Name	Relation & Age	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and addresses of all persons and/or entities named in decedent's Will, Codicils, and Trust (attach additional sheets if necessary):

Name	Relation & Age	Address

ASSETS:

Estimated value of estate property:	\$ _____
Personal property:	\$ _____
Annual gross income from	
Real property:	\$ _____
Personal property	\$ _____
Gross fair market value of real property:	\$ _____
Encumbrances:	\$ _____

Are any assets held outside California? Y ____ N ____

Names and addresses of all of decedent's reasonably ascertainable creditors. Include account numbers and approximate amount of debt.

Creditor	Address	Account No.	Debt Amount

List decedent's cash and bank accounts:

Institution	Address	Account #	Date of death balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any uncashed checks payable to decedent (e.g., social security payments, insurance or tax refunds):

Payor Name	Address	Amount payable
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the address of any real property decedent owned at time of death:

Street Address	City, State	County
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all business interests held by decedent, including name of business and percentage owned:

List any stocks, bonds, or Treasury notes held by decedent:

List all insurance policies held by decedent:

Insurance Co.	Policy Amount	Beneficiary(ies)

List all notes, loans, and accounts receivable held by decedent:

List decedent's tangible personal property:

List all motor vehicles and boats, including make, model, year, mileage, and VIN/hull no.

Make	Model	Year	Mileage	VIN/Hull No.

Provide any additional information in the space below:

A large, empty rectangular box with a thin black border, intended for providing additional information. It occupies the majority of the page's vertical space below the instruction.