

**CONFIDENTIAL
PROBATE
QUESTIONNAIRE**

PLACHTA, MURPHY & ASSOCIATES, P.C.
A PROFESSIONAL CORPORATION
LORAIN PROFESSIONAL BLDG.
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I. DECEDENT'S INFORMATION

Name of Decedent: _____
Address at time of death: _____
Date of Death: _____ Decedent's SS#: _____

II. PERSONAL REPRESENTATIVE

Name: _____ Phone #: _____
Address: _____ SS#: _____
_____ Date of Birth: _____
Driver's License #: _____ E-Mail: _____
Relationship to Decedent: _____

III. FAMILY MATTERS

SPOUSE:

Full name of Spouse: _____
Spouse's Date of Birth: _____
Spouse's SS#: _____

LIVING CHILDREN (OF DECEDENT):

Child #1

Full Legal Name: _____ Date of Birth: _____
Address: _____
Phone #: _____ SS#: _____

Child #2

Full Legal Name: _____ Date of Birth: _____
Address: _____
Phone #: _____ SS#: _____

Child #3

Full Legal Name: _____ Date of Birth: _____
Address: _____
Phone #: _____ SS#: _____

Child #4

Full Legal Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ SS#: _____

Child #5

Full Legal Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ SS#: _____

DECEASED CHILDREN (OF DECEDENT):

Child #1

Full Legal Name: _____ Date of Death: _____

SS#: _____

Child #2

Full Legal Name: _____ Date of Death: _____

SS#: _____

Child #3

Full Legal Name: _____ Date of Death: _____

SS#: _____

*If any of the above "Deceased Children" have any surviving children (which would be the Decedent's grandchildren or the "Deceased Children's" *descendants*), please fill in their information below:

SURVIVING CHILDREN OF DECEASED CHILDREN, IF ANY:

Child #1

Full Legal Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ SS#: _____

Child #2

Full Legal Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ SS#: _____

Child #3

Full Legal Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ SS#: _____

***THE FOLLOWING FAMILY CATEGORIES NEED ONLY BE FILLED OUT IF THERE IS
NO SURVIVING SPOUSE, CHILDREN, OR GRANDCHILDREN.**

DECEDENT'S PARENTS:

Parent #1

Full Legal Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ SS#: _____

Parent #2

Full Legal Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ SS#: _____

DECEDENT'S SIBLINGS:

Sibling #1

Full Legal Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ SS#: _____

Sibling #2

Full Legal Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ SS#: _____

Sibling #3

Full Legal Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ SS#: _____

IV. ASSETS

SAFETY DEPOSIT BOXES:

Name and address of Banks where Decedent had a safe-deposit box: _____

Contents, if known? _____

Keys kept where: _____

BANK AND CREDIT UNION ACCOUNTS (including CD's, money market, etc.):

Institution #1

Name: _____ Account #: _____

Address: _____ How is account titled: _____

Amount in Account at time of death: _____ Beneficiary: _____

Institution #2

Name: _____ Account #: _____

Address: _____ How is account titled: _____

Amount in Account at time of death: _____ Beneficiary: _____

Institution #3

Name: _____ Account #: _____

Address: _____ How is account titled: _____

Amount in Account at time of death: _____ Beneficiary: _____

IRAs AND 401k:

Institution #1

Name: _____ Account #: _____

Address: _____ How is account titled: _____

Amount in Account at time of death: _____ Beneficiary: _____

Institution #2

Name: _____ Account #: _____

Address: _____ How is account titled: _____

Amount in Account at time of death: _____ Beneficiary: _____

Institution #3

Name: _____ Account #: _____
Address: _____ How is account titled: _____
Amount in Account at time of death: _____ Beneficiary: _____

LIFE INSURANCE:

Insurance on Decedent's Life (attach additional pages, if necessary):

Insurer: _____
Policy #: _____
Amount: _____
Beneficiary: _____
Contingent Beneficiary: _____
Name of Insurance Agent: _____
Agent's Address: _____
Agent's Phone #: _____

MORTGAGE INSURANCE:

Mortgage or Credit Life Insurance (attach additional pages, if necessary):

Insurer: _____
Policy #: _____
Name of Insurance Agent: _____
Agent's Address: _____
Agent's Phone #: _____

OTHER INSURANCES:

Any additional Group Insurances, Accidental Death Policies, Employment Death Plans, Pension Plans:

STOCKS AND BONDS:

Company #1

Name: _____ Account #: _____

Address: _____ How is account titled: _____

Number of Shares: _____ Amount in Account at time of death: _____

Location of Stock Certificates or Bonds: _____

Company #2

Name: _____ Account #: _____

Address: _____ How is account titled: _____

Number of Shares: _____ Amount in Account at time of death: _____

Location of Stock Certificates or Bonds: _____

Company #3

Name: _____ Account #: _____

Address: _____ How is account titled: _____

Number of Shares: _____ Amount in Account at time of death: _____

Location of Stock Certificates or Bonds: _____

NAME OF FINANCIAL PLANNER OR STOCKBROKERS:

Name: _____

Address: _____

Company: _____ Phone #: _____

ACCOUNTANT:

Name: _____

Address: _____

Company: _____ Phone #: _____

ACCOUNTS AND NOTES RECEIVABLE:

Name of Debtor: _____

Address: _____

Phone #: _____ Approximate amount receivable on date of death: _____

REAL ESTATE:

Address: _____

Approximate Value: _____

Outstanding Balance: _____

Mortgage or Land Contract: _____ How is property titled? _____

Address: _____

Approximate Value: _____

Outstanding Balance: _____

Mortgage or Land Contract: _____ How is property titled? _____

Address: _____

Approximate Value: _____

Outstanding Balance: _____

Mortgage or Land Contract: _____ How is property titled? _____

BUSINESS INTERESTS:

Business Name: _____ % of Ownership Interest: _____

Address: _____

Is there a Buy-Sell Agreement regarding any of the business interests? Yes: _____ No: _____

If yes, which business(es), and where is a copy of the Agreement? _____

Business Name: _____ % of Ownership Interest: _____

Address: _____

Is there a Buy-Sell Agreement regarding any of the business interests? Yes: _____ No: _____

If yes, which business(es), and where is a copy of the Agreement? _____

AUTOMOBILES:

Vehicle #1:

Year: _____ Make: _____ Model: _____ Mileage: _____

Present Condition: _____ Current Value: _____ How is vehicle titled: _____

Vehicle #2:

Year: _____ Make: _____ Model: _____ Mileage: _____

Present Condition: _____ Current Value: _____ How is vehicle titled: _____

Vehicle #3:

Year: _____ Make: _____ Model: _____ Mileage: _____

Present Condition: _____ Current Value: _____ How is vehicle titled: _____

Vehicle #4:

Year: _____ Make: _____ Model: _____ Mileage: _____

Present Condition: _____ Current Value: _____ How is vehicle titled: _____

Vehicle #5:

Year: _____ Make: _____ Model: _____ Mileage: _____

Present Condition: _____ Current Value: _____ How is vehicle titled: _____

CASH ON HAND:

Amount: _____

VALUABLE PERSONAL PROPERTY (e.g. Jewelry, Coin or Stamp Collections, Antiques, etc.):

OTHER IMPORTANT ASSETS:

V. DEBTS

CREDIT CARDS:

Credit Card #1

Name: _____ Account #: _____

Address: _____

Approximate debt owed at time of death: _____

Credit Card #2

Name: _____ Account #: _____

Address: _____

Approximate debt owed at time of death: _____

Credit Card #3

Name: _____ Account #: _____

Address: _____

Approximate debt owed at time of death: _____

Credit Card #4

Name: _____ Account #: _____

Address: _____

Approximate debt owed at time of death: _____

REAL ESTATE LOANS:

Creditor #1

Name: _____ Account #: _____

Address: _____

Approximate debt owed at time of death: _____

Creditor #2

Name: _____ Account #: _____

Address: _____

Approximate debt owed at time of death: _____

OTHER DEBTS (e.g. Automobile loans, personal debts, etc.):

Creditor #1

Name: _____ Account #: _____

Address: _____

Approximate debt owed at time of death: _____

Creditor #2

Name: _____ Account #: _____

Address: _____

Approximate debt owed at time of death: _____

Creditor #3

Name: _____ Account #: _____

Address: _____

Approximate debt owed at time of death: _____

Creditor #4

Name: _____ Account #: _____

Address: _____

Approximate debt owed at time of death: _____

Creditor #5

Name: _____ Account #: _____

Address: _____

Approximate debt owed at time of death: _____

Creditor #6

Name: _____ Account #: _____

Address: _____

Approximate debt owed at time of death: _____

Creditor #7

Name: _____ Account #: _____

Address: _____

Approximate debt owed at time of death: _____

VI. DOCUMENTS TO BRING TO MEETING WITH LEGAL COUNSEL

- _____ Deeds to Real Property
- _____ Mortgages/Land Contracts
- _____ Leases
- _____ Vehicle Titles
- _____ Stock Certificates
- _____ Municipal Bonds
- _____ Savings Bonds, Treasury Bills, Treasury Notes
- _____ Certificates of Deposit with most recent statement
- _____ Checking account register and most recent bank statements
- _____ Any checks payable to Decedent
- _____ Insurance Policies (Fire, Liability, and Medical)
- _____ Life Insurance Policies – (Insuring Decedent or insuring other persons but owned by Decedent)
- _____ Promissory Notes payable to or from Decedent, including mortgage notes
- _____ Stock Purchase Agreements
- _____ Partnership Agreements
- _____ Any Gift Tax Returns
- _____ Retirement, Annuity or Savings Investment Contracts, Plans or information
- _____ Revocable Trust Agreements
- _____ Original Last Will & Testament and Codicils
- _____ Funeral-related bills
- _____ Unpaid bills of Decedent
- _____ Any mail to Decedent of a financial nature
- _____ Certified Copy of Death Certificate