

PETITION FOR PROBATE – INITIAL INFORMATION QUESTIONNAIRE

A. CLIENT INFORMATION

1. Name: _____
2. Contact Information
 - a. How do you prefer to be contacted? ☐ Home phone ☐ Cell phone ☐ E-mail
 - b. Home phone number: _____
May we leave a message? ☐ Yes ☐ No
 - c. Cell phone number: _____
May we leave a message? ☐ Yes ☐ No
 - d. Email address: _____
3. Principal residence address: _____
4. Mailing address (if different): _____
5. Social security number: _____
6. Date of birth: _____
7. Driver's license number: _____
8. Driver's license state: ☐ California ☐ Other: _____

B. DECEDENT INFORMATION

The decedent is the person who passed away.

1. Decedent's Name
 - a. Full legal name: _____
 - b. Also known as: _____
 - c. Former name(s): _____
2. Address at time of death: _____
3. Date of birth: _____
4. Place of birth (city, state): _____
5. Date of death: _____
6. Place of death (city, state): _____

7. Was the decedent a U.S. citizen? ☐ Yes ☐ No
8. Was the decedent a citizen of any other country? ☐ Yes ☐ No
- a. If yes, name of country/ies: _____

C. HEIRS AND DISTRIBUTEES

Heirs – Heirs are defined under California law to include the decedent's spouse, children, parents (if decedent left no surviving children), and siblings (if decedent left no surviving children or parents), regardless of whether such persons are named in the decedent's will.

Distributees – Distributees are those people and/or entities *other than heirs* who are named in the decedent's will or trust to receive assets.

The following questions help us determine Decedent's heirs and distributees. Attach additional pages as necessary.

1. Was decedent survived by a spouse? ☐ Yes (complete part a) ☐ No (complete part b)
- a. If Decedent *was* survived by a spouse, complete the following:
- Spouse's name: _____
- Date of marriage: _____
- Place of marriage (city, state): _____
- Spouse's birthdate: _____
- Is the spouse a U.S. citizen? ☐ Yes ☐ No
- b. If Decedent *was not* survived by a spouse, complete the following:
- ☐ Never married
- ☐ Divorced in (year): _____
- Ex-spouse's name: _____
- ☐ Widowed in (year): _____
- Deceased spouse's name: _____
2. List all Decedent's children, including adopted children, stepchildren, and deceased children.

Full name:	Date of birth:
Address:	
Check all that apply: <input type="checkbox"/> Adopted <input type="checkbox"/> Step-child <input type="checkbox"/> Deceased, date of death:	

Full name:	Date of birth:
Address:	
Check all that apply: <input type="checkbox"/> Adopted <input type="checkbox"/> Step-child <input type="checkbox"/> Deceased, date of death:	

Full name:	Date of birth:
Address:	
Check all that apply: <input type="checkbox"/> Adopted <input type="checkbox"/> Step-child <input type="checkbox"/> Deceased, date of death:	

Full name:	Date of birth:
Address:	
Check all that apply: <input type="checkbox"/> Adopted <input type="checkbox"/> Step-child <input type="checkbox"/> Deceased, date of death:	

Full name:	Date of birth:
Address:	
Check all that apply: <input type="checkbox"/> Adopted <input type="checkbox"/> Step-child <input type="checkbox"/> Deceased, date of death:	

Full name:	Date of birth:
Address:	
Check all that apply: <input type="checkbox"/> Adopted <input type="checkbox"/> Step-child <input type="checkbox"/> Deceased, date of death:	

- a. Did any of Decedent's deceased children leave surviving children of his/her own? If yes, please provide the following:

Surviving child's name:	Date of birth:
Address:	
Name of deceased parent:	

Surviving child's name:	Date of birth:
Address:	
Name of deceased parent:	

Surviving child's name:	Date of birth:
Address:	
Name of deceased parent:	

Surviving child's name:	Date of birth:
Address:	
Name of deceased parent:	

3. Please provide information for the following family members of Decedent:

a. Father

Name:	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
If living, address:	

b. Mother

Name:	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
If living, address:	

c. Sibling

Name:	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
If living, address:	

d. Sibling

Name:	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
If living, address:	

e. Sibling

Name:	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
If living, address:	

f. Sibling

Name:	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
If living, address:	

g. Sibling

Name:	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
If living, address:	

h. Sibling

Name:	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
If living, address:	

i. Sibling

Name:	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
If living, address:	

4. Please list anyone any other person or entity named to receive assets in Decedent's will or trust who has not been listed in Part C, Sections 1-3, above.

Full name:	
Relationship to Decedent:	Phone number:
Address:	

Full name:	
Relationship to Decedent:	Phone number:
Address:	

Full name:	
Relationship to Decedent:	Phone number:
Address:	

Full name:	
Relationship to Decedent:	Phone number:
Address:	

5. Are any of the persons listed in Part C, Sections 1-4, above, incapacitated (i.e., under 18 years old *or* under legal conservatorship)? ☐ Yes ☐ No

If yes, complete the following for each incapacitated person:

Name of incapacitated person:
Check all that apply: <input type="checkbox"/> Minor (under 18 years of age) <input type="checkbox"/> Under legal conservatorship
Name of person with authority to make decisions:
Phone number for person with authority to make decisions:

Name of incapacitated person:
Check all that apply: <input type="checkbox"/> Minor (under 18 years of age) <input type="checkbox"/> Under legal conservatorship
Name of person with authority to make decisions:
Phone number for person with authority to make decisions:

D. ESTATE PLANNING

1. Did Decedent execute a will? ☐ Yes (please provide all originals and copies) ☐ No
2. Did Decedent execute any codicils? ☐ Yes (please provide all originals and copies) ☐ No
3. Did Decedent execute a trust and any amendments thereto?
☐ Yes (please provide all originals and copies) ☐ No
4. If Decedent did not have a will, an administrator must be appointed by the court to administer Decedent's estate. The administrator gathers and manages Decedent's assets, notifies creditors, sells estate property, and more.

Who is the proposed administrator of Decedent's estate?

Name: _____

Address: _____

Phone number: _____

E. OTHER INFORMATION

1. Was Decedent the beneficiary of any trust as of the date of his/her death? ☐ Yes ☐ No
2. Did Decedent or Decedent's spouse, if any, receive Medi-Cal benefits? ☐ Yes ☐ No
3. Was Decedent acting as the trustee, executor, or administrator of another person's trust or estate? ☐ Yes ☐ No
4. Do any of Decedent's children, if any, have any special education, medical, or physical needs? ☐ Yes ☐ No
5. Does Decedent's estate include any valuable assets that may be susceptible to theft, destruction, or damage? ☐ Yes ☐ No
6. Did Decedent enter into a contract which still needs to be performed (e.g., a contract to sell property for which escrow has not yet closed)? ☐ Yes ☐ No
7. Does Decedent's estate include any assets, ownership of which might also be claimed by someone else? ☐ Yes ☐ No
8. Do you anticipate claims by any heir or distributee regarding the validity of Decedent's will? ☐ Yes ☐ No

F. ASSETS

1. Real Estate: Please provide a copy of deed and tax bill for each property.

Property address:						
Assessor's parcel number (APN)	Current loan balance	Approximate present FMV	Name on title	Date of acquisition	Community or separate property? If separate, whose?	Type (residence, rental, other)

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Property address:						
Assessor's parcel number (APN)	Current loan balance	Approximate present FMV	Name on title	Date of acquisition	Community or separate property? If separate, whose?	Type (residence, rental, other)

2. Income from Real Property (Real Estate)

Income Source	Annual Income
<i>Example: Rent received for 123 Main Street</i>	<i>\$18,000</i>

3. Income from Personal Property (Non-Real Estate)

Income Source	Annual Income

4. Business Interests or Entities

Business Name	Business Type (i.e., corporation, LLC, sole proprietorship, etc.)	Percentage Owned	Estimated Fair Market Value

5. Bank Accounts

Name of financial institution	Type of account (i.e., checking, savings, CD)	Account number	Current balance	Name on account	Community or separate property? If separate, whose?

6. Brokerage Accounts

Name of brokerage	Account number	Current value	Name on account	Community or separate property? If separate, whose?

7. Securities Not Held in Brokerage Account

Name of security	Number of shares	Type (common, preferred, other)	Current value

8. Life Insurance Policies: Include all policies in which you or your spouse is the insured party.

Name of insurance company	Type of policy (i.e., whole life, term)	Policy amount/limit	Present beneficiary/ies

9. Retirement/IRA/Pensions/Other Tax-Deferred Accounts

Type of asset (i.e., IRA, pension, deferred comp)	Name of institution	Account number	Present beneficiary/ies, if applicable	Current value

10. Vehicles

Year	Make	Model	Current loan balance

11. Safe Deposit Box(es)

Did Decedent have any safe deposit box(es)? ☐ Yes ☐ No

If yes, list bank branch location(s): _____

G. DEBTS

Please list all debts owed by the decedent, including the amount owed at the time of his/her death. Examples of common debts include credit card balances, auto loans, home loans, medical bills, etc.

Creditor Name	Account Number	Creditor Address	Type of Debt	Balance Owed

H. ADDITIONAL DOCUMENTS NEEDED

Please provide the following documents along with this completed questionnaire:

- a. Certified copies of death certificate
- b. Copy of funeral bill
- c. Copies of any real estate deeds
- d. Copies of any vehicle titles
- e. Copies of any creditor bills (as of the date of death)
- f. Copies of all asset statements (as of the date of death)
- g. Original will (if applicable)

I. SIGNATURE

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

Dated: _____

Signature

Print Name