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PROBATE QUESTIONNAIRE

NAME OF DECEDENT: _____

ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____

SOCIAL SECURITY NUMBER: _____

LOCATION OF WILL, IF ANY: _____

DATE OF WILL: _____

LOCATION OF CODICIL, IF ANY: _____

DATE OF CODICIL: _____

PERSONAL REPRESENTATIVE (NAMED IN WILL/SPOUSE/CHILD):

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

RELATIONSHIP TO DECEDENT: _____

ALTERNATE NAMED: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

RELATIONSHIP TO DECEDENT: _____

DECEDENT'S SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

DECEDENT'S CHILDREN:

CHILD # 1: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

CHILD # 2: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

CHILD # 3: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

CHILD # 4: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

CHILD # 5: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

CHILD # 6: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

OTHER POTENTIAL BENEFICIARIES:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH, IF MINOR: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH, IF MINOR: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____
RELATIONSHIP TO THE DECEDENT: _____
DATE OF BIRTH, IF MINOR: _____

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: _____

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:

MORTGAGOR: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TERMS OF OBLIGATION: _____
DATE OF DEATH VALUE: _____

MORTGAGOR: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TERMS OF OBLIGATION: _____
DATE OF DEATH VALUE: _____

OTHER LIEN HOLDERS AGAINST REAL ESTATE:

LIEN HOLDER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TERMS OF OBLIGATION: _____
DATE OF DEATH VALUE: _____

LIEN HOLDER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____
DATE OF DEATH BALANCE: _____

HOMEOWNER/CONDOMINIUM ASSOCIATIONS:

ASSOCIATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

DATE OF DEATH VALUE: _____

ASSOCIATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

DATE OF DEATH BALANCE: _____

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: _____

IRA/401K/PENSION/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:

DOCUMENTS NEEDED BY THIS OFFICE:

_____ DEATH CERTIFICATE WITHOUT CAUSE OF DEATH
_____ PAID FUNERAL BILL
_____ BANK/INVESTMENT ACCOUNT STATEMENTS
_____ REAL ESTATE DEEDS, COPY OF MORTGAGE OR LIEN, ASSOCIATION DUES
_____ UTILITY STATEMENTS
_____ OTHER CREDITORS
_____ VEHICLE TITLES AND FINANCING
_____ COPIES OF ANY BILLS/CREDITORS ADDRESSES
_____ LAST WILL AND TESTAMENT and Codicils (If any)
_____ TRUST AGREEMENT (If any)
_____ DRIVER'S LICENSE AND SOCIAL SECURITY CARD OF PERSONAL REPRESENTATIVE
_____ DRIVER'S LICENSE AND SOCIAL SECURITY CARD OF DECEDENT