

PROBATE

QUESTIONNAIRE

PLEASE READ THESE
INSTRUCTIONS CAREFULLY

Name

Your E-mail Address

In case of emergency, who should we contact (name, address, telephone number)?

HOW DID YOU CHOOSE THIS FIRM? _____

DO YOU AUTHORIZE THIS FIRM TO FORWARD DOCUMENTS FOR YOUR REVIEW
AND INVOICES TO YOU VIA E-MAIL? _____ Yes _____ No

You are in need of probate services for a loved one's estate, and have sought the advice of this law firm. In order to properly advise you in administering the estate, we need to obtain vital information about you, your loved one, his/her assets and debts, and his/her family situation and beneficiaries.

In order to handle your case efficiently and at the minimal cost to you, we are asking you to save your lawyer's time by completing this Probate Questionnaire. By doing so, you will save your lawyer's time and your money.

The information inside this folder is for the sole use of your attorney. All answers that you give will be held STRICTLY CONFIDENTIAL, and will not be released to any unauthorized person. If you wish, this folder will be returned to you when your probate matter has been concluded.

Answer each question fully and accurately and provide documentation, statements, ledgers, pay stubs, taxes or other documentation that evidences your answers to each question. Success in your case depends upon mutual confidence and complete cooperation between client and attorney. We cannot stress too strongly the importance of answering every question fully, even though it may be embarrassing to you or your loved one, or you do not think it is important. You may submit the completed Questionnaire and accompanying documentation in person to 1411 S. Woodland Ave, Ste. B, Michigan City, IN 46360, by facsimile to (219) 878-9832 or by e-mail to administrator@beckman-law.com.

GENERAL INFORMATION

1. Your full name (including pre-marital name and aliases): _____
Address: _____ Phone (home): _____
_____ Phone (cell): _____
_____ E-mail: _____
Date of Birth: _____ Relationship to Decedent: _____
SSN: _____

2. Full name of decedent (including pre-marital name and aliases): _____
Decedent's full address (date of death domicile): _____ Decedent's date and place of Birth: _____
_____ Decedent's date and place of Death: _____
_____ Decedent's County of residence (date of death): _____ Decedent's marital status at the time of death:
_____ Married Single Divorced
Decedent's Social Security Number: _____ Legally Separated Widowed
_____ Date of Marriage: _____

*****we will need a copy of the Decedent's death certificate*****

3. If the Decedent had a Last Will and Testament, please fill out this section, if not, move to #4:
Date of the Will: _____
Witnesses who signed the Will: _____ Named Personal Representative: _____
_____ Successor Personal Representative: _____

Is there a "self-proving affidavit" attached to the Will ? Yes No

*****we will need the original Last Will & Testament to be probated with the Court*****

Beneficiaries Listed in the Will:

Beneficiary #1 - Name: _____ Minor (<18)? ____ Yes ____ No

Relationship to Decedent: _____ Telephone: _____

Mailing address: _____

E-mail address: _____ Gift under Will: _____

Beneficiary #2 - Name: _____ Minor (<18)? ____ Yes ____ No

Relationship to Decedent: _____ Telephone: _____

Mailing address: _____

E-mail address: _____ Gift under Will: _____

Beneficiary #3 - Name: _____ Minor (<18)? ____ Yes ____ No

Relationship to Decedent: _____ Telephone: _____

Mailing address: _____

E-mail address: _____ Gift under Will: _____

Beneficiary #4 - Name: _____ Minor (<18)? ____ Yes ____ No

Relationship to Decedent: _____ Telephone: _____

Mailing address: _____

E-mail address: _____ Gift under Will: _____

4. Are you seeking to be appointed personal representative? ____ Yes ____ No

Have you ever served as personal representative before? ____ Yes ____ No

Your relationship to the Decedent: _____

Date and type of any felony convictions: _____

Name of your spouse: _____

5. Relatives of the Decedent (include those who are living and those who predeceased Decedent):

Parent(s) - Name(s): _____ Still Living? ___ Yes ___ No
Phone: _____ E-mail: _____ Date(s) of Death: _____
Address: _____

Sibling - Name: _____ Still Living? ___ Yes ___ No
Phone: _____ E-mail: _____ Date of Death: _____
Address: _____

Sibling - Name: _____ Still Living? ___ Yes ___ No
Phone: _____ E-mail: _____ Date of Death: _____
Address: _____

Child - Name: _____ Minor (<18)? ___ Yes ___ No
Phone: _____ E-mail: _____ Date of Birth: _____
Address: _____

Child - Name: _____ Minor (<18)? ___ Yes ___ No
Phone: _____ E-mail: _____ Date of Birth: _____
Address: _____

Child - Name: _____ Minor (<18)? ___ Yes ___ No
Phone: _____ E-mail: _____ Date of Birth: _____
Address: _____

List any grandchildren and ages here: _____

List other close relatives here: _____

EMPLOYMENT INFORMATION

Decedent's employer: _____
Address: _____

Occupation: _____

REAL PROPERTY

1. If Decedent owned his/her home, provide the following information:

How is title held? _____

Address of property: _____

Brief description of buildings (3-bedroom brick house with 2-car garage, for example):

Is there a mortgage? _____ If yes, to whom? _____

Purchase price: _____ Balance owing on mortgage: \$_____

Monthly payments: \$_____ Taxes/insurance: ____ included; ____ paid separately?

Current market value \$_____

2. If Decedent owned other real estate, provide essentially the same information:

How is title held? _____

Address: _____

Brief description: _____

Mortgage? _____ If yes, to whom? _____

Balance Due

Monthly payments:

Current Market Value

\$_____

\$_____

\$_____

PERSONAL PROPERTY (of Decedent)

1. Vehicle (Automobiles, Trucks, Campers, Motorcycles, Boats):

A. Make, Model, Year: _____

In whose name? _____ Is it mortgaged or have a lien? _____

If yes, to whom? _____

Balance due: \$ _____ Monthly payments: \$ _____

Current market value: \$ _____

B. Make, Model, Year: _____

In whose name? _____ Is it mortgaged or have a lien? _____

If yes, to whom? _____

Balance due: \$ _____ Monthly payments: \$ _____

Current market value: \$ _____

C. Make, Model, Year: _____

In whose name? _____ Is it mortgaged or have a lien? _____

If yes, to whom? _____

Balance due: \$ _____ Monthly payments: \$ _____

Current market value: \$ _____

2. Medical and Health Insurance:

A. Name of Company: _____

Type of Coverage: _____ Payments: \$ _____

B. Name of Company: _____

Type of Coverage: _____ Payments: \$ _____

3. Other insurance (auto, camper, homeowner's, tenant's, fire, etc):

A. Name of Company: _____

Type of Coverage: _____ Payments: \$ _____

B. Name of Company: _____

Type of Coverage: _____ Payments: \$ _____

C. Name of Company: _____

Type of Coverage: _____ Payments: \$ _____

BANK ACCOUNTS, RETIREMENT, STOCKS AND BONDS (of Decedent)

1. Checking and Savings Accounts:

A. Name of Bank or S&L or Credit Union: _____

_____ Checking _____ Savings Approximate Balance: \$ _____

In whose name? _____ Account # _____

Is there a beneficiary listed on the account? If so, list the beneficiary(ies): _____

B. Name of Bank or S&L or Credit Union: _____

_____ Checking _____ Savings Approximate Balance: \$ _____

In whose name? _____ Account # _____

Is there a beneficiary listed on the account? If so, list the beneficiary(ies): _____

C. Name of Bank or S&L or Credit Union: _____

_____ Checking _____ Savings Approximate Balance: \$ _____

In whose name? _____ Account # _____

Is there a beneficiary listed on the account? If so, list the beneficiary(ies): _____

D. Name of Bank or S&L or Credit Union: _____

_____ Checking _____ Savings Approximate Balance: \$ _____

In whose name? _____ Account # _____

Is there a beneficiary listed on the account? If so, list the beneficiary(ies):

2. Did Decedent have a safety deposit box (lock box)? _____

If yes, in whose name? _____ Where? _____

Has anyone been granted access yet? _____ Yes _____ No

3. List all stocks, bonds, IRA's and other investments of Decedent's and specify whether there is a beneficiary(ies) listed on each (including the name of the beneficiary):

3. List all retirement accounts of Decedent's and specify whether there is a beneficiary(ies) listed on each (including the name of the beneficiary):

MONTHLY EXPENSES (of the Decedent's)

1. Mortgage or Rent: \$ _____
2. Utilities: Gas: \$ _____ Electric: \$ _____ Water: \$ _____
Telephone: \$ _____ Other: \$ _____
3. Car payments: \$ _____ 4. Car insurance: \$ _____ 5. Cable: \$ _____
6. Other (explain the type and amount of each expense): _____

INDEBTEDNESS (of the Decedent)

List information for all creditors (such as VISA, MasterCard, etc.):

1. Creditor's Name: _____ Account No.: _____
Address: _____
Amount owing: \$ _____ Payments: \$ _____ per _____
What for? _____
In whose name? _____
2. Creditor's Name: _____ Account No.: _____
Address: _____
Amount owing: \$ _____ Payments: \$ _____ per _____
What for? _____
In whose name? _____
3. Creditor's Name: _____ Account No.: _____
Address: _____
Amount owing: \$ _____ Payments: \$ _____ per _____
What for? _____
In whose name? _____

4. Creditor's Name: _____ Account No.: _____
 Address: _____
 Amount owing: \$ _____ Payments: \$ _____ per _____
 What for? _____
 In whose name? _____
5. Creditor's Name: _____ Account No.: _____
 Address: _____
 Amount owing: \$ _____ Payments: \$ _____ per _____
 What for? _____
 In whose name? _____
6. Creditor's Name: _____ Account No.: _____
 Address: _____
 Amount owing: \$ _____ Payments: \$ _____ per _____
 What for? _____
 In whose name? _____

INSURANCE

1. List all life insurance policies insuring the Decedent:
- A. Name of Company: _____ Policy #: _____
 Named insured: _____ Date of Policy: _____
 Beneficiary(ies): _____
 Face amount: \$ _____ Payments: \$ _____
- B. Name of Company: _____ Policy #: _____
 Named insured: _____ Date of Policy: _____
 Beneficiary(ies): _____
 Face amount: \$ _____ Payments: \$ _____

C. Name of Company: _____ Policy #: _____

Named insured: _____ Date of Policy: _____

Beneficiary(ies): _____

Face amount: \$ _____ Payments: \$ _____

(NOTE: List any loans against above policies under "Indebtedness".)

SPECIFIC REQUESTS / NOTES FOR THE ATTORNEY:
