

CONFIDENTIAL PROBATE QUESTIONNAIRE

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I. <u>DECEDENT'S INFORMATION</u>

Name of Decedent:		
Date of Death:	Decedent's SS#:	
II DI		
II. <u>Pi</u>	ERSONAL 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 DECEDE)	NT):	
Child #1		
Full Legal Name:	Date of Birth:	
Address:		
	SS#:	
<u>Child #2</u>		
Full Legal Name:	Date of Birth:	
Address:		
	SS#:	_
<u>Child #3</u>		
Full Legal Name:	Date of Birth:	
Address:		
Phone #:	SS#:	

<u>Child #4</u>		
Full Legal Name:		Date of Birth:
Address:		
Phone #:	SS#:	
<u>Child #5</u>		
Full Legal Name:		Date of Birth:
Address:		
Phone #:	SS#:	
DECEASED CHILDREN (OF I	DECEDENT):	
<u>Child #1</u>		
Full Legal Name:		Date of Death:
SS#:		
<u>Child #2</u>		
Full Legal Name:		Date of Death:
SS#:		
<u>Child #3</u>		
Full Legal Name:		Date of Death:
SS#:		
*If any of the above "Deceased grandchildren or the "Deceased Cl	hildren's" descendants), please fi	
<u>Child #1</u>		
Full Legal Name:		Date of Birth:
Address:		
<u>Child #2</u>		
Full Legal Name:		Date of Birth:
Address:		
Dhone #	CC#.	

<u>Child #3</u>			
Full Legal Name:		Date of Birth:	
Address:			
Phone #:	SS#:		
*THE FOLLOWING FAMILY CA			
NO SURVIVING SPOUSE, CHIL	DREN, OR GRANDCHILDR	EN.	
DECEDENT'S PARENTS :			
Parent #1			
Full Legal Name:		Date of Birth:	
Address:			
Parent #2			
Full Legal Name:		Date of Birth:	
Address:			
Phone #:	SS#:		
DECEDENT'S SIBLINGS:			
Sibling #1			
Full Legal Name:		Date of Birth:	_
Address:			
Sibling #2			
Full Legal Name:		Date of Birth:	
Address:			
Sibling #3			
Full Legal Name:		Date of Birth:	
Address:			
Phone #:			

IV. ASSETS

SAFETY DEPOSIT BOXES:

Name and address of Banks where Decedent had a	a safe-deposit box:
BANK AND CREDIT UNION ACCOUNTS (in	ncluding 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:
<u>LIFE INSURANCE</u> :	
Insurance on Decedent's Life (attach additional p	pages, if necessary):
Insurer:	
Amount:	
Beneficiary:	
Name of Insurance Agent:	
Agent's Address:	
MORTGAGE INSURANCE: Mortgage or Credit Life Insurance (attach addition Insurer:	•
Policy #:	
Name of Insurance Agent:	
Agent's Address:	
Agent's Phone #:	
OTHER INSURANCES:	
Any additional Group Insurances, Accidental Dea	ath 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	
	Phone #:
ACCOUNTANT:	
Name:	
Address:	
Company:	
ACCOUNTS AND NOTES RECEIVA	ABLE:
Name of Debtor:	
Address:	
	_ Approximate amount receivable on date of death:

REAL ESTATE:	
Address:	
Approximate Value:	
Outstanding Balance:	
Mortgage or Land Contract:	How is property titled?
Address:	
Mortgage or Land Contract:	How is property titled?
Address:	
Outstanding Balance:	
Mortgage or Land Contract:	How is property titled?
BUSINESS INTERESTS:	
	% of Ownership Interest:
Address:	
Is there a Buy-Sell Agreement regarding any of the	
If yes, which business(es), and where is a co	py of the Agreement?
Business Name:	% of Ownership Interest:
Address:	
Is there a Buy-Sell Agreement regarding any of the If yes, which business(es), and where is a co	business interests? Yes: No: py 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: _____ <u>VALUABLE PERSONAL PROPERTY</u> (e.g. Jewelry, Coin or Stamp Collections, Antiques, etc.):

OTHER IMPORTANT ASSETS:

V. <u>DEBTS</u>

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:		

$\underline{OTHER\ DEBTS}\ (e.g.\ Automobile\ loans,\ personal\ debts,\ etc.):$

<u>Creditor #1</u>	
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:	
<u>Creditor #5</u>	
Name:	Account #:
Address:	
Approximate debt owed at time of death:	
<u>Creditor #6</u>	
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 Polices (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