**Probate Intake Questionnaire**

# DECEDENT

Name Address

Social Security Number Date Residence Established

Marital Status at Death

Date of Birth Age at Death

Date of Death Place of Death

Occupation and Employers (name, address, dates of employment)

Please mark any benefits received by the decedent or the surviving spouse:

Veteran Benefits Social Security Benefits, please specify:

Medical Assistance/ Medical Family Care and/ or Partnership Benefits through a Managed Care Organization (MCO/ CMO)

Wisconsin Chronic Disease Program A patient or inmate of a state or county

hospital or institution

Summarize all employee death benefits:

# WILL AND CODICILS

Please provide the original will and any codicils or tangible personal property memorandums.

Proposed Personal Representative: Alternate Personal Representative:

Name Address

Name Address

Telephone number Email Preferred Method of Contact? Relationship to Decedent

# TRUSTS

Telephone number Email Preferred Method of Contact? Relationship to Decedent

\*Please provide a copy of any trust agreements established by the decedent or for which the decedent was a beneficiary, excluding any trusts established as part of the decedent’s will.

Trust Established by Decedent:

Trust Name Trustee Name Date of Creation Address

Employer Identification No. (EIN)

Telephone Number

Trust for which Decedent was Beneficiary: Trust Name Date of Creation

Trustee Name Address

Employer Identification No. (EIN)

Nature of Decedent’s Interest Telephone Number

# SURVIVING SPOUSE

Name Address

Social Security Number Telephone Number

Date of Marriage

Date of Birth Citizenship

Places and periods during which marital domicile was outside of Wisconsin:

# PRIOR MARRIAGE

\*Please provide a copy of any marital settlement agreements, divorce decrees or any other documents that may aﬀect your estate plan.

To Whom How and When Ended

# HEIRS AND BENEFICIARIES

Surviving Children:

Name Name Date of Birth Date of Birth Address Address

Name Name Date of Birth Date of Birth Address Address

Are these children also children of the surviving spouse? Yes No

If not, please provide details:

Grandchildren:

Parent Child’s Name Address

Parent Child’s Name Address

Date of Birth Date of Birth

Parent Child’s Name Address

Parent Child’s Name Address

Date of Birth

Deceased Children:

Name Date of Birth Address

Date of Birth

Name Date of Birth Address

Issue of Deceased Child(ren):

Parent Child’s Name Address

Parent Child’s Name Address

Date of Birth Date of Birth

Surviving Parent: (required only if decedent is not survived by a spouse, children or grandchildren)

Name(s) Address

Surviving Siblings: (required if decedent is not survived by a spouse, children, grandchildren, or parents)

Name Address

Name Address

Deceased Siblings: (required if decedent is not survived by a spouse, children, grandchildren, or parents)

Name Address

Name Address

Issue of Deceased Siblings: (required if decedent is not survived by a spouse, children, grandchildren, or parents)

Parent Child’s Name Address

Parent Child’s Name Address

Date of Birth Date of Birth

Beneficiaries Under Decedent’s Will or Trust: (do not list persons already listed above)

Name Date of Birth Address

Name Date of Birth Address

Name Date of Birth Address

Name Date of Birth Address

Are any heirs or beneficiaries listed above incompetent persons or receiving public benefits? If so, please provide details:

Did any heirs die within 120 hours (5 days) o the decedent?

# ASSETS

\*Please provide a copy o any marital property agreement or unilateral income election. Real Estate:

How Title Held When and How Acquired Value (less Mortgage)

$

$

$

Securities:

How Title Held When and How Acquired Value

$

Beneficiary Designation

$

$

Cash, CD’s, Other Bank/ Money Market Accounts:

How Title Held When and How Acquired Value

$

Beneficiary Designation

$

$

$

Personal Property, Autos, etc.:

How Title Held When and How Acquired Value

$

$ Collectibles and Antiques:

How Title Held When and How Acquired Value

Beneficiary Designation

Beneficiary Designation

Life Insurance:

$

$

Company Name Type of Policy Whose Life

Insured

Beneficiary Face Amount/ Value

$

$

Retirement Plans: (HR-10, IRAs, 401(k), 403(b), and other Pension/ Profit Sharing Plans)

Company Name

Type of Plan Title Holder Beneficiary Value When

$

Acquired

$

**DEBITS** (Other than mortgage shown above in connection with assets)

Creditor Is Debt Secured by a Lien? On What Property? Amount

Yes / No $ Yes / No $