Please send completed questionnaire to:
Aaron, Riechert, Carpol & Riffle, APC
333 Twin Dolphin Drive, Suite 350
Redwood City, CA 94065
Main Number: 650.368.4662
General Fax: 650.367.8531

PROBATE QUESTIONNAIRE

Please complete this form and return to the address listed above. For optimum accuracy, please type or print clearly. If necessary, please use additional sheets of paper to answer the questions.

GENERAL CLIENT INFORMATION

CLIENT NAME (LAST)	FIRST	MI	SOCIAL SECURITY NUMBER	BIRTH DATE

STREET ADDRESS	CITY	STATE	ZIP CODE

HOME TELEPHONE	HOME FAX	HOME EMAIL
WORK/ALTERNATE TELEPHONE	WORK/ALTERNATE FAX	WORK/ALTERNATE EMAIL
DRIVER'S LICENSE NUMBER AND ISSUING STATE	RELATIONSHIP TO THE DECEDENT	PREFERRED PRONOUNS

I. DECEDENT INFORMATION

PLEASE PROVIDE AN ORIGINAL CERTIFIED DEATH CERTIFICATE.

DECEDENT'S NAME (LAST)	FIRST	MI	SOCIAL SECURITY NUMBER	BIRTH DATE

STREET ADDRESS, CITY, AND COUNTY OF RESIDENCE AT THE TIME OF DEATH	DATE OF DEATH

A **DID THE DECEDENT HAVE ANY ASSUMED OR FORMER NAMES, SUCH AS A MAIDEN NAME, OR NICKNAMES?** □ YES □ NO
IF YES, WHAT ARE THEY?

B **WAS THE DECEDENT MARRIED AT THE TIME OF HIS/HER DEATH?** ☐ YES ☐ NO
IF YES, PLEASE STATE THE NAME AND ADDRESS OF THE SURVIVING SPOUSE.

DID THE DECEDENT HAVE AN EXISTING PREMARITAL AGREEMENT? ☐ YES ☐ NO

DID THE DECEDENT HAVE ANY PREVIOUS MARRIAGE(S)? ☐ YES ☐ NO
IF YES, PLEASE STATE THE NAME(S) OF THE FORMER SPOUSE(S), AND THE YEAR THAT THE MARRIAGE WAS FINAL.

C **WAS THE DECEDENT A U.S. CITIZEN?** ☐ YES ☐ NO

D **WAS THE DECEDENT A REGISTERED DOMESTIC PARTNER?** ☐ YES ☐ NO
IF YES, PLEASE STATE THE NAME OF THE SURVIVING DOMESTIC PARTNER.

E **WAS THE DECEDENT SURVIVED BY ANY CHILDREN?** ☐ YES ☐ NO

IF YES, PLEASE STATE THE NAME, AGE, ADDRESS AND PHONE NUMBER OF THE CHILD(REN):

NAME	AGE	ADDRESS	PHONE NUMBER

F **DID THE DECEDENT HAVE ANY PREDECEASED CHILDREN?** ☐ YES ☐ NO

IF YES, PLEASE STATE THE NAME AND THE APPROXIMATE DATE OF DEATH.

G **ARE THERE ANY SURVIVING CHILDREN OF DECEASED CHILDREN?** ☐ YES ☐ NO

IF SO, PLEASE STATE THE NAMES, AGE, ADDRESS, AND PHONE NUMBER OF THE CHILD(REN):

NAME	AGE	ADDRESS	PHONE NUMBER

H **DID THE DECEDENT HAVE ANY CHILDREN OR GRANDCHILDREN THAT WERE ADOPTED; STEPCHILDREN; OR FOSTER CHILDREN?** □ YES □ NO **IF SO, PLEASE STATE THE NAMES, AGE, ADDRESS, AND PHONE NUMBER OF THE CHILD(REN):**

NAME	AGE	ADDRESS	PHONE NUMBER

I **IF NO CHILD(REN), WAS THE DECEDENT SURVIVED BY A PARENT(S)?** □ YES □ NO

IF YES, PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF THE PARENT(S).

NAME	ADDRESS	PHONE NUMBER

J **IF THE DECEDENT WAS NOT SURVIVED BY A PARENT(S), WAS THE DECEDENT SURVIVED BY ANY SIBLINGS?** □ YES □ NO **IF YES, PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF THE SIBLING(S):**

NAME	ADDRESS	PHONE NUMBER

DID THE DECEDENT HAVE ANY PREDECEASED SIBLINGS, WHO LEFT ISSUE SURVIVING? ☐ YES ☐ NO

K **IF THE DECEDENT WAS NOT SURVIVED BY ANY ISSUE OF HIS OR HER PARENTS, WAS THE DECEDENT SURVIVED BY A GRANDPARENT(S)?** ☐ YES ☐ NO

L **IF THE DECEDENT WAS NOT SURVIVED BY A GRANDPARENT(S), WAS THE DECEDENT SURVIVED BY ANY ISSUE OF A GRANDPARENT(S)?** ☐ YES ☐ NO

M **IF THE DECEDENT WAS NOT SURVIVED BY ANY ISSUE OF A GRANDPARENT(S), WAS THE DECEDENT SURVIVED BY ANY ISSUE OF A PREDECEASED SPOUSE?** ☐ YES ☐ NO

N **IF THE DECEDENT WAS NOT SURVIVED BY ANY ISSUE OF A PREDECEASED SPOUSE, WAS THE DECEDENT SURVIVED BY ANY NEXT OF KIN?** ☐ YES ☐ NO

O	PLEASE PROVIDE THE ORIGINAL OF THE DECEDENT'S WILL. IF YOU DO NOT HAVE THE ORIGINAL, PLEASE PROVIDE A COPY AND THE LOCATION OF THE ORIGINAL WILL.

PLEASE PROVIDE THE NAMES, RELATIONSHIP TO DECEDENT, AGE, ADDRESSES, AND PHONE NUMBER OF ALL PERSONS MENTIONED IN THE DECEDENT'S WILL OR ANY CODICIL WHETHER LIVING OR DECEASED.

NAME	RELATIONSHIP	AGE	ADDRESS	PHONE NUMBER

PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF ANY PERSON(S) WHO WITNESSED THE WILL.

NAME	ADDRESS	PHONE NUMBER

DID THE DECEDENT EXECUTE ANY PRIOR WILLS OR CODICILS? ☐ YES ☐ NO

IF YES, PLEASE PROVIDE ANY ORIGINALS, AND/OR COPIES OF THESE ESTATE PLANNING DOCUMENTS.

DO YOU ANTICIPATE WHETHER ANY PERSON WILL CONTEST THE CONTENTS OF THE WILL? ☐ YES ☐ NO

DO YOU ANTICIPATE WHETHER ANY PERSON WILL CONTEST YOUR APPOINTMENT AS PERSONAL REPRESENTATIVE OF THE ESTATE? ☐ YES ☐ NO

DOES THE WILL INCLUDE A CLAUSE THAT WAIVES THE BOND REQUIREMENT FOR THE EXECUTOR? ☐ YES ☐ NO

II. ASSETS & OTHER FINANCIAL INFORMATION

A	DID THE DECEDENT OWN REAL ESTATE AT THE TIME OF DEATH? PLEASE PROVIDE COPIES OF ANY MORTGAGE STATEMENTS COVERING THE DATE OF DEATH.

ADDRESS	FAIR MARKET VALUE $	AMOUNT OWED $	MONTHLY INCOME (IF ANY) $
	$	$	$

B	IRAS (INDIVIDUAL RETIREMENT ACCOUNTS). IF IT IS DETERMINED THAT AN ESTATE TAX RETURN MUST BE FILED, WE WILL NEED STATEMENTS OF THESE ACCOUNTS COVERING THE DECEDENT'S DATE OF DEATH.

NAME OF INSTITUTION	ACCOUNT NUMBER	VALUE $	DESIGNATED BENEFICIARY
		$	
		$	

C **RETIREMENT PLANS. IF IT IS DETERMINED THAT AN ESTATE TAX RETURN MUST BE FILED, WE WILL NEED STATEMENTS OF THESE ACCOUNTS COVERING THE DECEDENT'S DATE OF DEATH.**

NAME OF PLAN	ACCOUNT NUMBER	PARTICIPANT VALUE $	DESIGNATED BENEFICIARY
		$	

D **LIFE INSURANCE. IF IT IS DETERMINED THAT AN ESTATE TAX RETURN MUST BE FILED, WE WILL NEED STATEMENTS OF THESE ACCOUNTS COVERING THE DECEDENT'S DATE OF DEATH.**

NAME OF COMPANY	ACCOUNT NUMBER	FACE AMOUNT $	DESIGNATED BENEFICIARY
		$	

E **STOCKS AND BONDS. PLEASE LIST BELOW AND PROVIDE COPIES OF THE STATEMENTS COVERING THE DATE OF DEATH. IF THE STOCKS AND/OR BONDS ARE HELD IN CERTIFICATE FORM, PLEASE PROVIDE COPIES OF THE CERTIFICATES.**

NAME OF SECURITY OR BROKERAGE	ACCOUNT NUMBER OR NO. OF SHARES (IF APPLICABLE)	CURRENT VALUE $
		$
		$

F **CASH. PLEASE PROVIDE COPIES OF THE STATEMENTS COVERING THE DATE OF DEATH.**

NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER	CURRENT BALANCE $
		$
		$

G **WAS THE DECEDENT RECEIVING SOCIAL SECURITY?** □ YES □ NO

H **WAS THE DECEDENT RECEIVING BENEFITS FROM MEDI-CAL?** □ YES □ NO
WAS THE DECENDENT RECEIVING BENEFITS FROM MEDI-CARE? □ YES □ NO

I **DID THE DECEDENT HAVE A SAFETY DEPOSIT BOX?** □ YES □ NO
IF YES, PLEASE PROVIDE THE BRANCH NAME AND LOCATION.

J **VEHICLES (INCLUDE BOATS, TRAILERS, OTHER ITEM)**

MAKE, MODEL, YEAR	LOCATION	FAIR MARKET VALUE	VEHICLE LIENS

K **OTHER ASSETS** (E.G. PARTNERSHIPS, OTHER BUSINESS INTEREST, OR HIGHLY VALUED AUTOMOBILES, ANTIQUES, ART, JEWELRY, ETC.)
PLEASE PROVIDE ANY ENTITY DOCUMENTS FOR PARTNERSHIPS OR OTHER BUSINESS INTERESTS.

	FAIR MARKET VALUE $

	FAIR MARKET VALUE $

L **DID THE DECEDENT HOLD ANY ASSETS JOINTLY WITH ANOTHER PERSON AT THE TIME OF HIS/HER DEATH?** ☐ YES ☐ NO

M **ASIDE FROM ANY MORTGAGES OR DEEDS OF TRUST FROM REAL ESTATE, DID THE DECEDENT HAVE ANY OUTSTANDING DEBT ON HIS/HER DATE OF DEATH?** ☐ YES ☐ NO

IF YES, PLEASE LIST AND PROVIDE COPIES OF ANY DEBT OUTSTANDING ON THE DECEDENT'S DATE OF DEATH.
IF THE DECEDENT OWED YOU ANY MONEY AT THE TIME OF HIS/HER DEATH, PLEASE LIST BELOW.
IF YOU HAVE ADVANCED THE ESTATE ANY FUNDS, AND EXPECT REIMBURSEMENT, PLEASE LIST BELOW.

NAME OF CREDITOR	ADDRESS	AMOUNT OWED $

M **PLEASE PROVIDE THE NAME OF THE DECEDENT'S ACCOUNTANT INFORMATION**

NAME (LAST)	FIRST	MI
STREET ADDRESS		

CITY	STATE	ZIP CODE	TELEPHONE	FAX NUMBER

N **ADDITIONAL NOTES:**