**David F. Grams & Associates, S.C.**



1651 John Q Hammons Dr., Suite 201

Middleton, Wisconsin 53717

Telephone (608) 662-0440

Fax: (608) 662-0442

**PROBATE ADMINISTRATION QUESTIONNAIRE**

A. Decedent’s Personal Information.

1. Full Legal Name:
2. Date of death:
3. Date of Birth:
4. Social Security Number:
5. Address (include county):
6. Occupation:

B. Personal Representative.

1. Full legal Name:
2. Address (including county):
3. Telephone Number:
4. Date of Birth:
5. Social Security Number:
6. Email Address (if applicable):

C. Spouse.

1. Surviving Spouse:
   1. Full Legal Name:
   2. Address (including county):
   3. Telephone Number:
   4. Age:
   5. Date of Birth:
   6. Social Security Number:
   7. U.S. Citizen?
2. Pre-deceased Spouse:
   1. Full Legal Name:
   2. Date of Death:
   3. Place of Death:
   4. Social Security Number:
3. Did decedent, surviving spouse or predeceased spouse ever receive Medicaid or any other state assistance? Yes/No (circle one)
   1. If yes, name of person who received benefits:

D. Children/Other Beneficiaries

1. Child 1:
   1. Full Legal Name:
   2. Address:
   3. Telephone Number:
   4. Date of Birth:
   5. Social Security Number:
   6. Child of?
   7. Married?
      1. If so, spouses name:
   8. Grandchildren (yes/no)?
      1. If so, how many?
2. Child 2:
   1. Full Legal Name:
   2. Address:
   3. Telephone Number:
   4. Date of Birth:
   5. Social Security Number:
   6. Child of?
   7. Married?
      1. If so, spouses name:
   8. Grandchildren (yes/no)?
      1. If so, how many?
3. Child 3:
   1. Full Legal Name:
   2. Address:
   3. Telephone Number:
   4. Date of Birth:
   5. Social Security Number:
   6. Child of?
   7. Married?
      1. If so, spouses name:
   8. Grandchildren (yes/no)?
      1. If so, how many?
4. Child 4:
   1. Full Legal Name:
   2. Address:
   3. Telephone Number:
   4. Date of Birth:
   5. Social Security Number:
   6. Child of?
   7. Married?
      1. If so, spouses name:
   8. Grandchildren (yes/no)?
      1. If so, how many?
5. Other Beneficiary 1:
   1. Full Legal Name:
   2. Address:
   3. Telephone Number:
   4. Date of Birth:
   5. Social Security Number:
   6. Child of?
   7. Married?
      1. If so, spouses name:
   8. Grandchildren (yes/no)?
      1. If so, how many?
6. Other Beneficiary 2:
   1. Full Legal Name:
   2. Address:
   3. Telephone Number:
   4. Date of Birth:
   5. Social Security Number:
   6. Child of?
   7. Married?
      1. If so, spouses name:
   8. Grandchildren (yes/no)?
      1. If so, how many?
7. Other Beneficiary 3:
   1. Full Legal Name:
   2. Address:
   3. Telephone Number:
   4. Date of Birth:
   5. Social Security Number:
   6. Child of?
   7. Married?
      1. If so, spouses name:
   8. Grandchildren (yes/no)?
      1. If so, how many?
8. Other Beneficiary 4:
   1. Full Legal Name:
   2. Address:
   3. Telephone Number:
   4. Date of Birth:
   5. Social Security Number:
   6. Child of?
   7. Married?
      1. If so, spouses name:
   8. Grandchildren (yes/no)?
      1. If so, how many?

\*If there are additional beneficiaries, please attach an additional page with the above requested information for each additional beneficiary.

E. Financial Information of Decedent

1. Real Estate: **Please provide copies of all real estate deeds and most recent tax bills.**
   1. Type of real estate:
      1. Address:
      2. Title:
      3. Value:
      4. Estimated Land Area:
      5. Parcel Number:
   2. Type of real estate:
      1. Address:
      2. Title:
      3. Value:
      4. Estimated Land Area:
      5. Parcel Number:

\*If there are additional real estate, please attach an additional page with the above requested information for each.

1. Cash Accounts: **Please provide any bank account statements, and beneficiary information, if applicable**.
   1. Type of Account:
      1. Account Number:
      2. Title:
      3. Value:
      4. Institution:
      5. Address:
      6. Phone:
   2. Type of Account:
      1. Account Number:
      2. Title:
      3. Value:
      4. Institution:
      5. Address:
      6. Phone:
   3. Type of Account:
      1. Account Number:
      2. Title:
      3. Value:
      4. Institution:
      5. Address:
      6. Phone:

\*If there are additional cash accounts, please attach an additional page with the above requested information for each.

1. Securities: **Please provide any investment account statements, and beneficiary information, if applicable.**
   1. Type of Account:
      1. Account Number:
      2. Title:
      3. Value:
      4. Institution:
      5. Address:
      6. Phone:
   2. Type of Account:
      1. Account Number:
      2. Title:
      3. Value:
      4. Institution:
      5. Address:
      6. Phone:
   3. Type of Account:
      1. Account Number:
      2. Title:
      3. Value:
      4. Institution:
      5. Address:
      6. Phone:

\*If there are additional investment accounts, please attach an additional page with the above requested information for each.

1. Retirement Accounts: **Please provide any applicable statements, and beneficiary information, if applicable.**
   1. Type of Account:
      1. Account Number:
      2. Title:
      3. Value:
      4. Institution:
      5. Address:
      6. Phone:
   2. Type of Account:
      1. Account Number:
      2. Title:
      3. Value:
      4. Institution:
      5. Address:
      6. Phone:
   3. Type of Account:
      1. Account Number:
      2. Title:
      3. Value:
      4. Institution:
      5. Address:
      6. Phone:

\*If there are additional retirement accounts, please attach an additional page with the above requested information for each.

1. Life Insurance: **Please provide any policy statements and beneficiary information, if applicable.**
   1. Name of Company:
      1. Policy Number:
      2. Address:
      3. Policy Owner:
      4. Agent:
      5. Death Benefit Amount:
   2. Name of Company:
      1. Policy Number:
      2. Address:
      3. Policy Owner:
      4. Agent:
      5. Death Benefit Amount:
   3. Name of Company:
      1. Policy Number:
      2. Address:
      3. Policy Owner:
      4. Agent:
      5. Death Benefit Amount:

\*If there are additional policies, please attach an additional page with the above requested information for each.

1. Annuities: **Please provide any statements and beneficiary information, if applicable.**
   1. Name of Company:
      1. Policy Number:
      2. Address:
      3. Owner:
      4. Agent:
      5. Value:
   2. Name of Company:
      1. Policy Number:
      2. Address:
      3. Owner:
      4. Agent:
      5. Value:
   3. Name of Company:
      1. Policy Number:
      2. Address:
      3. Owner:
      4. Agent:
      5. Value:

\*If there are additional annuities, please attach an additional page with the above requested information for each.

1. Motor Vehicles: **Please bring original title(s).**
   1. Make:
      1. Model:
      2. Year:
      3. Color:
      4. VIN:
      5. Title:
      6. Market Value:
   2. Make:
      1. Model:
      2. Year:
      3. Color:
      4. VIN:
      5. Title:
      6. Market Value:
2. Any Other Assets/Personal Valuables: **Include item, title, market value and lien amount.**
3. Liabilities: **Include creditor, and lien amount.**

**Items to Bring to Probate Administration Initial Consultation**

1. Decedent’s Last Will and Testament, need original (if applicable).
2. Decedent’s Revocable Trust/Irrevocable Trust (if applicable).
3. Death Certificate, certified copies.
4. Copy of obituary.
5. Names, addresses, and SSN’s of all beneficiaries under the Will; if there are minors who are beneficiaries, need their DOB.
6. Names and addresses of the decedents nearest living relatives.
7. All financial information referenced above\*.
8. Copy of prior year’s federal and state income tax returns.
9. If decedent was a beneficiary of any Trusts, a copy of such Trusts.
10. Copy of gift tax returns, if applicable.
11. A list of all beneficiary designation assets.
12. If decedent was a membership of any partnerships or had any existing rights under a contract, please bring copies.
13. List of outstanding debts.