PROBATE & ESTATE QUESTIONNAIRE

This questionnaire helps organize information concerning the decedent, personal representatives, beneficiaries or heirs, assets, and liabilities before estate settlement support begins. Complete it as fully as possible, use full legal names, and attach additional pages where needed. Please include available supporting records such as the death certificate, will, trust, account statements, deeds, and titles.

Important: *AnchorPoint Estate Services provides administrative estate settlement support only and does not provide legal, tax, accounting, investment, or financial advice.*

Matter / Client Reference Number: _____

I. PERSONAL INFORMATION

A. Decedent Information

1. Decedent's full legal name: _____
2. Date of birth: _____
3. Social Security number: _____
4. Place of birth: _____
5. State / year domicile established: _____
6. Home address: _____

County: _____

7. Ever resided in a community-property state? Yes / No _____
8. Citizenship at death: _____
9. Date of death: _____
10. Place of death: _____

County: _____

11. Cause of death: _____
12. Wrongful-death action possible? Yes / No _____
13. Length of last illness: _____

14. Primary physician: _____

Practice / Office: _____

15. Business / occupation: _____

Retired? Yes / No _____

16. Marital status at death: _____

17. Surviving spouse full legal name: _____

Surviving spouse SSN: _____

A. Decedent Information - Continued

18. Premarital or postmarital agreement? Yes / No

If yes, location of original / amendments:

19. If widowed, name of deceased spouse:

Date of death of deceased spouse:

SSN of deceased spouse:

20. Was decedent a veteran? Yes / No

If yes, explain:

21. SSI, Medicaid, or other government benefits? Yes / No

If yes, explain:

22. Did decedent have a will? Yes / No / TBD

Location of original will:

Date will signed:

Will witnessed and notarized? Yes / No

If not, witness names / addresses:

B. Personal Representative(s) Information

Provide information for each person or entity expected to serve as Executor, Administrator, co-Executor, or co-Administrator.

Information	Representative	Co-Representative
Full Legal Name		
Preferred Name		
Street Address		
City / State / ZIP		
County		
Cell Phone		
Email		
SSN / EIN / TIN		
Date of Birth / Age		
Relationship to Decedent		

C. Beneficiary / Heir Information

If a will exists, list beneficiaries identified in the will. If no will exists, list known heirs-at-law. Attach additional pages as needed.

Information	Beneficiary / Heir 1	Beneficiary / Heir 2
Full Legal Name		
Address		
Phone		
Email		
SSN / EIN / TIN		
Date of Birth / Age		
Relationship to Decedent		

Information	Beneficiary / Heir 3	Beneficiary / Heir 4
Full Legal Name		
Address		
Phone		
Email		
SSN / EIN / TIN		
Date of Birth / Age		
Relationship to Decedent		

25. Any beneficiary / heir pregnant, disabled, deceased, or affected by a special circumstance? Yes / No
If yes, explain: _____

D. Miscellaneous Information

26. Safe deposit box location: _____

Joint owner (if any): _____

Relationship to decedent: _____

27. Accountant / tax preparer - name, company, phone, email: _____

28. Financial advisor / stockbroker - name, company, phone, email: _____

II. PRELIMINARY INVENTORY OF DECEDENT'S ASSETS

For each asset, provide an approximate fair market value as of the date of death and indicate ownership/title when known. Suggested abbreviations: D = decedent individually; JTS = jointly with spouse; JTO = jointly with another; T = trust; UNK = unknown. Add ROS when a joint asset passes by right of survivorship.

A. Real Property

Property	Address / Location	Type	Title	Date Acquired	Approx. Value

Property	Mortgage Payee	Original Amount	Current Balance	Payment Schedule

B. Checking & Savings Accounts

Institution	Account Number	Type	Title	Approx. Value

C. Brokerage Accounts (Non-Retirement Stocks & Bonds)

For stock not held in a brokerage account, list the issuer and number of shares. For government bonds, identify the bond type and date of issue.

Institution / Issuer	Account No. / Shares	Contact	Title	Approx. Value

D. Retirement Accounts (e.g., pension, 401(k), IRA, annuity)

Type of Benefit	Institution / Employer	Contact	Beneficiary	Approx. Value

E. Life Insurance

Title / Owner	Insurer	Policy Number	Beneficiary	Death Benefit

F. Tangible Personal Property

Item Description	Approx. Value

Suggested categories: clothing, jewelry, home furnishings, collections, automobiles, firearms, and other tangible property.

G. Other Property

1. Time-sensitive or vulnerable assets (perishable, easily damaged, at risk of theft, or held by another person):

2. Cash, mortgages, and notes - describe obligation, obligor, security, terms, interest, status, and value:

3. Business interests - identify entity/type, ownership interest, and approximate value:

4. Income due decedent - compensation, commissions, fees, rents, refunds, or other amounts:

5. Trusts and estates in which decedent held an interest - identify source and approximate value:

6. Lump-sum death benefits - agency, payee, and amount:

7. Other property - powers of appointment, patents, royalties, copyrights, or other assets:

III. PRELIMINARY INVENTORY OF DECEDENT'S LIABILITIES

A. Funeral & Burial Expenses

Item	Payee	Amount Due
Funeral Home		
Grave Marker		
Grave Lots		
Other		

B. Medical & Hospital Expenses

Item	Payee	Amount Due
Doctor		
Hospital		
Other		

C. Household Bills, Charge Accounts & Installment Payments

Item	Payee	Amount Due

D. Other Debts of Decedent

Item	Payee	Amount Due

E. Mortgages, Notes & Deeds of Trust

Item	Payee	Amount Due

F. Additional Obligations

Item	Payee	Amount Due

SUPPORTING DOCUMENT CHECKLIST & ACKNOWLEDGMENT

When available, include copies of relevant records. Do not delay completing the questionnaire solely because a document is unavailable.

[ ] Death certificate	[ ] Will
[ ] Trust / amendments	[ ] Premarital / postmarital agreement
[ ] Bank statements	[ ] Brokerage statements
[ ] Retirement statements	[ ] Life insurance
[ ] Deeds / property records	[ ] Vehicle titles
[ ] Business ownership records	[ ] Tax returns
[ ] Funeral / burial invoices	[ ] Medical bills
[ ] Loan / mortgage statements	[ ] Other supporting records

Acknowledgment

I represent that the information provided in this questionnaire and any supporting documentation is accurate and complete to the best of my knowledge. I understand that AnchorPoint Estate Services may rely on this information when providing administrative estate settlement support and that its services do not constitute legal, tax, accounting, investment, or financial advice.

Printed Name: _____

Signature: _____

Date: _____

Additional Notes
