

JENSEN SONDRAL PERSELLIN & WOODS P.A.

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INITIAL QUESTIONNAIRE FOR PROBATE OF ESTATE

THE ESTATE OF _____ also
known as _____

Date of Conference: _____ Referred by: _____

Conference Participants: _____

Synopsis of Will

(Be sure to keep the original copy of the Will)

1. Is Will self proving? yes/no. If not, and if estate will be formal--what do you know about
the witnesses? _____

3. Will requests Administration be: supervised / unsupervised / undesignated

4. If beneficiary is a trust, has trust been funded?

5. PR nominated by Will:

6. Family problems? (describe)

Date of Birth; Place of Birth _____, 20__;

Date of Death; Place of Death _____, 20__;

County Of Residence: _____

Social Security Number: _____

Address At Death: _____

Date Of Will: _____; Date of Codicil: _____

Date of Written List: _____

Applicant/Ptnr Name: _____

Applicant/Ptnr Address: _____

PR Name : _____

PR Address: _____

PR Date of Birth: _____

PR Driver's License Number: _____

PR Phone: Work _____ ; Contact at work 9anytime 9 for emergency only.

Work Hours: _____ .m to _____ .m; M T W Th Fr

Home _____; Pager _____;

Cell Phone; _____; Fax Phone _____

County of Court: _____;

Attorney Name: _____

Paralegal: _____

Antenuptial Agreement: _____

Divorces of Decedent:

Name of Divorced Spouse: _____

Date of Divorce: _____ (request copy of decree).

Pre-Deceased Spouse of Decedent: _____

Aliases of Pre-deceased Spouse: _____

Date of Birth of Pre-deceased Spouse: _____;

Date of death: _____

Social Security Number of Pre-deceased Spouse: _____

Was Pre-deceased Spouse ever on Medical Assistance? Yes No

Attorney in Fact/Conservator: _____

Accountant/Tax Preparer: _____;

Phone Number: _____

Gift Tax Returns Filed: _____

Last year income tax return was filed: _____

Request copy of last 2 year's returns)

Was Decedent a trustee at time of death? Yes No;

Name of Trust: _____

Was Decedent ever on Medical Assistance? Yes No

FAMILY TREE

(If complicated, draw Family Tree on back side of this sheet.

Include names of deceased persons with date of death if known.)

NAME AND RELATIONSHIP	ADDRESS	BIRTH DATE AND SS#
NAME AND RELATIONSHIP		

REAL ESTATE

Homestead:

Address:
County:
Value
Location of Abstract/Certificate of Title? (please bring)
Location of Last Deed? (please bring)
Describe mortgage and mortgage status:
Status of Insurance?
Status of Taxes?

Other Real Estate:

Address:

County:
Value
Location of Abstract/Certificate of Title? (please bring)
Location of Last Deed? (please bring)
Describe Mortgage and mortgage status:
Status of Insurance?
Status of Taxes?

ASSET LISTING

(Ask about the following type of assets. List the asset info on the chart below.)

<p>INCLUDE:</p> <p>___ Contract for Deed (request copy of deed/amortization schedule)</p> <p>___ Bank Acct. (if possible, get branch/type of account/acct.)</p>

No.)

___ Loans made by decedent to other persons

___ Life Insurance (include policy #)

___ Businesses owned

___ Buy-Sell Agreements

___ Cash

___ Uncashed checks

___ Securities

___ Household Goods

___ Jewelry/Furs

___ Cars

___ Boats

___ snowmobiles

___ Art Work

___ Antiques

___ Other

___ Transfers made within last 3 years (This info would be used to determine whether an estate tax return or final gift tax return is needed.)

ASSET	NAME OF OWNER/BENEFIC.	PROBATE	NON-PROB.
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

		\$	\$
		\$	\$
		\$	\$
		\$	\$

		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

		\$	\$
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LISTING OF DEBTS

INCLUDE: Funeral/Cemetery/Marker/Obituary/Reception
 Medical
 Charge Accounts
 Mortgage on R.E.
 Loans (i.e. car loan)

	yes	no
Was Decedent on Medical Assistance?		
	yes	no
Was a predeceased spouse on Medical Assist?		
	\$	
	\$	
	\$	
	\$	
	\$	

