

CHRIS MAHRE, P.C. Attorney at Law
Probate Estate Questionnaire

Who referred you to The Law Offices of Chris Mahre? If not referred by someone in particular, how did you find out about our firm? _____

Decedent:

Full name _____

Last Known Address _____

Date of birth _____ Date of death: _____

Social Security number _____ - _____ - _____

Previous Spouse (if applicable):

Full name _____

Address (if living) _____

Date of birth _____ Date of death (if applicable) _____

Social Security number _____ - _____ - _____

Executor of the estate:

Full name _____

Address _____

Phone number () _____ - _____

Children:

1. Full name _____

Address _____

Phone number () _____ - _____

Date of birth _____

2. Full name _____

Address _____

Phone number () _____ - _____

Date of birth _____

3. Full name _____

Address _____

Phone number () _____ - _____

Date of birth _____

4. Full name _____
Address _____

Phone number () - _____
Date of birth _____

5. Full name _____
Address _____

Phone number () - _____
Date of birth _____

Other: (step-children, siblings and other heirs, if any)

1. Full name _____
Relationship _____
Address _____

Phone number () - _____
Date of birth _____

2. Full name _____
Relationship _____
Address _____

Phone number () - _____
Date of birth _____

3. Full name _____
Relationship _____
Address _____

Phone number () - _____
Date of birth _____

4. Full name _____
Relationship _____
Address _____

Phone number () - _____
Date of birth _____

5. Full name _____
Relationship _____
Address _____

Phone number () - _____
Date of birth _____

6. Full name _____
Relationship _____
Address _____

Phone number () - _____
Date of birth _____

ITEMS TO BRING TO YOUR APPOINTMENT:

1. Existing estate planning documents, including original will and trust agreement, if any.
2. All financial information for the decedent, including copies of deeds to real property and titles to vehicles owned by the decedent.
3. Certified copy of death certificate.

A. Assets

<u>ASSETS</u>	<u>OWNER DECEDENT</u>	<u>OTHER OWNER</u>	<u>VALUE</u>
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Cash or Cash Equivalent Accounts

Real Property

Tangible Personal Property

Insurance

Life Insurance _____ **Death Benefit** _____ **Cash Value** _____

Vehicles

Other

B. Income

<u>Income Type</u>	<u>Decedent</u>
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Earned Income

Social Security	_____
Retirement	_____
Other	_____

C. Transfers (gifts) of Assets Within Previous 60 Months

<u>Asset Transferred</u>	<u>Date</u>	<u>To Whom</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Creditors of the Decedent's Estate

<u>Creditor</u>	<u>Amount Due</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____