



## Probate Questionnaire

*Completing the following to the best of your ability prior to your initial meeting with your attorney will help assure that you have all needed information at the meeting, help the attorney to understand and recommend the appropriate course of action. Feel free to add to the form or provide the information in a different format.*

**Name of Decedent:** \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date & Place of Birth: \_\_\_\_\_

Date & Place of Death: \_\_\_\_\_

Date of Will: \_\_\_\_\_ Date of Codicil: \_\_\_\_\_

Separate Writing Found: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Bank Where Safe Deposit Box Was Held: \_\_\_\_\_

If previously married: name of former spouse: \_\_\_\_\_; whether living or deceased: \_\_\_\_\_

Whether spouse (current or former) received benefits from the Community Options Program: Yes \_\_\_\_\_ No \_\_\_\_\_

Whether spouse (current or former) received benefits from Wisconsin Chronic Disease Program: Yes \_\_\_\_\_ No \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

Date & Place of Birth: \_\_\_\_\_

Date & Place of Death: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Email address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

**Name of Personal Rep:** \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Email address: \_\_\_\_\_

### Children of Decedent and Spouse:

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_



## Probate Questionnaire

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

3. Name: \_\_\_\_\_ 4. Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

**List any children of the Decedent who are not also children of the above-named spouse:**

**List children of any children who died before the Decedent:**

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

3. Name: \_\_\_\_\_ 4. Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

**Other Beneficiaries:**

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_



# Probate Questionnaire

Home Phone No.: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ 4. Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Homestead Information:

Legal Description: \_\_\_\_\_

Exact Name(s) on Title: \_\_\_\_\_

County: \_\_\_\_\_ Abstract or Torrens: \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_ Assessor's Est. Market Value: \_\_\_\_\_

Amount of Mortgage: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

## Additional Real Estate Information:

Legal Description: \_\_\_\_\_

Exact Name(s) on Title: \_\_\_\_\_

County: \_\_\_\_\_ Abstract or Torrens: \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_ Assessor's Est. Market Value: \_\_\_\_\_

Amount of Mortgage: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

## Business and Farm Assets:

Name of Business: \_\_\_\_\_

Street Address, City State, Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Approximate Value of Business: \_\_\_\_\_

Name of Person Operating Business: \_\_\_\_\_

*If farm property, please provide a list of machinery (with approximate value) livestock, crops, leases, etc.*



# Probate Questionnaire

## Cash and Bank Accounts:

1. Amount: \_\_\_\_\_ 2. Amount: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_ Name of Bank: \_\_\_\_\_  
Account No: \_\_\_\_\_ Account No: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Name of Joint Owner or POD: \_\_\_\_\_ Name of Joint Owner or POD: \_\_\_\_\_  
3. Amount: \_\_\_\_\_ 4. Amount: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_ Name of Bank: \_\_\_\_\_  
Account No: \_\_\_\_\_ Account No: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Name of Joint Owner or POD: \_\_\_\_\_ Name of Joint Owner or POD: \_\_\_\_\_

## Securities, Stocks and Bonds:

1. Name of Company: \_\_\_\_\_  
Type of Investment: \_\_\_\_\_ Total No. of Shares: \_\_\_\_\_  
Name of Joint Owner or POD: \_\_\_\_\_ Value per Share on Date of Death: \_\_\_\_\_  
  
2. Name of Company: \_\_\_\_\_  
Type of Investment: \_\_\_\_\_ Total No. of Shares: \_\_\_\_\_  
Name of Joint Owner or POD: \_\_\_\_\_ Value per Share on Date of Death: \_\_\_\_\_  
  
3. Name of Company: \_\_\_\_\_  
Type of Investment: \_\_\_\_\_ Total No. of Shares: \_\_\_\_\_  
Name of Joint Owner or POD: \_\_\_\_\_ Value per Share on Date of Death: \_\_\_\_\_

## Insurance:

1. Name of Company: \_\_\_\_\_  
Value of Policy: \_\_\_\_\_ Payable to Whom: \_\_\_\_\_  
  
2. Name of Company: \_\_\_\_\_  
Value of Policy: \_\_\_\_\_ Payable to Whom: \_\_\_\_\_



# Probate Questionnaire

## Personal Property:

Auto Make and Model: \_\_\_\_\_ Value: \_\_\_\_\_

Joint Owner: \_\_\_\_\_

Value of Furniture and Household Goods: \_\_\_\_\_

Value of Wearing Apparel and Jewelry: \_\_\_\_\_

Value of Other Personal Property: \_\_\_\_\_

## Funeral Expenses:

Name of Funeral Home: \_\_\_\_\_

Amount Owed to Funeral Home: \_\_\_\_\_

List anyone who advanced funds for funeral expenses:

Name: _____	Amount advanced: _____
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Name: _____	Amount advanced: _____
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Name: _____	Amount advanced: _____
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Did Decedent receive Medical Assistance benefits? \_\_\_\_\_

If Decedent's spouse died first, did he/she receive Medical Assistance benefits? \_\_\_\_\_

## Other Debts and Claims

1. Name: _____	2. Name: _____
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Street Address: _____	Street Address: _____
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City, State, Zip: _____	City, State, Zip: _____
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Amount of Claim: _____	Amount of Claim: _____
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Reason for Claim: _____	Reason for Claim: _____
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# Probate Questionnaire



## Taxes:

Date real estate taxes are next due: \_\_\_\_\_ Amount Due: \_\_\_\_\_

When did Decedent last file income tax returns? \_\_\_\_\_

Did Decedent file gift tax returns for gifts made during lifetime? \_\_\_\_\_

***Tell Us How We Can Help.*** *If you have any questions or concerns prior to your meeting, please contact us. Alternatively, bring a list of your questions and concerns to your meeting so that all of those issues can be addressed. We look forward to assisting you.*

**Christine A. Rasmussen**  
christine@valleycrossinglaw.com

**Bridget M. Finke**  
bridget@valleycrossinglaw.com

940 7<sup>th</sup> Avenue  
P.O. Box 34  
Baldwin, WI 54002  
715.688.4045