



Members, Florida Bar:

**Kathryn A. Hathaway, Esq.**  
Board Certified in Consumer Bankruptcy  
by the American Board of Certification

**Wayne E. Sprague, Esq.**  
Criminal Law – Foreclosure Defense

## Probate Intake Questionnaire

YOUR APPOINTMENT IS ON \_\_\_\_\_, 20\_\_ AT \_\_\_\_\_ a.m. / p.m.

|  |   |
|--|---|
| <p><b>PLEASE BRING WITH YOU:</b></p> <ol style="list-style-type: none"><li>1. Death Certificate</li><li>2. Last Will and Testament</li><li>3. \$50 consultation fee</li></ol>  | <p><b>OFFICE USE ONLY</b></p> <p>_____ Consultation Fee<br/>_____ Death Certificate<br/>_____ Last Will and Testament</p> |
| <p><b>CONFIDENTIALITY:</b> The Information you provide to us will not be disclosed to anyone who is not directly affiliated with this firm, except in the course of rendering legal services on your behalf, or otherwise provided by law.</p> <p>This form is very important. Your accuracy and completeness will help us to best represent you. Please complete ALL sections and bring this form with you to your appointment. Feel free to email or fax this intake before your appointment if this is more convenient for you. <b>This form must be as complete as possible.</b></p> <p><b>If you need additional room to complete any portion of this form, please use additional paper to include the information.</b></p> |   |

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

Your Name: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_ How long have you known him/her: \_\_\_\_\_ years

Your Date of Birth: \_\_\_\_\_ Full SSN: \_\_\_\_\_ Alien Registration No: \_\_\_\_\_

Your Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer \_\_\_\_\_ How Long? \_\_\_\_\_ Work Phone \_\_\_\_\_

Title/Occupational Designation: \_\_\_\_\_

Are you seeing the attorney on behalf of someone else (i.e. parents, siblings, cousins)

Yes \_\_\_ No \_\_\_ If yes, who: \_\_\_\_\_

Who can we thank for your referral: \_\_\_\_\_

**Decedent Information**

Full Name: \_\_\_\_\_

Alias (AKA and/or FKA) \_\_\_\_\_

Last Known Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Full SSN: \_\_\_\_\_ Alien Registration Number: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: (home; hospital; location; ect.) \_\_\_\_\_

Do you have a certified copy of Death Certificate? Yes \_\_\_ No \_\_\_ If YES, please bring to appointment.

Decedent was \_\_\_ Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widow(er) \_\_\_ Life Partner

Name of current Spouse or Life Partner (even if deceased): \_\_\_\_\_

Address of Spouse (if Living): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse's Date of Death (if Deceased): \_\_\_\_\_

Name of any Ex-Spouse: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_ or Spouse's Death: \_\_\_\_\_

**All Decedent's Children (living or deceased):**

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of other biological parent (if different than current spouse): \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of other biological parent (if different than current spouse): \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of other biological parent (if different than current spouse): \_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of other biological parent (if different than current spouse): \_\_\_\_\_

**Names of Decedent's parents and date of death if deceased:**

1. Father: \_\_\_\_\_ Date of Death (if deceased): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Mother: \_\_\_\_\_ Date of Death (if deceased): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**All Decedent's Grandchildren:**

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Grandchild's parent: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Grandchild's parent: \_\_\_\_\_
  
3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Grandchild's parent: \_\_\_\_\_
  
4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Grandchild's parent: \_\_\_\_\_

**Decedent's Siblings (specify if whole (same parents) or half siblings and date of death if sibling is deceased):**

1. Name: \_\_\_\_\_ ( ) whole sibling or ( ) half sibling  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Age: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date of Death: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ ( ) whole sibling or ( ) half sibling  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Age: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date of Death: \_\_\_\_\_
  
3. Name: \_\_\_\_\_ ( ) whole sibling or ( ) half sibling  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Age: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date of Death: \_\_\_\_\_
  
4. Name: \_\_\_\_\_ ( ) whole sibling or ( ) half sibling  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Age: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date of Death: \_\_\_\_\_

**All Children of the Decedent's Deceased Siblings:**

1. Name of Deceased Sibling: \_\_\_\_\_  
Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  
2. Name of Deceased Sibling: \_\_\_\_\_  
Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  
3. Name of Deceased Sibling: \_\_\_\_\_  
Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  
4. Name of Deceased Sibling: \_\_\_\_\_  
Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  
5. Name of Deceased Sibling: \_\_\_\_\_  
Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**WILL**

Do you have the Original or know where it is? Yes / No (If YES, please bring to appointment)

Has it been deposited with a court? Yes / No What court? (County, State): \_\_\_\_\_

If not where is it located: \_\_\_\_\_

Any Codicils to the Will? Yes / No Date: \_\_\_\_\_

Do you have the Original Codicil(s) or know where they are? Yes / No

Have they been deposited with a court? Yes / No What court? (County, State): \_\_\_\_\_

If not, where are they located? \_\_\_\_\_

Is there a personal property statement (a list created by the Decedent showing which personal item or property should go to each person)? Yes / No If yes, where is it: \_\_\_\_\_

Has it been deposited with a court? Yes / No What Court (County, State): \_\_\_\_\_

**Beneficiaries named in the Will:**

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  
3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  
4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  
5. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**If a beneficiary is deceased, list the deceased Beneficiaries Spouse and children, if any:**

1. Name of deceased Beneficiary: \_\_\_\_\_  
Deceased Beneficiaries Spouse: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Names of children (if any): \_\_\_\_\_
  
2. Name of deceased Beneficiary: \_\_\_\_\_  
Deceased Beneficiaries Spouse: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Names of children (if any): \_\_\_\_\_
  
3. Name of deceased Beneficiary: \_\_\_\_\_  
Deceased Beneficiaries Spouse: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Names of children (if any): \_\_\_\_\_

4. Name of deceased Beneficiary: \_\_\_\_\_  
Deceased Beneficiaries Spouse: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Names of children (if any): \_\_\_\_\_

5. Name of deceased Beneficiary: \_\_\_\_\_  
Deceased Beneficiaries Spouse: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  
List of children (if any): \_\_\_\_\_

**PERSONAL REPRESENTATIVE**

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Title/Occupational Designation: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Has this person: Been convicted of a felony? Yes / No

Filed Bankruptcy? Yes / No If YES, date filed \_\_\_\_\_ State filed in \_\_\_\_\_ Case No: \_\_\_\_\_

**CO-PERSONAL REPRESENTATIVE (if applicable)**

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Title/Occupational Designation: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Has this person: Been convicted of a felony? Yes / No

Filed Bankruptcy? Yes / No If YES, date filed \_\_\_\_\_ State filed in \_\_\_\_\_ Case No: \_\_\_\_\_

**Alternate Personal Representative:**

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Title/Occupational Designation: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Has this person: Been convicted of a felony? Yes / No

Filed Bankruptcy? Yes / No If YES, date filed \_\_\_\_\_ State filed in \_\_\_\_\_ Case No: \_\_\_\_\_

**Trusts**

1. Name of Trust: \_\_\_\_\_

Date of Creation: \_\_\_\_\_

Trustee(s) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name of Trust: \_\_\_\_\_

Date of Creation: \_\_\_\_\_

Trustee(s) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Assets**

**Is there Life Insurance?** Yes / No If YES, please provide information below.

1. Date of Issue: \_\_\_\_\_

Where policy is located: \_\_\_\_\_

Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Value: \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

2. Date of Issue: \_\_\_\_\_

Where policy is located: \_\_\_\_\_

Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Value: \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

**Is there a prepaid burial contract or burial insurance?** Yes / No If YES, please provide information below.

1. Date of Issue: \_\_\_\_\_  
Company: \_\_\_\_\_ Amount: \_\_\_\_\_

**Is there a safe deposit box?** Yes / No If YES, please provide information below.

1. Bank: \_\_\_\_\_ Location: \_\_\_\_\_ Box No.: \_\_\_\_\_  
Who has keys? \_\_\_\_\_ Who has access: \_\_\_\_\_
2. Bank: \_\_\_\_\_ Location: \_\_\_\_\_ Box No.: \_\_\_\_\_  
Who has keys? \_\_\_\_\_ Who has access: \_\_\_\_\_

**Real Estate:**

1. Description: \_\_\_\_\_  
Name(s) on title instrument: \_\_\_\_\_  
Estimated Value: \_\_\_\_\_  
Where is the deed? \_\_\_\_\_  
Is it the Decedent's homestead? \_\_\_\_\_
2. Description: \_\_\_\_\_  
Name(s) on title instrument: \_\_\_\_\_  
Estimated Value: \_\_\_\_\_  
Where is the deed? \_\_\_\_\_  
Is it the Decedent's homestead? \_\_\_\_\_

**Securities:**

1. Description: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Estimated Value: \_\_\_\_\_ Where located: \_\_\_\_\_  
Broker Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_
2. Description: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Estimated Value: \_\_\_\_\_ Where located: \_\_\_\_\_  
Broker Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_



**Checking, Savings, Certificate of Deposit Account(s):**

1. Description: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Estimated Amount: \_\_\_\_\_ Where Located: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_
  
2. Description: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Estimated Amount: \_\_\_\_\_ Where Located: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_
  
3. Description: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Estimated Amount: \_\_\_\_\_ Where Located: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Mortgages/Account Receivable**

1. Description \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Estimated Balance: \_\_\_\_\_ Debtor: \_\_\_\_\_  
Where are the documents located? \_\_\_\_\_  
Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_
  
2. Description \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Estimated Balance: \_\_\_\_\_ Debtor: \_\_\_\_\_  
Where are the documents located? \_\_\_\_\_  
Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_

**Retirement Accounts/IRA/KEOGH/SEPP/Pensions**

1. Description \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Estimated Value: \_\_\_\_\_ Acct No: \_\_\_\_\_  
Where are the documents located? \_\_\_\_\_  
Company: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiary if known: \_\_\_\_\_

2. Description \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Estimated Value: \_\_\_\_\_ Acct No: \_\_\_\_\_  
Where are the documents located? \_\_\_\_\_  
Company: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiary if known: \_\_\_\_\_

3. Description \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Estimated Value: \_\_\_\_\_ Acct No: \_\_\_\_\_  
Where are the documents located? \_\_\_\_\_  
Company: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiary if known: \_\_\_\_\_

**Vehicles/ Mobile Homes/ Boats**

1. Description: \_\_\_\_\_ Year: \_\_\_\_\_ VIN: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Estimated Value: \_\_\_\_\_ Title: \_\_\_\_\_

2. Description: \_\_\_\_\_ Year: \_\_\_\_\_ VIN: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Estimated Value: \_\_\_\_\_ Title: \_\_\_\_\_

**Jewelry/ Antiques/ Collectibles**

- 1. Description: \_\_\_\_\_  
Location: \_\_\_\_\_  
Estimated Value: \_\_\_\_\_
  
- 2. Description: \_\_\_\_\_  
Location: \_\_\_\_\_  
Estimated Value: \_\_\_\_\_

**Decedent as Beneficiary of a Trust or other Estate:**

- 1. Description of Trust Interest: \_\_\_\_\_  
Estimated Value of Interest: \_\_\_\_\_ Documents Located: \_\_\_\_\_  
Trustee(s) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  
- 2. Description of Trust Interest: \_\_\_\_\_  
Estimated Value of Interest: \_\_\_\_\_ Documents Located: \_\_\_\_\_  
Trustee(s) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Creditors (if decedent died less than 2 years ago):**

- 1. Creditor: \_\_\_\_\_ Nature of Debt: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  
- 2. Creditor: \_\_\_\_\_ Nature of Debt: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  
- 3. Creditor: \_\_\_\_\_ Nature of Debt: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  
- 4. Creditor: \_\_\_\_\_ Nature of Debt: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_