



ELDER LAW FIRM OF ANDREW OLSEN

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PROBATE QUESTIONNAIRE

This form is extremely important in probating this estate correctly. Your accuracy and completeness will help me represent you. ***Please take time to complete all applicable sections. We cannot begin with the probate process until we have complete and accurate information from you.*** Please also list names as they would appear on legal documents. You may use the back of each page if you need additional space to provide complete information. Should you need assistance in completing this form, please call and we will be happy to assist you.

NOTE: Please furnish us with an original Death Certificate and original Last Will and Testament.

This Questionnaire completed by: _____ **on:** _____

I. DECEDENT

A. DECEDENT INFORMATION

NOTE: If the decedent lived at a facility but owned a home at time of death, please put address of home.

Name of Decedent: _____

Address: _____

City: _____ State, Zip Code: _____

Decedent's Social Security No: _____ Date of Birth: _____

Decedent's Date of Death: _____

In what county did the Decedent reside at his/her time of death: _____

Name of Spouse: _____

Is the Decedent's spouse Living: ____ or deceased: ____ (check one)

If deceased, when: _____ "Non-Tax" proceeding for deceased spouse done: _____

Address: _____ City: _____

State, Zip Code: _____ Telephone: _____

How long did decedent reside in this county before he/she died? _____

II. PERSONAL REPRESENTATIVES

A. PERSONAL REPRESENTATIVE/TRUSTEES NAMED IN WILL OR TRUST (If no Will or Trust name Petitioner)

1. Name: _____
Relationship to Decedent: _____ SS#: _____
Address: _____
City, State, Zip: _____
Telephone _____ E-Mail: _____

2. Name: _____
Relationship to Decedent: _____ SS#: _____
Address: _____
City, State, Zip: _____
Telephone: _____ E-Mail: _____

III. BENEFICIARIES

A. BENFICIARIES NAMED IN WILL (if no Will name children or closest living relatives)

1. Name: _____ Relationship to Decedent: _____
Address: _____
Telephone: _____ E- Mail: _____
Date of Birth (if minor): _____ SS#: _____

2. Name: _____ Relationship to Decedent: _____
Address: _____
Telephone: _____ E- Mail: _____
Date of Birth (if minor): _____ SS#: _____

3. Name: _____ Relationship to Decedent: _____
Address: _____
Telephone: _____ E- Mail: _____
Date of Birth (if minor): _____ SS#: _____

4. Name: _____ Relationship to Decedent: _____
Address: _____
Telephone: _____ E- Mail: _____

Date of Birth (if minor): _____ SS#: _____

5. Name: _____ Relationship to Decedent: _____

Address: _____

Telephone: _____ E-Mail: _____

Date of Birth (if minor): _____ SS#: _____

B. IF A BENEFICIARY IS DECEASED, NAME CHILDREN OR DECEASED BENEFICIARY

1. Name: _____ Relationship: _____

Address: _____

Telephone: _____ E-Mail: _____

Date of Birth (if minor): _____ SS#: _____

2. Name: _____ Relationship: _____

Address: _____

Telephone: _____ E-Mail: _____

Date of Birth (if minor): _____ SS#: _____

IV. ASSETS (NOTE: Please provide to us any and all statements, deeds, bond certifications, etc.)

A. REAL ESTATE

What kind of Real Estate (house, land, etc): _____

Name on Title / Deed: _____ Est. Value: _____

Is Real Estate Located in North Carolina: _____

Did Decedent own any Real Estate outside of North Carolina: _____

If so, Where: _____

B. BANK ACCOUNTS

1. What Type of Account: _____

Name(s) on Account: _____

Beneficiaries named on account: _____

Name of Bank and Location: _____

Account No.: _____ Date of Death Value: _____

2. What Type of Account: _____

Name(s) on Account: _____

Beneficiaries named on account: _____

Name of Bank and Location: _____

Account No.: _____ Date of Death Value: _____

C. LIFE INSURANCE

Company: _____

Policy No.: _____ Date of Death Value: _____

Beneficiaries: _____

D. Securities

Owner(s): _____

Beneficiaries: _____ Account No.: _____

Date of Death Value: _____ Broker Name: _____

Contact: _____ Telephone: _____

Address: _____

E. MORTGAGES / ACCOUNTS RECEIVABLE

Description: _____ Owner(s): _____

Date of Death Value: _____ Debtor: _____

F. CASH / SAVINGS / CDs

Description: _____ Owner(s): _____

Est. Value: _____ Bank Branch: _____

Beneficiaries: _____

G. RETIREMENT ACCOUNTS / IRA / KEOGH / SEPP / PENSIONS

Company & Address: _____

Owner: _____ Value: _____

Beneficiaries: _____

Other Records: _____

H. VEHICLES / MOBLIE HOMES / BOATS

1. Description: _____ Owner(s): _____

Est. Value: _____ Documents (VIN): _____

2. Description: _____ Owner(s): _____

Est. Value: _____ Documents (VIN): _____

I. JEWELRY / COLLECTIBLES

General Description: _____

Estimated Value: _____

V. CREDITORS

A. PLEASE LIST ALL KNOWN CREDITORS

1. Company: _____

Address: _____ Total Owed: _____

2. Company: _____

Address: _____ Total Owed: _____

3. Company: _____

Address: _____ Total Owed: _____

4. Company: _____

Address: _____ Total Owed: _____

Notes/Comments:

Please bring copies of the following documents with you to your meeting with the attorney

1. *Original Will, Codicil, Trust Agreements, Memorandum regarding distribution of personal property.*
2. *Real Estate Deeds, appraisals or real estate tax bills*
3. *Divorce Decrees, Prenuptial Agreements, Adoption Papers*
4. *Two original death certificates*
5. *Life insurance policies*
6. *Income tax return*
7. *Statements for bank accounts owned solely or jointly by the decedent showing their value as of the date of death*