



The Law Office of Catherine E. Davey, P.A.

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PROBATE QUESTIONNAIRE

1. LEGAL NAME OF DECEDENT: _____

PERMANENT RESIDENCE AT TIME OF DEATH (prior to nursing home):

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____

SOCIAL SECURITY NUMBER: _____

WAS DECEDENT EVER ON MEDICARE? _____ YES _____ NO

WAS DECEDENT EVER ON MEDICAID? _____ YES _____ NO

2. LOCATION OF WILL, IF ANY: _____

DATE OF WILL: _____

LOCATION OF CODICIL, IF ANY: _____

DATE OF CODICIL: _____

3. PROPOSED PERSONAL REPRESENTATIVE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

EMAIL: _____

RELATIONSHIP TO DECEDENT: _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER: _____

ALTERNATE PERSONAL REPRESENTATIVE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

TELEPHONE: _____

RELATIONSHIP TO DECEDENT: _____

4. BENEFICIARIES OR HEIRS AT LAW:

DECEDENT'S SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

TELEPHONE: _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER: _____

DECEDENT'S CHILDREN:

CHILD # 1: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

TELEPHONE: _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER: _____

CHILD # 2: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

TELEPHONE: _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER: _____

CHILD # 3: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

TELEPHONE: _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER: _____

CHILD # 4: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMAIL: _____
TELEPHONE: _____
DATE OF BIRTH _____ SOCIAL SECURITY NUMBER: _____

CHILD # 5: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMAIL: _____
TELEPHONE: _____
DATE OF BIRTH _____ SOCIAL SECURITY NUMBER: _____

CHILD # 6: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMAIL: _____
TELEPHONE: _____
DATE OF BIRTH _____ SOCIAL SECURITY NUMBER: _____

OTHER BENEFICIARIES:

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH _____ **SOCIAL SECURITY NUMBER:** _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH _____ **SOCIAL SECURITY NUMBER:** _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH _____ **SOCIAL SECURITY NUMBER:** _____

ASSETS:

SAFE DEPOSIT BOX: YES: _____ NO: _____

LOCATION: _____

HOW TITLED: _____

REAL ESTATE:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

HOMESTEAD: YES: _____ NO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

HOMESTEAD: YES: _____ NO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

HOMESTEAD: YES: _____ NO: _____

STOCKS AND BONDS:

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

BANK ACCOUNTS:

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

MONEY MARKET ACCOUNTS OR CERTIFICATES OF DEPOSIT:

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____
ACCOUNT NUMBER: _____
HOW TITLED: _____
DATE OF DEATH VALUE: _____

U.S. GOVERNMENT SAVINGS BONDS (E, EE, H):

HOW TITLED: _____
LOCATION OF BONDS: _____
TO BE CASHED: YES _____ NO _____
IF YES, NAME OF TRANSFEREE: _____
DATE OF DEATH VALUE: _____

MORTGAGES AND NOTES (RECEIVABLE):

MORTGAGOR: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TERMS OF OBLIGATION: _____
DATE OF DEATH VALUE: _____
MORTGAGOR: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TERMS OF OBLIGATION: _____
DATE OF DEATH VALUE: _____

INSURANCE ON DECEDENT'S LIFE:

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

ANNUITIES:

COMPANY NAME: _____ POLICY #: _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

MOTOR VEHICLES:

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MISCELLANEOUS PERSONAL PROPERTY:

OTHER QUESTIONS:

1. Are any of the children of the Decedent disabled? _____
2. If yes, please identify and provide additional information regarding nature of disability.

DOCUMENTS NEEDED BY THIS OFFICE:

- _____ DEATH CERTIFICATE (certified copy **without** cause of death, if available)
- _____ PAID FUNERAL BILL (Showing \$0 balance and indicating paid by whom)
- _____ REAL ESTATE DEEDS (copies)
- _____ BANK STATEMENTS (copies)
- _____ VEHICLE TITLES (copies)
- _____ COPIES OF ANY BILLS/CREDITORS ADDRESSES
- _____ LAST WILL AND TESTAMENT (ORIGINAL **MUST** BE FILED WITH CLERK OF COURT)

PERSONAL REPRESENTATIVE

1. Has applicant ever been charged with, arrested for or convicted of a felony? _____

If "yes" was answered, please give date and complete details _____

2. Has applicant ever been charged with, arrested for or convicted of any other crimes?

If "yes" was answered, please give date and complete details _____

3. Does applicant have any physical disabilities? _____

If "yes" was answered, please explain _____

4. Will any physical disability listed above affect ability to serve as personal representative?

5. Has applicant ever been treated for the following?

a. Mental condition _____

b. Alcohol _____

c. Drugs _____

d. Other _____

Nature of Condition _____

If "yes" was answered to any of the above, please state date, time, location of treatment,
and name of physician or professional involved _____

**UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM THAT THE
INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY
INFORMATION AND BELIEF.**

DATED THIS _____ DAY OF _____, 20__.

PRINT NAME: _____