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CONFIDENTIAL PROBATE QUESTIONNAIRE FOR EXECUTORS

Date: _____

Please print or type all proper names and places. Where numbers are indicated, print or type the number in writing followed by the Arabic number in brackets, i.e., Thirteen (13). To complete within the document, just type inside the tables or inside the gray boxes (they will expand as necessary), then print the form, or save the file and e-mail it. Alternatively, you may print the form and complete by hand. There may be some areas which may not be applicable to your situation. If this is so, please skip over them.

PART A. PERSONAL REPRESENTATIVE (EXECUTOR) INFORMATION

1. Executor's Name(s), Addresses/Telephone/Fax/E-Mail :

Full Name:	
Business Address:	
Business Telephone:	
Fax:	
Business E-Mail:	
Profession/Your title	
Residence Address:	
Residence Telephone:	
Cell Phone:	
Your Social Security No.: (necessary to obtain EIN for estate)	
Home E-Mail:	

PART B. DECEDENT INFORMATION

- 1. Full Name of decedent:**
- 2. Date of Death:**
- 3. Place of Death:**
- 4. Date of Birth:**
- 5. Was decedent ever married? Yes [] No []**
Name of spouse:
Date of former spouse's divorce or death:
- 6. Decedent's home address:**
- 7. Year Maryland Residence Established:**
- 8. Citizenship: U.S. Yes [] No [] Other:**
Citizenship of spouse:
- 9. Decedent's Social Security No.:**
- 10. Was decedent a veteran?**
Service Number:
VA Number:
- 12. Location of Safe Deposit Box:**
- 13. Who has access to the Safe Deposit Box?**
- 14. Did decedent have a will? Yes [] No []**
- 15. Who has custody of the ORIGINAL Will?**

PART C. FAMILY INFORMATION (use additional sheets if necessary)

1. Decedent's children (Including those legally adopted):

Name	Age	Address	Marital Status

2. Are any children deceased? Yes [] No []
Names: _____

3. Grandchildren:

Name of Grandchild	Name of Parent	Date of Birth

4. Living Parents of Decedent:

Name	Age	Address	Martial Status

5. Brothers and Sisters of Decedent:

Name	Age	Address	Martial Status

6. Prior Marriages (If Applicable)

Prior Spouse	
Children of Prior Marriage	
Name	
Address	
Date of Marriage	
Place	
Date of Dissolution	

PART D. ASSET INFORMATION (Add additional sheets if necessary)

1. Did the decedent:

- (a) **Expect to receive benefits from a retirement plan? Yes [] No []**
(specify at no. 8 below)
- (b) **Have powers of appointment? Yes [] No []**
- (c) **Have beneficial interests in trusts? Yes [] No []**
- (d) **Have an interest in a Buy-Sell Agreement? Yes [] No []**

2. Did the decedent have any marriage agreements?

Prior to marriage? Yes [] No []
After marriage? Yes [] No []

3. Real Estate:

Address	Current Market Value	Tax Appraised Value	Cost Basis (Purchase Price)	How Was Title Held? (Sole/Joint; indicate co-owner(s))

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4. Life Insurance:

Company and Policy Number	Death Benefit	Approx. Cash Value	Person Insured	Policy Owner	Beneficiary

5. Checking/Money Market/ Savings Accounts:

Institution	Approximate Balance	How Was Title Held? (Sole/Joint; indicate co-owner(s))

6. Securities/Mutual Funds:

Company	No. of Shares	Original Cost	Approximate Market Value	Date of Purchase	How Was Title Held? (Sole/Joint; indicate co-owner(s))

7. Approximate Values of Personal Property (vehicles, jewelry, art, collections, other household goods):

Description	Original Cost	Appx. Fair Market Value

8. Notes, Retirement Plans, and Other Assets:

Description	Value

9. Mortgages and Debts:

Type and to Whom Owed	Approximate Amount

PART E. LEGATEES

If the decedent died with a will, please list the named legatees:

Name	Age	Address	Marital Status