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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 ^ boxes (they will expand as necessary), @} Á |ã á@Á |{ È Alternatively, you may print the { |{ Á} áÁ[ { ] |^cÁ Á@} áÈGca YUYUg o c{ 'pqv'lg'err rdedrg0**

### PART A. PERSONAL REPRESENTATIVE (EXECUTOR) INFORMATION

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

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

**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. **\*\*\*\*\*[ gct 'FE'Tgulf gpeg'Gwcdrluj gf :**
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:**

<b>Name</b>	<b>Age</b>	<b>Address</b>	<b>Martial Status</b>

**5. Brothers and Sisters of Decedent:**

<b>Name</b>	<b>Age</b>	<b>Address</b>	<b>Martial Status</b>

**6. Prior Marriages (If Applicable)**

<b>Prior Spouse</b>	
<b>Children of Prior Marriage</b>	
<b>Name</b>	
<b>Address</b>	
<b>Date of Marriage</b>	
<b>Place</b>	
<b>Date of Dissolution</b>	

**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:**

<b>Company and Policy Number</b>	<b>Death Benefit</b>	<b>Approx. Cash Value</b>	<b>Person Insured</b>	<b>Policy Owner</b>	<b>Beneficiary</b>

**5. Checking/Money Market/ Savings Accounts:**

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

**6. Securities/Mutual Funds:**

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

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

<b>Description</b>	<b>Original Cost</b>	<b>Appx. Fair Market Value</b>

**8. Notes, Retirement Plans, and Other Assets:**

<b>Description</b>	<b>Value</b>

**9. Mortgages and Debts:**

<b>Type and to Whom Owed</b>	<b>Approximate Amount</b>

**PART E. LEGATEES**

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

<b>Name</b>	<b>Age</b>	<b>Address</b>	<b>Marital Status</b>