

LAW OFFICE OF CHERYL R. WATKINS

-PROBATE INTAKE QUESTIONNAIRE-

DIRECTIONS:

PLEASE COMPLETE THIS QUESTIONNAIRE, FAX TO OUR OFFICE AT 704-973-9737,
AND CALL US AT 704-552-3993 FOR A CONSULTATION.

If a relative or a close friend of yours has recently passed away, in addition to the mourning process, you will have to consider the probate process. Because of its complexity, it is advisable that you seek the counsel of an experienced probate lawyer to help you start, manage, and complete the probate process. In order to do the best possible job, our law office needs information about the deceased, the deceased's estate plan, and the deceased's assets and liabilities. Please complete the following questionnaire and attach any additional sheets as necessary:

Decedent's Information:

1. Full Name: _____ 2. Date of Death: _____
3. Residential Address: _____ 4. Date of Birth: _____
5. A) U.S. Citizen [Yes / No]; B) Resident Alien [Yes / No]; C) Non-Resident Alien [Yes / No]

Your Information

6. Full Name: _____ 7. Relation to Decedent: _____
8. Mailing Address: _____
9. Home Phone: _____ 10. Cell Phone: _____
11. Work Phone: _____ 12. Email: _____

Surviving Spouse's Information

13. Decedent's Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____
14. Name of Spouse: _____ 15. Date of Birth: _____
16. Mailing Address: _____
17. Home Phone: _____ 18. Cell Phone: _____
19. Work Phone: _____ 20. Email: _____
21. A) U.S. Citizen [Yes / No]; B) Resident Alien [Yes / No]; C) Non-Resident Alien [Yes / No]

LAW OFFICE OF CHERYL R. WATKINS

6000 FAIRVIEW ROAD, STE. 1200, CHARLOTTE, NC 28210

OFFICE: 704.552.3993 DIRECT: 704.953.1884 F: 704.973.9737

ESTATE PLANNING PROBATE SOCIAL SECURITY DISABILITY PERSONAL INJURY WRONGFUL DEATH

22. Decedent's Children's Information

Please list ALL children of Decedent without regard to the identity of their other parent. Include pre-deceased children. Include adopted children. Indicate if the child is under 18 years of age.

<u>Name of Child</u>	<u>Phone</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Probate Information

23. Where was Will (and Codicils) found: _____

24. Named Executor/Executrix: _____

25. Date of Will (and Codicils): _____

26. Is there a Trust? If so, what is its title? _____

27. Do circumstances of death support a wrongful death claim?: ___Yes ___No ___Don't Know

28. Checklist: If possible, please bring the following documents with you to your appointment:

- € Death Certificate
- € Original Will, Codicil(s), and Trust Documents
- € Original Codicil(s) and Trust Documents
- € Any Business Agreements
- € Any Life Insurance Policies
- € A Funeral Program or Newspaper Obituary if you have it
- € A Listing of the assets of the Decedent
- € Any Other relevant document or information

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