

LAW OFFICE OF CHERYL R. WATKINS, PLLC

-PROBATE INTAKE QUESTIONNAIRE-

DIRECTIONS:

PLEASE ACCURATELY AND FULLY COMPLETE THIS QUESTIONNAIRE. THEN EITHER FAX TO OUR OFFICE AT 704-973-9737 OR SCAN AND EMAIL TO CHERYL@CRWATKINSLAW.COM THEN CALL US AT 704-544-3394 FOR A FREE TELEPHONIC CASE EVALUATION.

If a relative or a close friend of yours has passed away, in addition to the mourning process, you will have to consider the probate process. Because of its complexity and importance, 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. Full Address: (including ZIP Code and Your County of residence): _____

9. Home Phone: _____ 10. Cell Phone: _____
11. Work Phone: _____ 12. Email: _____

Surviving Spouse's Information:

13. Decedent's Marital Status at death: 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, PLLC

6000 FAIRVIEW ROAD, STE. 1200, CHARLOTTE, NC 28210 CHERYL@CRWATKINSLAW.COM WWW.PREPFORPROBATE.COM
OFFICE: 704.544.3394 DIRECT: 704.953.1884 FAX: 704.973.9737

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Decedent's Children's Information:

22. 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
- The current contact information for any person or business mentioned in the Will, Codicil(s), and Trust (e.g., full name and aliases, mailing address, telephone numbers, etc.) Please include the dates of birth (and death if applicable) of all persons mentioned if available.
- A Listing of the Assets and Insurances of the Decedent
- A Listing of the Creditors of the Decedent
- Any Business Agreements or active Lawsuits involving the Decedent
- ANY OTHER RELEVANT DOCUMENT OR INFORMATION**

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