

# SHALLOWAY & SHALLOWAY, P.A.

ELDER AND SPECIAL NEEDS ATTORNEYS

*Dedicated to preserving personal dignity and financial security.*

Estate of \_\_\_\_\_

Office File No. \_\_\_\_\_

## PROBATE & ESTATE SETTLEMENT QUESTIONNAIRE

Before the Will can be admitted to probate and so proper preparation can be for the conference, the following information must be supplied. If any question does not apply, please indicate. If you have questions, please call the attorney. If additional space is required, attach separate sheet.

### I. PERSONAL REPRESENTATIVE

- 1.01 Name \_\_\_\_\_
- 1.02 Residence Street Address: \_\_\_\_\_
- 1.03 a) City \_\_\_\_\_ b) County \_\_\_\_\_ c) State \_\_\_\_\_  
d) Zip \_\_\_\_\_
- 1.04 Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_ Other \_\_\_\_\_
- 1.05 Relationship to decedent \_\_\_\_\_
- 1.06 Interest in estate \_\_\_\_\_

### II. WILL

- 2.01 Location of original Will \_\_\_\_\_
- 2.02 Prepared by whom \_\_\_\_\_
- 2.03 Date of: Will \_\_\_\_\_ All Codicils \_\_\_\_\_ Separate Writing \_\_\_\_\_
- 2.04 Place of Signing Will: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_
- 2.05 If Will is self-proving, name of Notary: \_\_\_\_\_
- 2.06 Witnesses to Will: (Circle letter of witness who could most conveniently travel to courthouse to swear to the execution of the Will, if required and if known)

	A	B	C
Name	_____	_____	_____
Address	_____	_____	_____
City, State	_____	_____	_____
Zip	_____	_____	_____

Telephone \_\_\_\_\_

Note: For witnesses to Codicil, use reverse side and place check here ( )

2.07 Special burial, funeral, or anatomical donation instructions contained in Will or other instruments:

\_\_\_\_\_

### III DECEDENT

3.01 Full name (as shown in Will) \_\_\_\_\_

3.02 Place of death (hospital name, etc.): a) \_\_\_\_\_

b) City \_\_\_\_\_ c) County \_\_\_\_\_ d) State \_\_\_\_\_

3.03 Date of Death \_\_\_\_\_ (attach copy of death certificate, if available)

3.04 Domicile (residence): Year Florida residence established \_\_\_\_\_

(attach declaration of domicile, if available)

a) Last residence street address \_\_\_\_\_

b) City \_\_\_\_\_ c) County \_\_\_\_\_ d) State \_\_\_\_\_

e) Zip \_\_\_\_\_

3.05 Age at death \_\_\_\_\_ Date of birth \_\_\_\_\_

3.06 a) Social Security No. \_\_\_\_\_ b) Medicare No. \_\_\_\_\_

3.07 Names, ages, and addresses of all children (living or deceased) and any surviving spouse. (Indicate by note any person who is deceased, has been declared incapacitated, or is in the armed services, or any minor whose disabilities have been removed.)

Name	Age*	Relationship	Address
a) _____	_____	Surviving Spouse	_____
b) _____	_____	_____	_____
c) _____	_____	_____	_____
d) _____	_____	_____	_____
e) _____	_____	_____	_____

\* Birth date, if minor

3.08 Names, ages, addresses, and social security numbers of estate beneficiaries (also include any named in 3.07 above who are beneficiaries). (Indicate by note any person who is deceased, has been declared incapacitated, or is in the armed services, or any minor whose disabilities have been removed.)

**Name & relationship**

	to decedent	Age*	Address	S.S. No.
a)	_____	_____	_____	_____
b)	_____	_____	_____	_____
c)	_____	_____	_____	_____
d)	_____	_____	_____	_____
e)	_____	_____	_____	_____

\* Birth date, if minor

3.09 How was title to decedent's home or apartment (homestead) held as shown on deed, title policy or tax bill? \_\_\_\_\_

3.10 Safe deposit box:

a) Name of Bank \_\_\_\_\_ b) Box No. \_\_\_\_\_  
 Location: c) City \_\_\_\_\_ d) State \_\_\_\_\_  
 e) Joint signatory (if any) \_\_\_\_\_

3.11 Did decedent own (if so, attach description):

Assets subject to rapid or severe deterioration or perishable property: Yes \_\_\_\_\_ No \_\_\_\_\_

Assets especially susceptible to theft, Destruction, damage, or injury: Yes \_\_\_\_\_ No \_\_\_\_\_

An interest in a partnership: Yes \_\_\_\_\_ No \_\_\_\_\_

An interest in a sole proprietorship: Yes \_\_\_\_\_ No \_\_\_\_\_

An interest in a small business corporation: Yes \_\_\_\_\_ No \_\_\_\_\_

Substantial obligation die within the next 30 days: Yes \_\_\_\_\_ No \_\_\_\_\_

3.12 Name and address of decedent's accountant:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City and State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_

3.13 Name and address of decedent's stockbroker:

Name of brokerage house \_\_\_\_\_  
 Name of broker \_\_\_\_\_

Address \_\_\_\_\_  
City and State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Account No. \_\_\_\_\_

3.14 If decedent was engaged actively in operation of his own business, describe business operation and person now operating business:

\_\_\_\_\_  
\_\_\_\_\_

3.15 The last personal income tax return (IRS form 1040) filed by decedent was for income received during the year \_\_\_\_\_ and the return was filed on or about \_\_\_\_\_, \_\_\_\_\_. (A copy of the return should be furnished to the attorney.)

3.16 Was decedent required to, and did decedent, file with the State of Florida intangible personal property tax returns for any of the preceding 3 years: If so, what years were filed: 19\_\_ ; 19\_\_ ; 19\_\_ . (Copies should be furnished to the attorney.)

3.17 Was decedent at the time of his death regularly required to file tax returns with any other state or country? (If so, give state and due date of next return.)

- |   |          |           |                |
|---|----------|-----------|----------------|
| a) Personal income tax returns                | no _____ | yes _____ | due date _____ |
| State _____                                   |          |           |                |
| b) Intangible personal property tax return    | no _____ | yes _____ | due date _____ |
| State _____                                   |          |           |                |
| c) Tangible or commercial property tax return | no _____ | yes _____ | due date _____ |
| State _____                                   |          |           |                |
| d) Other _____                                | no _____ | yes _____ | due date _____ |

3.18 What is the approximate total value of all assets belonging to decedent above (not jointly owned), including life insurance payable to decedent's estate (rather than to a names beneficiary)?

3.19 Did decedent have a company pension or profit sharing plan, an annuity, a Keohoe plan, or an Individual Retirement Account (IRA)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe on Summary of Assets attached. NOTE: It is important that no election of term payment or lump sum payment of proceeds be made before the attorney can consider the estate tax and income tax consequences of such election.

3.20 Was there a mortgage on any property in which decedent owned an interest? Yes \_\_\_  
 No \_\_\_ . Did decedent owe any other obligation (other than charge accounts) which  
 required periodic payments? Yes \_\_\_ No \_\_\_ .

Name of mortgage or note holder \_\_\_\_\_  
 Address \_\_\_\_\_  
 City and State \_\_\_\_\_ Zip \_\_\_\_\_  
 Loan Number \_\_\_\_\_  
 Payable (monthly, quarterly, etc.) \_\_\_\_\_ Next payment due \_\_\_\_\_  
 Amount of payment \_\_\_\_\_ Approximate balance \_\_\_\_\_  
 Description of property mortgaged \_\_\_\_\_

3.21 If decedent did not operate his own business (see 3.14 above), list decedent's  
 occupation or, if retired, his former occupation \_\_\_\_\_

3.22 Notes, comments, questions, or pending items

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please also complete and return to attorney the Summary of Assets enclosed herewith.

NOTE: This information must be supplied initially in order that the attorney can insert a  
 summary of this information in the original petition for administration which must be filed with  
 the court to commence administration of the estate.

### SUMMARY OF ASSETS

APPROXIMATE VALUE AND NATURE OF ASSETS OWNED BY DECEDENT  
 INDIVIDUALLY OR JOINTLY. As to each asset, indicate form of ownership as "J" (joint), "I"  
 (individually) or "UK" (unknown). ATTACH SUPPLEMENTAL SHEETS AS NECESSARY.

3. REAL ESTATE: (indicate J, I, or UK)

Brief legal description (indicate county)	Vacant or type of buildings or improvements	If mortgaged, approx. amount and date of next payment due	Approx. market value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. STOCKS AND BONDS: (indicate J, I, or UK)

Name of company	No. of shares	Approx. value per share	Total value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. MORTGAGES AND NOTES RECEIVABLE: (indicate J, I, or UK)

Maker	Date	Next payment date and amount	Approximate present balance
_____	_____	_____	_____
_____	_____	_____	_____

6. BANK ACCOUNTS OR CERTIFICATES OF DEPOSIT: (indicate J, I, or UK)

Bank & number of account (if joint, name of joint owner)	Checking savings, or C.D.	Approx. balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. CASH: (belonging to decedent)

Location	Approximate amount
_____	_____
_____	_____

8. INSURANCE ON DECEDENT'S LIFE

Company	Policy Number	Beneficiary	Location of original policy	Expected proceeds
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. AUTOMOBILES: (indicate J, I, or UK)

<b>Make</b>	<b>Model</b>	<b>Year</b>	<b>If financed, name of lender, date and amount of next payment and approx. outstanding balance</b>	<b>Approx. value</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. JEWELRY, ART OBJECTS, ANTIQUES, FURS & OTHER VALUABLE ITEMS:

<b>Description</b>	<b>Location</b>	<b>Insurance coverage</b>	<b>Approx. value.</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. MISCELLANEOUS OR OTHER PROPERTY NOT DESCRIBED ABOVE:  
(indicate J, I, or UK)

<b>Description</b>	<b>Location</b>	<b>Approximate value</b>
Clothes (if valued nominal, indicate _____)	_____	_____
Furniture _____	_____	_____
_____	_____	_____
_____	_____	_____

12. INSURANCE (OTHER THAN LIFE INSURANCE) COVERAGE: (indicate J, I, or UK)

<b>Company</b>	<b>Policy Number</b>	<b>Limits</b>	<b>Paid Through</b>
Automobile _____	_____	_____	_____
Homeowners _____	_____	_____	_____
Other _____	_____	_____	_____

13. TRUSTS IN WHICH DECEDENT HAD ANY INTEREST: (if available, provide a copy)

<b>Trustee</b>	<b>Address</b>	<b>Trust date</b>	<b>Approx. asset value</b>
_____	_____	_____	_____
_____	_____	_____	_____

14. ANNUITIES OR PENSIONS:

**Death benefit**

Company	Address	Type	amount
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: This information must be supplied initially in order that the attorney can insert a summary of this information in the original petition for administration which must be filed with the court to commence administration of the estate.

**SUMMARY OF ASSETS**

APPROXIMATE VALUE AND NATURE OF ASSETS OWNED BY DECEDENT INDIVIDUALLY OR JOINTLY. As to each asset, indicate form of ownership as "J" (joint), "I" (individually) or "UK" (unknown). ATTACH SUPPLEMENTAL SHEETS AS NECESSARY.

1. REAL ESTATE: (indicate J,I, or UK)

Brief legal description (indicate county)	Vacant or type of Buildings or improvements	If mortgaged, approx amount and date of next payment date	Approx. market value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. STOCKS AND BONDS: (indicate J, I, or UK)

Name of Company	No. of shares	Approx. value per share	Total Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

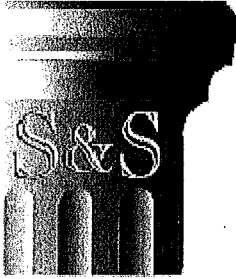
3. MORTGAGES AND NOTES RECEIVABLE: (indicate J, I or UK)

Maker	Date	Next payment date and amount	Approximate present balance
_____	_____	_____	_____
_____	_____	_____	_____

4. BANK ACCOUNTS OR CERTIFICATES OF DEPOSIT: (indicate J, I, or UK)

Bank & number of accounts (If joint, name joint owner)	Checking, savings, or C.D.	Approximate balance
_____	_____	_____



# SHALLOWAY & SHALLOWAY, P.A.

ELDER AND SPECIAL NEEDS ATTORNEYS

*Dedicated to preserving personal dignity and financial security.*

## PROBATE & ESTATE SETTLEMENT CHECKLIST

The list of items and information below is a standard checklist used by attorneys to obtain information about an estate for purposes of handling probate, filing tax returns, clearing title to real estate, collecting insurance proceeds, and other matters relating to a decedent's property. IF ANY OF THE INFORMATION OR DOCUMENTS REQUESTED ARE LOCATED IN A SAFE DEPOSIT BOX, YOU ARE REQUESTED NOT TO ENTER THE SAFE DEPOSIT FOR THE PURPOSE OF OBTAINING THEM WITHOUT FIRST CLEARING THAT WITH THE ATTORNEY DIRECTLY. Many of the items named or the information requested in the following checklist will not apply to this particular estate and the items not applying may be ignored. Assembling all of the requested information and documents may be a long and difficult procedure; however, you should attempt to locate the documents and assemble all information possible prior to the first meeting with the attorney to discuss these matters. What cannot be located or learned prior to that can be obtained at a later date. Once the documents have been obtained or the information requested determined, you may use this checklist and cross through that item. You may also cross out items that do not apply to this estate. If you have a question as to whether a certain matter applies or whether certain information pertains, circle it so that you may discuss it with the attorney.

1. Unless the Mini-Master Information List has been previously returned together with a summary of assets., please bring this to the conference.
2. All signed copies of D's wills and codicils (D refers to decedent), D's death certificate and obituary notice.
3. D's military identification number and V.A. identification number, if any, Dates of military service and branch of service and certificate of discharge or separation from service.
4. Income tax returns for the last 3 years for D and D's spouse and D's business or any partnership or trust in which D was a partner, beneficiary, or trustee; State of Florida intangible tax returns (if any) for the last 3 years for D and D's spouse; declaration of estimated tax due (IRS Form 1040 ES) for year of D's death, if filed; all gift tax returns

(IRS Form 709) ever filed D or D's spouse.

5. Titles to all automobiles, boats, airplanes, or other vehicles registered in the name of D or D's spouse, and if subject to lien, the loan number, payment book, and name and address of each lien holder.
6. General description of all personal property owned by D or D's spouse, including livestock, farm products, jewelry, household goods, and personal effects. With respect to jewelry, household goods, and personal effects, itemize only those items of considerable value (\$1,000 or more) with the balance being lumped under a general description.
7. Copies of all trusts created by or for the benefit of D or D's spouse and inventory or valuation of each trust, copies of wills, trusts, state and federal inheritance and estate tax returns, and audit adjustments, and orders or reports of distribution for estates of person from whom D inherited property within 10 years prior to D's death.
8. Original stock certificates, bond (except bearer bonds) including Series E or EE Savings Bonds, mutual fund certificates or statements, and all brokers' statements for the past 3 years.
9. Certificates of deposit, savings passbooks or statements, and checking account statements and canceled checks for 12 months preceding death and (when received) for the month of death, and subsequent month as well, and the checkbook stubs for each account on which D was a signatory, whether joint or individual. Copy of the most recent financial statement available for D and D's spouse.
10. Life insurance policies or certificates of group insurance, health or disability insurance policies or certificates.
11. Homeowner's property, fire, jewelry, auto, casualty, liability, theft, and miscellaneous property insurance policies.
12. Real estate and tangible personal property tax receipts for the last 3 years (if any). Deed, contracts for deed, title insurance policies, survey, and contracts for purchase and sale of real estate in which D has an interest.
13. Notes, mortgages, and security agreements payable by D.
14. List of debts owned by D, including funeral bill and available last illness expenses, hospital bill, doctor bills, and all other debts owed by D, including information regarding the name and address of the person to whom the debt is owed, when the debt is due, whether interest is accruing on the debt, and the amount.
15. Notes, mortgages, security agreements, and other debts payable to D or in which D had an

interest, and records of payment for the past 3 years together with the name and address of the debtor, the amount of the debt, the manner in which it is payable, and any interest which it may bear.

16. Financial statements and tax returns of closely held businesses and partnerships and other items relating to value of and income for such businesses and partnerships.
17. Agreements to which D or D's spouse was a party such as leases, partnerships agreements, buy-sell agreements, employment agreements, stock purchase agreements, stock options, pension agreements, profit sharing plans, annuities, franchises, patents, copyrights, leases, and other such agreements.
18. D's occupation at date of death, the name, address and telephone number of the employer, and the person to contact concerning any death or survivors' benefits available. If D was self-employed, D's trade name, business address, telephone number, and federal tax employer identification number for the business. Copies of financial statements for the past 3 years for the business. If retired, give D's former occupation, employer, and nature of business.
19. Marriage certificate, birth certificate for D and D's children, dissolution of marriage judgements, property settlement agreements, the date and place of D's marriage to and name, address, age, and Social Security number of D's surviving spouse and for any prior spouse, including date of termination of prior marriage and whether terminated by death or divorce.
20. Name, address, age, date of birth, marital status and Social Security number of all children ever born to or adopted by D, whether presently living or not, and if not living, death certificate for deceased child and furnish all information previously requested for the living children. If D was married more than once, indicate the other parent of the child or lineal descendant.
21. Club, fraternal, and lodge memberships of D.
22. Names and addresses of all hospitals in which D was confined in the last 3 years, and names and addresses of D's personal physicians and the physicians attending D during D's last illness.

F:\docs\SSPA Directory\Probate Directory\Administrative Docs\Information and Document List.wpd