



**CSRA PROBATE**  
BY HUGGINS PEIL, LLC

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## Estate (Probate) Intake Questionnaire

**1. Name of Decedent:** \_\_\_\_\_

Permanent residence at time of death (prior to nursing home or hospital): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Was Decedent ever on Medicaid? Yes \_\_\_\_\_ No \_\_\_\_\_

Was Decedent ever on Medicare? Yes \_\_\_\_\_ No \_\_\_\_\_

**2. Location of will, if any:** \_\_\_\_\_

Date of will: \_\_\_\_\_

Location of codicil (changes to the will), if any \_\_\_\_\_

Date of codicil: \_\_\_\_\_

Name of attorney who drafted the will: \_\_\_\_\_

Address of attorney who drafted the will: \_\_\_\_\_

**3. Personal Representative (Named in will or proposed):** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

**Alternate Personal Representative (Named in will or proposed):** \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

**4. Beneficiaries or heirs at law:**

Decedent's Spouse: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Descendant's Heirs:

#1: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#2: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#3: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#4: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#5: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other Beneficiaries (Including living parents):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to the decedent: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to the decedent: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to the decedent: \_\_\_\_\_

**Add additional pages if necessary.**

**5. Assets:**

Safe deposit box?      Yes      No

Location: \_\_\_\_\_

**Real Estate:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Death Value: \_\_\_\_\_ Homestead?      Yes      No

How titled: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Death Value: \_\_\_\_\_ Homestead?      Yes      No

How titled: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Death Value: \_\_\_\_\_ Homestead?      Yes      No

How titled: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Death Value: \_\_\_\_\_ Homestead?      Yes      No

How titled: \_\_\_\_\_

Stocks and bonds:

Name of company: \_\_\_\_\_

Type of security: \_\_\_\_\_

How titled: \_\_\_\_\_

Location of certificate: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Name of company: \_\_\_\_\_

Type of security: \_\_\_\_\_

How titled: \_\_\_\_\_

Location of certificate: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Name of company: \_\_\_\_\_

Type of security: \_\_\_\_\_

How titled: \_\_\_\_\_

Location of certificate: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Name of company: \_\_\_\_\_

Type of security: \_\_\_\_\_

How titled: \_\_\_\_\_

Location of certificate: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Name of company: \_\_\_\_\_

Type of security: \_\_\_\_\_

How titled: \_\_\_\_\_

Location of certificate: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Bank Accounts:

Bank name: \_\_\_\_\_

Account number: \_\_\_\_\_

How titled: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Bank name: \_\_\_\_\_

Account number: \_\_\_\_\_

How titled: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Bank name: \_\_\_\_\_

Account number: \_\_\_\_\_

How titled: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Money Market Accounts or Certificates of Deposit:

Bank name: \_\_\_\_\_

Account number: \_\_\_\_\_

How titled: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Bank name: \_\_\_\_\_

Account number: \_\_\_\_\_

How titled: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Bank name: \_\_\_\_\_

Account number: \_\_\_\_\_

How titled: \_\_\_\_\_

Date of death value: \_\_\_\_\_

U.S. Government Savings Bonds (E, EE, H):

How titled: \_\_\_\_\_

Location of bonds: \_\_\_\_\_

To be cashed:      Yes      No

If yes, name of transferee: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Mortgages and Notes (Receivable/Owed to Decedent):

Mortgagor 1: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Terms of obligation: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Mortgagor 2: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Terms of obligation: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Insurance on Decedent's Life:

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Insurance (continued):

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Annuities:

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Vehicles:

Model: \_\_\_\_\_ Year: \_\_\_\_\_

How titled: \_\_\_\_\_

Location of title: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Model: \_\_\_\_\_ Year: \_\_\_\_\_

How titled: \_\_\_\_\_

Location of title: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Model: \_\_\_\_\_ Year: \_\_\_\_\_

How titled: \_\_\_\_\_

Location of title: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Business Interests:

Business name: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Business name: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Business name: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Retirement Programs (Pensions, Profit Sharing, Retirement Accounts):

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Miscellaneous Personal Property (Household furniture, appliances, cameras, stereos, radios, china, silver, lawn equipment, jewelry, collections, artwork, etc.):

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

**6. Debts (Credit cards, automobile loans, home loans, doctor's bills, etc.)**

**Please list ALL debts owed by the decedent, including the amount owed, at the time of death.**

Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_

Creditor's Address: \_\_\_\_\_

\_\_\_\_\_  
Type of debt: \_\_\_\_\_ Amount owed: \_\_\_\_\_

Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_

Creditor's Address: \_\_\_\_\_

\_\_\_\_\_  
Type of debt: \_\_\_\_\_ Amount owed: \_\_\_\_\_

Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_

Creditor's Address: \_\_\_\_\_

\_\_\_\_\_  
Type of debt: \_\_\_\_\_ Amount owed: \_\_\_\_\_

Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_

Creditor's Address: \_\_\_\_\_

\_\_\_\_\_  
Type of debt: \_\_\_\_\_ Amount owed: \_\_\_\_\_

Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_

Creditor's Address: \_\_\_\_\_

\_\_\_\_\_  
Type of debt: \_\_\_\_\_ Amount owed: \_\_\_\_\_

Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_

Creditor's Address: \_\_\_\_\_

\_\_\_\_\_  
Type of debt: \_\_\_\_\_ Amount owed: \_\_\_\_\_

## 7. Other Information

a. Are any of Decedent's children or heirs disabled?	Yes	No
If yes, please list the name(s) and the nature of the disability: _____ _____ _____		
b. Was the Decedent the beneficiary of any trusts?	Yes	No
c. Are any of decedents assets:		
i. Subject to rapid or severe deterioration?	Yes	No
ii. Especially susceptible to theft, destruction, damage or injury?	Yes	No
iii. Located in a storage unit?	Yes	No
d. Was Decedent required to file tax returns with any other state or country?	Yes	No
e. Was Decedent a veteran?	Yes	No
f. Do you anticipate that anyone is likely to contest Decedent's will?	Yes	No
g. Was Decedent involved in any pending litigation?	Yes	No
h. Are you aware of Decedent's right to sue on any cause of action?	Yes	No
i. Has any property on this form been formally appraised recently?	Yes	No
j. Did Decedent own any real property outside of Georgia?	Yes	No
k. Did Decedent own any property outside the United States?	Yes	No

If the answer to any of the above questions is "yes", please provide details in the space below.

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The undersigned designated or proposed Executor(s)/Personal Representative(s) for the above-named Decedent do(es) hereby affirm that the information contained in this questionnaire is complete and accurate to the best of my/our knowledge.

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Signature

Printed Name

Date