



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.

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.

Signature

Printed Name

Date