



Please send completed questionnaire to:
Aaron, Riechert, Carpol & Riffle, APC
 900 Veterans Blvd., Suite 600
 Redwood City, CA 94063
 General Fax: 650.367.8531

PROBATE QUESTIONNAIRE

Please complete this form and return to the address listed above. For optimum accuracy, please type or print clearly. If necessary please use additional sheets of paper to answer the questions.

GENERAL CLIENT INFORMATION				
CLIENT NAME (LAST)	FIRST	MI	SOCIAL SECURITY NUMBER	BIRTH DATE / /
STREET ADDRESS		CITY		STATE ZIP CODE
HOME TELEPHONE	HOME FAX		HOME EMAIL	
WORK/ALTERNATE TELEPHONE	WORK/ALTERNATE FAX		WORK/ALTERNATE EMAIL	
DRIVER'S LICENSE NUMBER AND ISSUING STATE			RELATIONSHIP TO THE DECEDENT	
I. DECEDENT INFORMATION				
PLEASE PROVIDE AN ORIGINAL CERTIFIED DEATH CERTIFICATE.				
DECEDENT'S NAME (LAST)	FIRST	MI	SOCIAL SECURITY NUMBER	BIRTH DATE / /
STREET ADDRESS, CITY, AND COUNTY OF RESIDENCE AT THE TIME OF DEATH				DATE OF DEATH / /
A	DID THE DECEDENT HAVE ANY ASSUMED OR FORMER NAMES, SUCH AS A MAIDEN NAME, OR NICKNAMES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT ARE THEY?			
B	WAS THE DECEDENT MARRIED AT THE TIME OF HIS/HER DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE THE NAME AND ADDRESS OF THE SURVIVING SPOUSE.			
DID THE DECEDENT HAVE ANY PREVIOUS MARRIAGE(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE THE NAME(S) OF THE FORMER SPOUSE(S), AND THE YEAR THAT THE MARRIAGE WAS FINAL.				
C	WAS THE DECEDENT A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
D	WAS THE DECEDENT A REGISTERED DOMESTIC PARTNER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE THE NAME OF THE SURVIVING DOMESTIC PARTNER.			
E	WAS THE DECEDENT SURVIVED BY ANY CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE THE NAME, AGE, ADDRESS, AND PHONE NUMBER OF THE CHILD(REN):			
NAME	AGE	ADDRESS		TELEPHONE
F	DID THE DECEDENT HAVE ANY PREDECEASED CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE THE NAME AND THE APPROXIMATE DATE OF DEATH.			

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G ARE THERE ANY SURVIVING CHILDREN OF DECEASED CHILDREN? YES NO
 IF SO, PLEASE STATE THE NAMES, AGE, ADDRESS, AND PHONE NUMBER OF THE CHILD(REN):

NAME	AGE	ADDRESS	TELEPHONE

H DID THE DECEDENT HAVE ANY CHILDREN OR GRANDCHILDREN THAT WERE ADOPTED; STEPCHILDREN; OR FOSTER CHILDREN? YES NO
 IF SO, PLEASE STATE THE NAMES, AGE, ADDRESS, AND PHONE NUMBER OF THE CHILD(REN):

NAME	AGE	ADDRESS	PHONE NUMBER

I IF NO CHILD(REN), WAS THE DECEDENT SURVIVED BY A PARENT(S)? YES NO
 IF YES, PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF THE PARENT(S):

NAME	ADDRESS	PHONE NUMBER

J IF THE DECEDENT WAS NOT SURVIVED BY A PARENT(S), WAS THE DECEDENT SURVIVED BY ANY SIBLINGS? YES NO
 IF YES, PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF THE SIBLING(S):

NAME	ADDRESS	PHONE NUMBER

DID THE DECEDENT HAVE ANY PREDECEASED SIBLINGS, WHO LEFT ISSUE SURVIVING? YES NO

K IF THE DECEDENT WAS NOT SURVIVED BY ANY ISSUE OF HIS OR HER PARENTS, WAS THE DECEDENT SURVIVED BY A GRANDPARENT(S)?
 YES NO

L IF THE DECEDENT WAS NOT SURVIVED BY A GRANDPARENT(S), WAS THE DECEDENT SURVIVED BY ANY ISSUE OF A GRANDPARENT(S)?
 YES NO

M IF THE DECEDENT WAS NOT SURVIVED BY ANY ISSUE OF A GRANDPARENT(S), WAS THE DECEDENT SURVIVED BY ANY ISSUE OF A PREDECEASED SPOUSE? YES NO

N IF THE DECEDENT WAS NOT SURVIVED BY ANY ISSUE OF A PREDECEASED SPOUSE, WAS THE DECEDENT SURVIVED BY ANY NEXT OF KIN?
 YES NO

O PLEASE PROVIDE THE ORIGINAL OF THE DECEDENT'S WILL.
 IF YOU DO NOT HAVE THE ORIGINAL, PLEASE PROVIDE A COPY AND THE LOCATION OF THE ORIGINAL WILL.

PLEASE PROVIDE THE NAMES, RELATIONSHIP TO DECEDENT, AGE, ADDRESSES, AND PHONE NUMBER OF ALL PERSONS MENTIONED IN THE DECEDENT'S WILL OR ANY CODICIL WHETHER LIVING OR DECEASED.

NAME	RELATIONSHIP	AGE	ADDRESS	PHONE NUMBER

PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF ANY PERSON(S) WHO WITNESSED THE WILL.

NAME	ADDRESS	PHONE NUMBER

DID THE DECEDENT EXECUTE ANY PRIOR WILLS OR CODICILS? YES NO
 IF YES, PLEASE PROVIDE ANY ORIGINALS, AND/OR COPIES OF THESE ESTATE PLANNING DOCUMENTS.

DO YOU ANTICIPATE WHETHER ANY PERSON WILL CONTEST THE CONTENTS OF THE WILL? YES NO

DO YOU ANTICIPATE WHETHER ANY PERSON WILL CONTEST YOUR APPOINTMENT AS PERSONAL REPRESENTATIVE OF THE ESTATE? YES NO

II. ASSETS & OTHER FINANCIAL INFORMATION

A DID THE DECEDENT OWN REAL ESTATE AT THE TIME OF DEATH? PLEASE PROVIDE COPIES OF ANY MORTGAGE STATEMENTS COVERING THE DATE OF DEATH.

ADDRESS	FAIR MARKET VALUE	AMOUNT OWED	MONTHLY INCOME (IF ANY)
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

B IRAS (INDIVIDUAL RETIREMENT ACCOUNTS). IF IT IS DETERMINED THAT AN ESTATE TAX RETURN MUST BE FILED, WE WILL NEED STATEMENTS OF THESE ACCOUNTS COVERING THE DECEDENT'S DATE OF DEATH.

NAME OF INSTITUTION	ACCOUNT NUMBER	VALUE	DESIGNATED BENEFICIARY
		\$	
		\$	
		\$	

C RETIREMENT PLANS. IF IT IS DETERMINED THAT AN ESTATE TAX RETURN MUST BE FILED, WE WILL NEED STATEMENTS OF THESE ACCOUNTS COVERING THE DECEDENT'S DATE OF DEATH.

NAME OF PLAN	ACCOUNT NUMBER	PARTICIPANT VALUE	DESIGNATED BENEFICIARY
		\$	
		\$	

D LIFE INSURANCE. IF IT IS DETERMINED THAT AN ESTATE TAX RETURN MUST BE FILED, WE WILL NEED STATEMENTS OF THESE ACCOUNTS COVERING THE DECEDENT'S DATE OF DEATH.

NAME OF COMPANY	ACCOUNT NUMBER	FACE AMOUNT	DESIGNATED BENEFICIARY
		\$	
		\$	

E STOCKS AND BONDS. PLEASE LIST BELOW AND PROVIDE COPIES OF THE STATEMENTS COVERING THE DATE OF DEATH.
 IF THE STOCKS AND/OR BONDS ARE HELD IN CERTIFICATE FORM, PLEASE PROVIDE COPIES OF THE CERTIFICATES.

NAME OF SECURITY OR BROKERAGE	ACCOUNT NUMBER OR NO. OF SHARES (IF APPLICABLE)	CURRENT VALUE
		\$
		\$
		\$

F CASH. PLEASE PROVIDE COPIES OF THE STATEMENTS COVERING THE DATE OF DEATH.

NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER	CURRENT BALANCE
		\$
		\$

G WAS THE DECEDENT RECEIVING SOCIAL SECURITY? YES NO

H WAS THE DECEDENT RECEIVING BENEFITS FROM MEDI-CAL? YES NO
 WAS THE DECEDENT RECEIVING BENEFITS FROM MEDI-CARE? YES NO

I DID THE DECEDENT HAVE A SAFETY DEPOSIT BOX? YES NO
 IF YES, PLEASE PROVIDE THE BRANCH NAME AND LOCATION.

II. ASSETS & OTHER FINANCIAL INFORMATION (CONTINUED)

J	OTHER ASSETS (E.G. PARTNERSHIPS, OTHER BUSINESS INTEREST, OR HIGHLY VALUED AUTOMOBILES, ANTIQUES, ART, JEWELRY, ETC.)	
		FAIR MARKET VALUE \$
		\$

K	DID THE DECEDENT HOLD ANY ASSETS JOINTLY WITH ANOTHER PERSON AT THE TIME OF HIS/HER DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO
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L	ASIDE FROM ANY MORTGAGES OR DEEDS OF TRUST FROM REAL ESTATE, DID THE DECEDENT HAVE ANY OUTSTANDING DEBT ON HIS/HER DATE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, PLEASE LIST AND PROVIDE COPIES OF ANY DEBT OUTSTANDING ON THE DECEDENT'S DATE OF DEATH. IF THE DECEDENT OWED YOU ANY MONEY AT THE TIME OF HIS/HER DEATH, PLEASE LIST BELOW.
	IF YOU HAVE ADVANCED THE ESTATE ANY FUNDS, AND EXPECT REIMBURSEMENT, PLEASE LIST BELOW.

NAME OF CREDITOR	ADDRESS	AMOUNT OWED \$

M	PLEASE PROVIDE THE NAME OF THE DECEDENT'S ACCOUNTANT INFORMATION			
NAME (LAST)		FIRST		MI
STREET ADDRESS				
CITY	STATE	ZIP CODE	TELEPHONE	FAX NUMBER