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CONFIDENTIAL PROBATE QUESTIONNAIRE FOR PERSONAL REPRESENTATIVE

Date:____

Please print or type the information requested. To complete within the document, just type inside the tables or inside the gray boxes (they will expand as necessary), then print the form, or save the file and e-mail it. Alternatively, you may print the form and complete by hand. There may be some areas which may not be applicable to your situation, if so, please mark n/a as appropriate.

PART A. PERSONAL REPRESENTATIVE (aka EXECUTOR) INFORMATION

Full Name:	
Residence Address:	
Best Telephone number to reach you:	
Best e-mail to reach you:	
Profession/Your title	
<i>Your</i> social security number (necessary to obtain an EIN to open an estate checking account)	

1. Personal Representative:

PART B. <u>DECEDENT INFORMATION</u>

- 1. Full Name of decedent:
- 2. Date of Death:
- **3.** Place of Death:
- 4. Date of Birth:
- 5. Was decedent ever married? Yes [] No []

Name of spouse:

Date of former spouse's divorce or death:

- 6. Decedent's home address:
- 7. Year Maryland Residence Established:
- 8. Citizenship: U.S. Yes [] No [] Other:

Citizenship of spouse:

- 9. Decedent's Social Security No.:
- 10. Was decedent a veteran?

Service Number:

VA Number:

- 12. Did the Decedent have a Safe Deposit Box: If so, where?
- 13. Who has access to the Safe Deposit Box?
- 14. Did decedent have a will? Yes []No []
- 15. Who has custody of the ORIGINAL Will?

PART C. <u>FAMILY INFORMATION</u> (use additional sheets if necessary)

Age	Address	Marital Status
	Age	Age Address

1. Decedent's children (Including those legally adopted):

2. Are any children deceased? Yes [] No [] If so, what is the approximate date of death? Name(s): _____

Grandchildren:

3.

Name of Grandchild	Name of Parent	Date of Birth

4. Living Parents of Decedent:

Name	Age	Address	Marital Status

5. Brothers and Sisters of Decedent:

Name	Age	Address	Marital Status

6. **Prior Marriages (If Applicable)**

Prior Spouse	
Children of Prior Marriage	
Name	
Address	
Date of Marriage	
Place	
Date of Dissolution	

PART D. <u>ASSET INFORMATION</u> (Add additional sheets if necessary)

- **1.** Did the decedent:
- (a) Expect to receive benefits from a retirement plan? Yes []No [] (specify at no. 8 below)
- (b)Have powers of appointment?Yes []No [](c)Have beneficial interests in trusts?Yes []No []
- (d) Have an interest in a Buy-Sell Agreement? Yes []No []

2. Did the decedent have any marriage agreements?

Prior to marriage?	Yes []No []
After marriage?	Yes []No []

3. Real Estate:

Address	Current Market Value	Tax Appraised Value	Cost Basis (Purchase Price)	How Was Title Held? (Sole/Joint; indicate co- owner(s))

4. Life Insurance:

Company and Policy Number	Death Benefit	Approx. Cash Value	Person Insured	Policy Owner	Beneficiary

5. Checking/Money Market/ Savings Accounts:

	Institution	Approximate Balance	How Was Title Held? (Sole/Joint; indicate co- owner(s))
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6. Securities/Mutual Funds:

Company	No. of Shares	Original Cost	Approximate Market Value	Date of Purchase	How Was Title Held? (Sole/Joint; indicate co- owner(s))

7. Approximate Values of Personal Property (vehicles, jewelry, art, collections, other household goods):

Description	Original Cost	Appx. Fair Market Value

8. Notes, Retirement Plans, and Other Assets:

Description	Value

9. Mortgages and Debts:

Type and to Whom Owed	Approximate Amount		

PART E. <u>LEGATEES</u>

If the decedent died with a will, please list the named legatees:

Age	Address	Marital Status
	Age	Age Address

The following is a **partial** list of items you will be required to furnish to open an estate in Maryland:

- Decedent's Last Will and Testament, if any existed
- Death Certificate
- Funeral Contract/Bill
- Approximate value of assets in the decedent's name alone
- Title to decedent's automobiles and/or other motor vehicles
- Names and addresses of persons interested in the estate
- Any applicable filing fee