

Probate (or living trust administration) Questionnaire

Thomas E. Simmons, Attorney-at-Law
440 Mount Rushmore Road
P.O. Box 8045
Rapid City, SD 57709-8045
PHONE: (605) 342-1078 EXT. 148
FAX: (605) 342-9503
E-MAIL: tom@gpnlaw.com

~ THIS IS A CONFIDENTIAL DOCUMENT ~

Returning this form to our firm does not automatically result in the creation of an attorney-client relationship. Mark a question mark (“?”) as to any question that you are unsure of or have inadequate information to answer at presently.

1. Information Regarding You (the person completing this form).

Name: _____
(First) (Middle) (Last)

Address: _____

Telephone Number(s): _____

Email: _____@_____

Social Security Number: _____ - _____ - _____

Date of Birth: _____, 19__

Your Relationship to the Decedent: _____

2. Information Regarding the Decedent

Name: _____
(First) (Middle) (Last)

Decedent was a resident of (check one): South Dakota Nebraska Wyoming
 Other: _____

Decedent's Last Address: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____, 19__

Date of Death: _____, 20__

Did Decedent leave a Will? Yes No

What was Decedent's marital status at date of death? Unmarried Married
 Divorced Widow(er)

If Decedent's spouse or prior spouse predeceased, please provide his/her date of death:

_____ and social security number: _____ - _____ - _____

If Decedent was divorced, date of divorce: _____

3. Family, Heir and Beneficiary Information.

Name	Address	Age (if known)	Social Security Number (if known)	√ if Predeceased
1				
2				
3				
4				

5				
6				
7				
8				
9				
10				

4. Assets and Liabilities.

A. Assets


Please note if any of Decedent's accounts or other assets are subject to a "payable on death" (POD) or "transfer on death" (TOD) designation.

Description of Asset	How Titled	Current Value	Location (of Property, Account, etc.)
Checking Accounts	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Joint: _____ Other: _____	\$	At (e.g., bank name):
	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Joint: _____ Other: _____	\$	

Savings Accounts	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Joint: _____ Other: _____	\$	At:
CDs	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Joint: _____ Other: _____	\$	At:
	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Joint: _____ Other: _____	\$	
	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Joint: _____ Other: _____	\$	
Bonds	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Joint: _____ Other: _____	\$	Series #
Retirement Accounts (IRAs, 401(k)s, etc.)	Account Owner: <input type="checkbox"/> Decedent <input type="checkbox"/> Spouse Beneficiaries: _____	\$	Institution:
	Account Owner: <input type="checkbox"/> Decedent <input type="checkbox"/> Spouse Beneficiaries: _____	\$	Institution:
Annuities	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse	\$	Annuity Company:
	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse	\$	
Trusts (if Decedent was a beneficiary of a trust)	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <i>leave blank</i> </div>	\$	Name of Trust:
Expected Inheritances (from parents or others)	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse	\$	Describe:
Stocks & Investment Accounts	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Joint: _____ Other: _____	\$	Institution:

	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Joint: _____ Other: _____	\$	Institution:
Safe Deposit Box	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Joint: _____ Other: _____	Contents:	
Home If Decedent did not own a home, did he/she rent? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Joint: _____ Other: _____	\$	Location:
Other Real Property Is the property rented or leased? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>* Include time shares</i>	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Joint: _____ <input type="checkbox"/> Entity (e.g., LLC) Other: _____	\$	Location:
Buildings or Mineral/Timber Rights	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Joint: _____ Other: _____	\$ Income: \$ / year	Location:
Life Estate	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Joint: _____ Other: _____	\$	Location:
Indian Trust Land Tribe: _____ Enrollment #: _____	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse	Lease Income: \$ / year	Location:
Personal Property Household and Personal Property	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse	\$	Describe:

<p>Business/ranch equipment, machinery, tools, inventory, etc.</p>	<p><input type="checkbox"/> Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Joint: _____ Other: _____</p>	<p>\$</p>	<p>Describe:</p>
<p>Livestock</p>	<p><input type="checkbox"/> Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Joint: _____ Other: _____</p>	<p>\$</p>	<p>Brand:</p>
<p>Pets</p>	<p><input type="checkbox"/> Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Joint: _____ Other: _____</p>	<p>\$</p>	<p>Describe:</p>
<p>Antiques, guns, stamps, gold, coins, works of art, collections, etc.</p>	<p><input type="checkbox"/> Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Joint: _____ Other: _____</p>	<p>\$</p>	<p>Describe:</p>
<p>Vehicles, boats, snowmobiles, trailers, RVs, campers, motorcycles, etc.</p>	<p>Owner: _____</p>	<p>\$</p>	<p>Make/Model/Yr.: _____</p>
	<p>Owner: _____</p>	<p>\$</p>	<p>Make/Model/Yr.: _____</p>
	<p>Owner: _____</p>	<p>\$</p>	<p>Make/Model/Yr.: _____</p>
<p>Contract for Deed (e.g., property Decedent sold on a contract)</p>	<p>Payable to: <input type="checkbox"/> Decedent Other: _____</p>	<p>Balance Still Due: \$ Payments: \$ / Interest Rate: ___%</p>	<p>Location of Property Sold: Buyer(s):</p>

Life Insurance	Insured: <input type="checkbox"/> Decedent <input type="checkbox"/> Spouse Beneficiary: _____	Face Value: \$	Company:
	Insured: <input type="checkbox"/> Decedent <input type="checkbox"/> Spouse Beneficiary: _____	Face Value: \$	Company:
Prepaid Funeral Plan / Insurance	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse	\$	Institution:
Cemetery Lots	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Joint: _____ Other: _____	 <i>leave blank</i>	Location:
Promissory Notes or Loans from Decedent (including verbal loans to family members)	Payable to: <input type="checkbox"/> Decedent Other: _____	Balance Due: \$ Payments: \$ / Interest Rate: ___%	Describe: Borrower:
Closely-Held Business (LLC, Inc., LLP, etc.)	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Joint: _____ Other: _____	\$	Describe:
Other Assets (including web site domains, overseas assets, potential claims, unsatisfied judgments, etc.)	<input type="checkbox"/> Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Joint: _____ Other: _____	\$	Describe:

B. Liabilities

Description of Liability	Amount Owed/Lender	Security or Collateral
Home Mortgages First Mortgage Second Mortgage	\$ Lender: \$ Lender:	<i>Personal Residence</i> “ “
Vehicle Loans First Loan Second Loan	\$ Lender: \$ Lender:	Make/Model: Make/Model:
Other Secured Loans	\$	Describe:
Student Loans	\$ \$	<i>Unsecured</i> <i>Unsecured</i>
Credit Cards	\$ Credit Card Co.: \$ Credit Card Co.: \$ Credit Card Co.:	<i>Unsecured</i> <i>Unsecured</i> <i>Unsecured</i>
Line of Credit	\$ Lender:	<i>Unsecured</i>
Other Unsecured Loans or Obligations (e.g., final medical expenses, utility bills, funeral, or other unpaid expenses)	\$ Lender/Creditor: \$ Lender/Creditor:	<i>Unsecured</i> <i>Unsecured</i>

Contingent Liabilities (e.g., where Decedent have co-signed or guaranteed another person's debt)	\$	Describe:
Alimony/Child Support	\$	Describe:
Lawsuits or Claims (i.e., pending claims or lawsuits against Decedent or which could be brought at a later date)	Estimated \$	<i>Unsecured</i>

5. Special Concerns.

6. Other.

Decedent's Accountant: _____

Decedent's Financial Advisor: _____

Other Legal Advisors: _____

Insurance Agent: _____

Other Trusted Advisor(s) (e.g., banker, etc.): _____

How were you referred to our firm? _____

7. Documentation Checklist:

Attach or bring for attorney review:

- Will, Codicils, Trusts
- Promissory Notes
- Contracts for Deed
- Deeds

COPIES OF DOCUMENTS ARE USUALLY SUFFICIENT. IF YOU PREFER TO BRING ORIGINAL DOCUMENTS TO OUR OFFICE, OUR STAFF CAN ACCOMMODATE MAKING COPIES FOR OUR FILES SO THE ORIGINALS CAN BE RETURNED.

8. Certification.

BY RETURNING THIS FORM, YOU ACKNOWLEDGE THAT THE INFORMATION PROVIDED IS ACCURATE AND COMPLETE, TO THE BEST OF YOUR KNOWLEDGE.

PREPARED BY: _____

The appropriate legal advice concerning probate (or living trust administration) cannot be given without accurate information. Our firm's ability to advise clients depends on the accuracy and completeness of such information. Consequently, questions must be asked to secure all the relevant personal and financial information, and this form is designed to accomplish that goal. Should additional space be required, please attach additional pages. If you have any questions regarding this form, please do not hesitate to call.

~ THIS IS A CONFIDENTIAL DOCUMENT ~

Space for Additional Information/Questions or Attach Additional Sheets