



CITADEL

LAW OFFICES AND
FINANCIAL SERVICES

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PROBATE QUESTIONNAIRE

THIS INFORMATION IS NEEDED TO APPOINT A PERSONAL REPRESENTATIVE OF THE DECEASED (DECEDENT) AND TO OBTAIN AN ORDER FOR PROBATE IN CALIFORNIA.

PLEASE COMPLETE THE FOLLOWING FORM. IF INFORMATION IS NOT APPLICABLE, PLEASE MARK N/A.

1. PERSONAL INFORMATION

PETITIONER'S NAME:

ADDRESS:

PHONE:

DATE OF BIRTH _____ DRIVERS LICENSE NO. AND

STATE _____

YOUR RELATIONSHIP TO DECEDENT:

2. DECEDENT INFORMATION

ALL NAMES USED BY DECEDENT: _____

NAME OF SPOUSE: _____

DATE OF DEATH: _____ PLACE OF DEATH: _____

DECEDENT'S SOCIAL SECURITY NUMBER _____

DECEDENT'S ADDRESS AT TIME OF DEATH _____

CITY _____ COUNTY _____ ZIP _____

WAS THE DECEDENT [] MARRIED [] DIVORCED [] WIDOWED

DID DECEDENT HAVE A WILL? [] YES [] NO, IF YES ATTACH THE ORIGINAL, OR INDICATE WHERE THE ORIGINAL IS AND ATTACH A COPY

DATE OF WILL _____ DOES WILL WAIVE BOND FOR EXECUTOR(S)? YES [] NO []

ARE ALL BENEFICIARIES IN WILL ADULTS? YES [] NO []

DOES WILL NAME AN EXECUTOR? YES [] NO []

DOES EXECUTOR CONSENT TO ACT? YES [] NO [] IS EXECUTOR A CALIF. RESIDENT? YES [] NO []

IS DECEDENT SURVIVED BY CHILDREN? YES [] NO [] ANY ADOPTED CHILDREN? YES [] NO []

ANY STEPCHILDREN? YES [] NO [] ANY DECEASED CHILDREN? YES [] NO []

ANY ISSUE (I.E. OFFSPRING) OF DECEASED CHILDREN ? YES [] NO []

PLEASE LIST ALL SURVIVING AND PREDECEASED CHILDREN OF DECEDENT:

| NAME | AGE | ADDRESS |
|------|-----|---------|
|------|-----|---------|

PLEASE LIST ALL ISSUE OF PREDECEASED CHILDREN OF DECEDENT:

| NAME | AGE | ADDRESS |
|------|-----|---------|
|------|-----|---------|

PLEASE LIST ALL OTHER PEOPLE MENTIONED IN WILL, IF ANY:

| NAME | AGE | ADDRESS | REALTIONSHIP |
|------|-----|---------|--------------|
|------|-----|---------|--------------|

IS DECEASED SURVIVED BY A PARENT OR PARENTS? YES [] NO []

IS DECEASED SURVIVED BY A GRANDPARENT OR GRANDPARENTS? YES [] NO []

IS DECEASED SURVIVED BY ISSUE OF PARENTS? YES [] NO []

IS DECEASED SURVIVED BY ISSUE OF GRANDPARENTS? YES [] NO []

IS DECEASED SURVIVED BY ISSUE OF A PREDECEASED SPOUSE? YES [] NO []

IS DECEASED SURVIVED BY NEXT OF KIN? YES [] NO []

3. PROPERTY INFORMATION

LIST ALL PROPERTY OWNED BY DECEDENT, **SOLELY** (I.E. NOT AS A JOINT TENANT OR WITH A LIVING BENEFICIARY ON THE ACCOUNT), AT THE DATE OF DEATH AND THE ESTIMATED FAIR MARKET VALUE OF EACH:

REAL PROPERTY ADDRESS: _____ VALUE

MOBILE HOME MAKE AND YEAR: _____

AUTOMOBILE(S) MAKE AND YEAR: _____

BANK ACCOUNTS: _____ VALUE

CREDIT UNION ACCOUNTS: _____ VALUE

MUTUAL FUNDS OR MONEY MARKET ACCOUNTS: _____ VALUE

STOCKS AND BONDS: _____ VALUE

ESTIMATED VALUE OF DECEDENT'S HOUSEHOLD GOODS AND FURNISHINGS, JEWELRY AND OTHER PERSONAL ITEMS: _____

OTHER ASSETS: _____ VALUE

4. OTHER INFORMATION

PLEASE PROVIDE ANY OTHER INFORMATION THAT WILL BE USEFUL TO COMPLETE YOUR FORMS:
