

HICKMAN♦MENASHE
ATTORNEYS AT LAW
A PROFESSIONAL CORPORATION

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**CONFIDENTIAL PROBATE
ADMINISTRATION QUESTIONNAIRE**

*Please complete this questionnaire to the best of your ability and bring it with you to our first meeting where we will go over it together. **Do not delay your meeting because you are unable to answer each question.** Simply note any questions you may have and we will be happy to help you when we meet. We look forward to serving your probate administration needs.*

INFORMATION FOR INDIVIDUAL SEEKING REPRESENTATION

Full Name: _____

Home Address: _____

County of Residence: _____ Preferred Phone Number: _____

E-Mail Address: _____ Yes, It Is Okay to Communicate with Me Via E-mail

Birth Date: _____ US Citizen? Yes No If No, Provide Status: _____

Relationship to Decedent: _____ I Am Seeking Appointment as Personal Representative: Yes No

DECEDENT INFORMATION

Full Name: _____

Address at Death: _____

County of Residence at Death: _____ Date of Birth: _____

Date of Death: _____

Decedent's Marital Status: Married Widowed Divorced Single

Spouse/ Registered Domestic Partner's Full Name (If Married or Widowed): _____
(if different than above)

Spouse's Address: _____

ESTATE PLANNING DOCUMENTS

If the Decedent had any of the following estate planning documents at the time of his or her death, please check those that apply and bring the original of each document to your meeting.

- | | | | |
|-----------------------------------|-----------------------|---|-----------------------|
| Will | <input type="radio"/> | Personal Property Memorandum/ Gift list | <input type="radio"/> |
| Codicil (Amendment to Will) | <input type="radio"/> | Community Property Agreement | <input type="radio"/> |
| Prenuptial/ Postnuptial Agreement | <input type="radio"/> | Revocable Living Trust/ Other Trust | <input type="radio"/> |

DECEDENT'S IMMEDIATE FAMILY

*Please list the Decedent's immediate family, including children and descendants of a deceased child. If no children or descendants of children, please include parents (if living), and siblings.
Attach additional sheets, if necessary.*

Full Name: _____

Relationship to Decedent: _____ Age: _____

Address: _____ This Person is Deceased: Yes No

Full Name: _____

Relationship to Decedent: _____ Age: _____

Address: _____ This Person is Deceased: Yes No

Full Name: _____

Relationship to Decedent: _____ Age: _____

Address: _____ This Person is Deceased: Yes No

Full Name: _____

Relationship to Decedent: _____ Age: _____

Address: _____ This Person is Deceased: Yes No

Full Name: _____

Relationship to Decedent: _____ Age: _____

Address: _____ This Person is Deceased: Yes No

Full Name: _____

Relationship to Decedent: _____ Age: _____

Address: _____ This Person is Deceased: Yes No

Full Name: _____

Relationship to Decedent: _____ Age: _____

Address: _____ This Person is Deceased: Yes No

PERSONAL REPRESENTATIVE

Name of Proposed Personal Representative: _____
(if different than above)

Relationship to Decedent: _____

Is the Personal Representative Named in a Will or Codicil? _____

Is Another Person Nominated to Serve Before the Proposed Personal Representative? Yes No

Has the Proposed Personal Representative Been Charged With, Arrested For, or Convicted of a Crime? Yes No

ESTATE INFORMATION

Attach additional sheets if necessary. For values, please use the date of death value, if available.

REAL ESTATE

Address: _____

Name(s) of Owner(s): _____

Value: _____ This Property Is: Owned Free and Clear Encumbered with a Mortgage

Address: _____

Name(s) of Owner(s): _____

Value: _____ This Property Is: Owned Free and Clear Encumbered with a Mortgage

CHECKING AND SAVINGS ACCOUNTS

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____ This Account is Jointly Held: Yes No

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____ This Account is Jointly Held: Yes No

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____ This Account is Jointly Held: Yes No

INVESTMENT ACCOUNTS (Stocks, Bonds, Mutual Funds, CDs)

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____ This Account is Jointly Held: Yes No

This Account is Payable on Death: No Yes Beneficiaries on Account: _____

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____ This Account is Jointly Held: Yes No

This Account is Payable on Death: No Yes Beneficiaries on Account: _____

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____ This Account is Jointly Held: Yes No

This Account is Payable on Death: No Yes Beneficiaries on Account: _____

RETIREMENT ACCOUNTS (IRAs, 401(K)s, Pensions)

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____ Beneficiaries: _____

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____ Beneficiaries: _____

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____ Beneficiaries: _____

ANNUITIES AND LIFE INSURANCE

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____ Beneficiaries: _____

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____ Beneficiaries: _____

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____ Beneficiaries: _____

OTHER ASSETS (Antiques, Art, Burial Plots, etc.)

Type of Asset: _____ Value: _____

Type of Asset: _____ Value: _____

Type of Asset: _____ Value: _____

TOTAL ASSETS: _____

DEBTS

Please bring bills for outstanding debt if in your possession.

Total Unpaid Credit Card Debt: \$ _____

Total Mortgage(s): \$ _____

Total Unpaid Medical Bills: \$ _____

Total Funeral Expenses: \$ _____

Type of Other Outstanding Debt: _____ Amount Owed: \$ _____

Type of Other Outstanding Debt: _____ Amount Owed: \$ _____

Type of Other Outstanding Debt: _____ Amount Owed: \$ _____

Type of Other Outstanding Debt: _____ Amount Owed: \$ _____

TOTAL DEBT: _____

MISCELLANEOUS

Did the Decedent, at the Time of Death, Have or Have Access to a Safe Deposit Box?

Yes No I'm Unsure

Did the Decedent, at the Time of Death, Own Any Interest in a Partnership, Limited Liability Company, or Corporation? Yes No I'm Unsure

Was the Decedent, at the Time of Death, Receiving a Pension? Yes No I'm Unsure

Did You, Another Individual, or a Funeral Home Inform the Social Security Administration of the Decedent's passing? Yes No I'm Unsure

Did the Decedent, at any Time Prior to Death, Receive Medicaid? Yes No I'm Unsure

