

PROBATE QUESTIONNAIRE

Are you a member of any legal services insurance plan, such as ARAG? ____ Yes ____ No

If so, please name the plan and your plan ID number: _____

Decedent's Legal Name: _____

Address: _____

Date of Death: _____

Social Security Number: _____

Did Decedent have a will? _____

Date that Will was signed: _____

Name, City, of 1st Witness to will: _____

Name, City of 2nd Witness to will: _____

Name of Surviving Spouse, if any: _____

If Surviving Spouse, is there a Community Property Agreement? _____

Personal Representative (PR) Legal Name: _____

Personal Representative (PR) Social Security Number: _____

PR's Address: _____

PR's Phone: _____

PR's Email: _____

Name and contact info for decedent's CPA: _____

If no Will, please provide contact info for next of kin who could serve as Personal Representative – someone who resides in the State of Washington:

List of assets, with account numbers if indicated, to be transferred (house, stocks, bank accounts, IRA's, motor vehicles):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

List of known outstanding debts, with account numbers if indicated, or known outstanding expenses related to last illness or burial:

1. _____
2. _____
3. _____
4. _____
5. _____

Names, contact info and relation to decedent of named beneficiaries in will: (If person named is a minor, please indicate their date of birth)

1. _____
2. _____
3. _____
4. _____

Names, contact info of decedent's children, whether or not named in will: (If person named is a minor, please indicate their date of birth)

1. _____
2. _____
3. _____
4. _____
5. _____

Any charitable bequests contained within Last Will? How much and to whom?

Any trust language contained within the will? Name(s) of trusts:

Name and contact info for Trustee(s) and Trust Beneficiaries:

Are you, as Personal Representative, eligible to post a bond in your name if it is required by the court? (i.e., Are you over 18 years of age and have no felony convictions or misdemeanor crimes of dishonesty on a criminal history?) _____

To secure the confidentiality of this information, please fax your completed worksheet to my attention to (206) 723-3829, or send it by mail to:

Jeannie O'Brien
Selander O'Brien PLLC
3829 C South Edmunds Street
Seattle, WA 98118

Thank you for taking the time to complete this questionnaire.