

TAX AUDITS & APPEALS  
TAX & ESTATE PLANNING  
BUSINESS SUCCESSION PLANNING  
TRUSTS & ESTATES  
PROBATE ADMINISTRATION  
TRUST & ESTATE LITIGATION



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## PROBATE QUESTIONNAIRE

### PROBATE ADMINISTRATION

TODAY'S DATE:

ESTATE OF

FIRM CASE NO.

### PERSONAL REPRESENTATIVE

FULL (LEGAL) NAME:

PHONE:

E-MAIL:

DOB:

ADDRESS:

SOCIAL SECURITY NO.:

RELATIONSHIP TO DECEDENT:

### ALTERNATE OR CO-PERSONAL REPRESENTATIVE

FULL (LEGAL) NAME: SOCIAL SECURITY NO.:

PHONE:

E-MAIL:

DOB:

ADDRESS:

RELATIONSHIP TO DECEDENT:

### DECEDENT

FULL (LEGAL) NAME:

SOCIAL SECURITY NO.:

DATE OF DEATH (DOD):

DATE OF BIRTH:

BIRTHPLACE:

HOME ADDRESS (AT DATE OF DEATH):

MARITAL STATUS AT DOD:

DATE OF MARRIAGE:

BUSINESS OR OCCUPATION (IF RETIRED, FORMER BUSINESS OR OCCUPATION):

CITIZENRY (INCLUDE ALL):

**WILL**

DOES A WILL EXIST? YES NO I DON'T KNOW

IF SO, LOCATION OF WILL AND/OR CODICIL:

DATE OF WILL EXECUTION:

DATE OF CODICIL EXECUTION:

ANY ISSUES OR DISAGREEMENTS REGARDING FUNERAL INSTRUCTIONS?

ANY WRITING MAKING DONATION OF BODY OR PARTS OR PROVIDING FOR CREMATION?

**REVOCABLE TRUST**

**ASSETS CONTAINED IN THE TRUST (ASK FOR EXCEL TEMPLATE, IF NECESSARY):**

- |      |       |
|------|-------|
| i.   | vi.   |
| ii.  | vii.  |
| iii. | viii. |
| iv.  | ix.   |
| v.   | x.    |

**TRUSTEE(S)**

FULL (LEGAL) NAME:

PHONE:

E-MAIL:

DOB:

ADDRESS:

SOCIAL SECURITY NO.:

RELATIONSHIP TO DECEDENT:

**ALTERNATE OR CO-TRUSTEE**

FULL (LEGAL) NAME:

PHONE:

E-MAIL:

DOB:

ADDRESS:

SOCIAL SECURITY NO.:

RELATIONSHIP TO DECEDENT:

ARE THE ASSETS SUBJECT TO CREDITOR CLAIMS?

**BENEFICIARIES OR HEIRS AT LAW**

**SURVIVING SPOUSE FULL (LEGAL) NAME:**

**PHONE:**

**E-MAIL:**

**DOB:**

**SOCIAL SECURITY:**

**HOME ADDRESS (IF DIFFERENT FROM DECEDENT):**

BENEFICIARY 1

**FULL (LEGAL) NAME:**

**RELATIONSHIP:**

**DATE OF BIRTH:**

**SOCIAL SECURITY NO.:**

**ADDRESS:**

**CITY**

**STATE**

**ZIP**

BENEFICIARY 2

**FULL (LEGAL) NAME:**

**RELATIONSHIP:**

**DATE OF BIRTH:**

**SOCIAL SECURITY NO.:**

**ADDRESS:**

**CITY**

**STATE**

**ZIP**

BENEFICIARY 3

**FULL (LEGAL) NAME:**

**RELATIONSHIP:**

**DATE OF BIRTH:**

**SOCIAL SECURITY NO.:**

**ADDRESS:**

**CITY**

**STATE**

**ZIP**

BENEFICIARY 4

**FULL (LEGAL) NAME:**

**RELATIONSHIP:**

**DATE OF BIRTH:**

**SOCIAL SECURITY NO.:**

**ADDRESS:**

**CITY**

**STATE**

**ZIP**

**PROPERTY / ASSETS**

**REAL ESTATE (ADDRESS):**

**TYPE: INSURANCE: MORTGAGE:**

**OWNERSHIP TYPE: LEASE(s):**

**REAL ESTATE (ADDRESS):**

**TYPE: INSURANCE: MORTGAGE:**

**OWNERSHIP TYPE: LEASE(s):**

**REAL ESTATE (ADDRESS):**

**TYPE: INSURANCE: MORTGAGE:**

**OWNERSHIP TYPE: LEASE(s):**

**REAL ESTATE (ADDRESS):**

**TYPE: INSURANCE: MORTGAGE:**

**OWNERSHIP TYPE: LEASE(s):**

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**MOTOR VEHICLE (TYPE): MODEL: YEAR:**

**HOW TITLED (LEGAL OWNER): DATE OF DEATH VALUE: \$**

**LOCATION OF TITLE: INSURANCE:**

**USE: LIENS: POSSESSION:**

**MOTOR VEHICLE (TYPE): MODEL: YEAR:**

**HOW TITLED (LEGAL OWNER): DATE OF DEATH VALUE: \$**

**LOCATION OF TITLE: INSURANCE:**

**USE: LIENS: POSSESSION:**

**MOTOR VEHICLE (TYPE): MODEL: YEAR:**

**HOW TITLED (LEGAL OWNER): DATE OF DEATH VALUE: \$**

**LOCATION OF TITLE: INSURANCE:**

**USE: LIENS: POSSESSION:**

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**OTHER VALUABLE TANGIBLE PERSONAL PROPERTY:**

*ANTIQUES, ARTWORK, SILVER, JEWELRY, FURS, FURNITURE, FURNISHINGS, FIXTURES, OR OTHER*

**PROVIDE: 1) DESCRIPTION 2) DATE OF DEATH VALUE 3) INSURED AND/OR APPRAISAL INFORMATION**

**BANK OR BROKERAGE ACCOUNTS**

<b>BANK NAME:</b>	<b>ACCOUNT NO.:</b>
<b>HOW TITLED (LEGAL OWNER):</b>	<b>DATE OF DEATH VALUE: \$</b>
<b>TYPE OF ACCOUNT (CHECKING, SAVINGS, CD, ETC.):</b>	
<b>BANK NAME:</b>	<b>ACCOUNT NO.:</b>
<b>HOW TITLED (LEGAL OWNER):</b>	<b>DATE OF DEATH VALUE: \$</b>
<b>TYPE OF ACCOUNT (CHECKING, SAVINGS, CD, ETC.):</b>	
<b>BANK NAME:</b>	<b>ACCOUNT NO.:</b>
<b>HOW TITLED (LEGAL OWNER):</b>	<b>DATE OF DEATH VALUE: \$</b>
<b>TYPE OF ACCOUNT (CHECKING, SAVINGS, CD, ETC.):</b>	
<b>BANK NAME:</b>	<b>ACCOUNT NO.:</b>
<b>HOW TITLED (LEGAL OWNER):</b>	<b>DATE OF DEATH VALUE: \$</b>
<b>TYPE OF ACCOUNT (CHECKING, SAVINGS, CD, ETC.):</b>	
<b>BANK NAME:</b>	<b>ACCOUNT NO.:</b>
<b>HOW TITLED (LEGAL OWNER):</b>	<b>DATE OF DEATH VALUE: \$</b>
<b>TYPE OF ACCOUNT (CHECKING, SAVINGS, CD, ETC.):</b>	

**OTHER ASSETS**

**FLORIDA PREPAID COLLEGE PROGRAM CONTRACTS & FLORIDA COLLEGE SAVINGS AGREEMENTS \$**  
**SAFE DEPOSIT BOX (LOCATION, CONTENTS, AND ACCESS)**  
**SOLE PROPRIETORSHIP ASSETS OR VALUE \$**

*IF DECEDENT OWNED INTERESTS IN CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY, LIMITED PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, OR OTHER ENTITIES PROVIDE THE FOLLOWING INFORMATION ON SEPARATE SHEET.*

<b>ENTITY LEGAL NAME:</b>	<b>EIN:</b>
<b>ADDRESS:</b>	<b>LOCATION/COPY: LEGAL DOCUMENTS</b>
<b>CONTACT INFORMATION FOR OFFICER, MANAGER, OR AUTHORIZED REPRESENTATIVE:</b>	
<b>FULL (LEGAL) NAME:</b>	<b>ROLE/POSITION:</b>
<b>PHONE:</b>	<b>E-MAIL:</b>
<b>ADDRESS:</b>	

**TRANSFERS MADE WITHIN 1 YEAR OF DECEDENT'S DEATH \$**

**INSURANCE PAYABLE TO ESTATE \$**

**INSURANCED OWNED BY DECEDENT, ON OTHERS \$**

**PENDING LITIGATION \$**

**CAUSES OF ACTION TO CONSIDER \$**

**MORTGAGES OR NOTES DUE/OWED TO DECEDENT BY OTHERS \$**

**LIST OF NON-PROBATE ASSETS: (PROVIDE DOCUMENTATION)**

- **DEATH BENEFITS PAYABLE UNDER RETIREMENT PLANS \$**
- **BANK ACCOUNTS PAYABLE ON DEATH TO BENEFICIARY \$**
- **DEATH BENEFITS OF LIFE INSURANCE ON DECEDENT LIFE \$**
- **DEATH BENEFITS PAYABLE TO BENEFICIARIES FROM ANNUITY CONTRACTS \$**
- **PROPERTY PASSING BY RIGHTS OF SURVIVORSHIP**
- **OTHER DEATH BENEFITS VIA PENSIONS, VETERAN, OR SOCIAL SECURITY \$**

**DEBTS, EXPENSES, & LIABILITIES OF DECEDENT**

- **SECURED**
- **UNSECURED**
- **BUSINESS**
- **PERSONAL**
- **FUNERAL AND BURIAL COSTS**
- **LAST ILLNESS**
- **INCOME TAX**
- **ENVIRONMENTAL LIABILITIES**

**PREPARE LIST OR SCHEDULE OF EACH OF THE ABOVE (ASK FOR EXCEL TEMPLATE, IF NECESSARY)**

<b>CREDITOR</b>	<b>VENDOR</b>	<b>TYPE</b>	<b>IDENTIFYING NO.</b>	<b>AMOUNT OWED \$</b>
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**DOCUMENTS NEEDED**

- LAST WILL & TESTAMENT**
- TRUST AGREEMENT(S)**
- DEATH CERTIFICATE (NO CAUSE OF DEATH)**
- PAID FUNERAL BILL**
- REAL ESTATE DEEDS**
- MOTOR VEHICLE: TITLES / INSURANCE POLICIES / LIENS**
- OUTSTANDING OR PAID BILLS, CREDITORS**
- BUSINESS OWNERSHIP AGREEMENTS**
- ANY OTHER LEGAL DOCUMENTS**