



ESTATE (PROBATE) INTAKE QUESTIONNAIRE

1. **NAME OF DECEDENT:** _____

PERMANENT RESIDENCE AT TIME OF DEATH (Prior to Nursing Home or Hospital):

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____

SOCIAL SECURITY NUMBER: _____

WAS DECEDENT EVER ON MEDICAID? (Please circle one) YES NO

WAS DECEDENT EVER ON MEDICARE? (Please circle one) YES NO

2. **LOCATION OF WILL, IF ANY:** _____

DATE OF WILL: _____ LOCATION OF CODICIL, IF ANY: _____

DATE OF CODICIL: _____

3. **PERSONAL REPRESENTATIVE (NAMED IN WILL OR PROPOSED):** _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY #: _____ TELEPHONE: _____

RELATIONSHIP TO DECEDENT: _____

.....<Y]X] @'K c`Z ÷ @i f]Y'>"HUb[Y

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4. BENEFICIARIES OR HEIRS AT LAW:

DECEDENT'S SPOUSE: _____ **ADDRESS:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____ **DATE OF BIRTH:** _____

SOCIAL SECURITY #: _____

DECEDENT'S CHILDREN:

CHILD # 1: _____ **ADDRESS:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____ **DATE OF BIRTH:** _____

CHILD # 2: _____ **ADDRESS:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____ **DATE OF BIRTH:** _____

CHILD # 3: _____ **ADDRESS:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____ **DATE OF BIRTH:** _____

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CHILD # 3: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ DATE OF BIRTH: _____

CHILD # 4: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ DATE OF BIRTH: _____

OTHER BENEFICIARIES (include living parents, siblings, and anyone named in will):

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH: _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH: _____

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NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH: _____

5. ASSETS:

SAFE DEPOSIT BOX: YES: _____ NO: _____

LOCATION: _____

REAL ESTATE:

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

HOMESTEAD: YES: _____ NO: _____

#2

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

HOMESTEAD: YES: _____ NO: _____

ADDRESS: _____ CITY: _____ STATE: _____

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ZIP CODE: _____ COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

HOMESTEAD: YES: _____ NO: _____

STOCKS AND BONDS:

NAME OF COMPANY: _____ TYPE OF SECURITY: _____

HOW TITLED: _____ LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

NAME OF COMPANY: _____ TYPE OF SECURITY: _____

HOW TITLED: _____ LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

BANK ACCOUNTS:

BANK NAME: _____

ACCOUNT NUMBER: _____ HOW TITLED: _____

DATE OF DEATH VALUE: _____

BANK NAME: _____

ACCOUNT NUMBER: _____ HOW TITLED: _____

DATE OF DEATH VALUE: _____

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BANK NAME: _____

ACCOUNT NUMBER: _____ HOW TITLED: _____

DATE OF DEATH VALUE: _____

MONEY MARKET ACCOUNTS OR CERTIFICATES OF DEPOSIT:

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____ HOW TITLED: _____

DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____ HOW TITLED: _____

DATE OF DEATH VALUE: _____

U.S. GOVERNMENT SAVINGS BONDS (E, EE, H):

HOW TITLED: _____ LOCATION OF BONDS: _____

TO BE CASHED: YES NO

IF YES, NAME OF TRANSFEREE: _____

DATE OF DEATH VALUE: _____



ANY MONEY DUE DECEDANT:

DEBTOR 1: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

DATE OF DEATH VALUE: _____

DEBTOR 2: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

DATE OF DEATH VALUE: _____

INSURANCE ON DECEDENT'S LIFE:

COMPANY NAME: POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

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ANNUITIES:

COMPANY NAME: _____ POLICY #: _____

BENEFICIARY NAMED: _____ LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

VEHICLES:

MAKE & MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MAKE & MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MAKE & MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

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MISCELLANEOUS PERSONAL PROPERTY: _____

6. DEBTS

Please list all debts owed by the decedent, including the amount owed, at the time of their death. (Example of debts would be credit cards, automobile loans, home loans, doctor's bills, etc. Use additional sheets if necessary)

CREDITOR: _____ ACCOUNT #: _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____ ACCOUNT #: _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____ ACCOUNT #: _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

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7. **OTHER QUESTIONS:**

ARE ANY OF DECEDENT'S CHILDREN DISABLED? YES or NO

IF YES, PLEASE LIST THE CHILD'S NAME AND NATURE OF DISABILITY: _____

8. **DOCUMENTS NEEDED BY THIS OFFICE:**

___ DEATH CERTIFICATE WITHOUT CAUSE OF DEATH (SHORT FORM)

___ COPY OF PAID FUNERAL BILL WITH \$0.00 BALANCE OR PROOF OF PAYMENT

___ COPIES OF ANY REAL ESTATE DEEDS

___ COPIES OF ANY VEHICLE TITLES

___ COPIES OF ANY BILLS

___ LAST WILL AND TESTAMENT (IF ONE EXISTS) (ORIGINAL NEEDED)

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HEIDI L. WOLF
LAURIE J. TANGE

PHONE: 269-673-2105
FAX: 269-686-5996

Date _____

Name: _____

Address: _____

Home phone: _____

Cell phone: _____

Work phone: _____

E-mail address: _____

How did you find us:

- Allegan County Legal Assistance Center
- Facebook
- Allegan News
- On-line _____
- Referred by: _____
- Other (please explain) _____

Type of Case

- Criminal
- Family Law
- Wills/Trusts
- Litigation
- Bankruptcy
- Social Security
- Other (please explain): _____