

# Bivins & Hemenway, P.A.

## Attorneys at Law

### PROBATE ADMINISTRATION QUESTIONNAIRE

#### SECTION I

#### DECEDENT'S INFORMATION

NAME OF DECEDENT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SERVED IN ARMED FORCES? \_\_\_\_\_ YES \_\_\_\_\_ NO IF SO, WHAT BRANCH? \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LOCATION OF ORIGINAL WILL, IF ANY: \_\_\_\_\_

DATE OF WILL: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

LOCATION OF ORIGINAL CODICIL (AMENDMENT) TO WILL, IF ANY: \_\_\_\_\_

DATE OF CODICIL: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### PERSONAL REPRESENTATIVE (EXECUTOR/EXECUTRIX)

NAMED IN WILL: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

RELATIONSHIP TO DECEDENT: \_\_\_\_\_

DID THE DECEDENT HAVE A REVOCABLE TRUST? \_\_\_\_\_ YES \_\_\_\_\_ NO

WHO IS THE SUCCESSOR TRUSTEE? \_\_\_\_\_

**SECTION II**  
**BENEFICIARY INFORMATION**

**DECEDENT'S SPOUSE NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_  
**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**DECEDENT'S CHILDREN:**

**CHILD #1 NAME:** \_\_\_\_\_  
**DATE OF BIRTH (IF MINOR):** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**CHILD #2 NAME:** \_\_\_\_\_  
**DATE OF BIRTH (IF MINOR):** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**CHILD #3 NAME:** \_\_\_\_\_  
**DATE OF BIRTH (IF MINOR):** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**CHILD #4 NAME:** \_\_\_\_\_  
**DATE OF BIRTH (IF MINOR):** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**OTHER BENEFICIARIES (NAMED IN WILL OR TRUST):**

**NAME:** \_\_\_\_\_

**DATE OF BIRTH (IF MINOR):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**RELATIONSHIP TO DECEDENT:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**DATE OF BIRTH (IF MINOR):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**RELATIONSHIP TO DECEDENT:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**DATE OF BIRTH (IF MINOR):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**RELATIONSHIP TO DECEDENT:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**DATE OF BIRTH (IF MINOR):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**RELATIONSHIP TO DECEDENT:** \_\_\_\_\_

**SECTION III**  
**ASSET INFORMATION**

**SAFE DEPOSIT BOX LOCATION, IF ANY:** \_\_\_\_\_

**REAL ESTATE**

**PROPERTY ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DATE OF DEATH VALUE:** \_\_\_\_\_ **HOMESTEAD:** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**HOW TITLED:** \_\_\_\_\_

**MORTGAGE COMPANY, IF ANY:** \_\_\_\_\_

**APPROX. BALANCE OF MORTGAGE:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DATE OF DEATH VALUE:** \_\_\_\_\_ **HOMESTEAD:** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**HOW TITLED:** \_\_\_\_\_

**MORTGAGE COMPANY, IF ANY:** \_\_\_\_\_

**APPROX. BALANCE OF MORTGAGE:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DATE OF DEATH VALUE:** \_\_\_\_\_ **HOMESTEAD:** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**HOW TITLED:** \_\_\_\_\_

**MORTGAGE COMPANY, IF ANY:** \_\_\_\_\_

**APPROX. BALANCE OF MORTGAGE:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DATE OF DEATH VALUE:** \_\_\_\_\_ **HOMESTEAD:** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**HOW TITLED:** \_\_\_\_\_

**MORTGAGE COMPANY, IF ANY:** \_\_\_\_\_

**APPROX. BALANCE OF MORTGAGE:** \_\_\_\_\_

**BANK & BROKERAGE / INVESTMENT ACCOUNTS  
(I.E. CHECKING, SAVINGS, CDS, MONEY MARKET ACCOUNTS, ETC.)**

**FINANCIAL INSTITUTION:** \_\_\_\_\_ **ESTIMATED DATE OF DEATH VALUE:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**HOW TITLED:** \_\_\_\_\_

**FINANCIAL INSTITUTION:** \_\_\_\_\_ **ESTIMATED DATE OF DEATH VALUE:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**HOW TITLED:** \_\_\_\_\_

**FINANCIAL INSTITUTION:** \_\_\_\_\_ **ESTIMATED DATE OF DEATH VALUE:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**HOW TITLED:** \_\_\_\_\_

**FINANCIAL INSTITUTION:** \_\_\_\_\_ **ESTIMATED DATE OF DEATH VALUE:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**HOW TITLED:** \_\_\_\_\_

**FINANCIAL INSTITUTION:** \_\_\_\_\_ **ESTIMATED DATE OF DEATH VALUE:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**HOW TITLED:** \_\_\_\_\_

**FINANCIAL INSTITUTION:** \_\_\_\_\_ **ESTIMATED DATE OF DEATH VALUE:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**HOW TITLED:** \_\_\_\_\_

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

**HOW TITLED:** \_\_\_\_\_

**LOCATION OF BOND(S):** \_\_\_\_\_

**MATURITY DATE:** \_\_\_\_\_ **DATE OF DEATH VALUE:** \_\_\_\_\_

**TO BE CASHED:** \_\_\_\_\_ YES \_\_\_\_\_ NO

**IF YES, NAME OF TRANSFEREE:** \_\_\_\_\_

**LIFE INSURANCE / 401KS / ANNUITIES / PROFIT SHARING PLANS**

**NAME OF COMPANY:** \_\_\_\_\_

**POLICY / CONTRACT NUMBER:** \_\_\_\_\_

**ESTIMATED DEATH BENEFIT:** \_\_\_\_\_

**BENEFICIARY NAME:** \_\_\_\_\_

**NAME OF COMPANY:** \_\_\_\_\_

**POLICY / CONTRACT NUMBER:** \_\_\_\_\_

**ESTIMATED DEATH BENEFIT:** \_\_\_\_\_

**BENEFICIARY NAME:** \_\_\_\_\_

**NAME OF COMPANY:** \_\_\_\_\_

**POLICY / CONTRACT NUMBER:** \_\_\_\_\_

**ESTIMATED DEATH BENEFIT:** \_\_\_\_\_

**BENEFICIARY NAME:** \_\_\_\_\_

**VEHICLES**

**MODEL:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

**HOW TITLED:** \_\_\_\_\_

**LOCATION OF TITLE:** \_\_\_\_\_ **DATE OF DEATH VALUE:** \_\_\_\_\_

**MODEL:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

**HOW TITLED:** \_\_\_\_\_

**LOCATION OF TITLE:** \_\_\_\_\_ **DATE OF DEATH VALUE:** \_\_\_\_\_

**MODEL:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

**HOW TITLED:** \_\_\_\_\_

**LOCATION OF TITLE:** \_\_\_\_\_ **DATE OF DEATH VALUE:** \_\_\_\_\_

**MISCELLANEOUS PERSONAL PROPERTY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION IV**

**DOCUMENTS NEEDED BY THIS OFFICE**

- \_\_\_\_\_ **ONE ORIGINAL DEATH CERTIFICATE (WITHOUT CAUSE OF DEATH)**
- \_\_\_\_\_ **ORIGINAL LAST WILL AND TESTAMENT (AND ANY CODICILS / AMENDMENTS THERETO)**
- \_\_\_\_\_ **COPY OF TRUST INSTRUMENT, IF ANY (AND ANY AMENDMENTS THERETO)**
- \_\_\_\_\_ **COPY OF PAID FUNERAL BILL**
- \_\_\_\_\_ **COPIES OF DATE OF DEATH BANK & BROKERAGE STATEMENTS**
- \_\_\_\_\_ **COPIES OF BILLS / CREDITOR INFORMATION**
- \_\_\_\_\_ **COPY OF LIFE INSURANCE POLICIES (IF AVAILABLE)**
- \_\_\_\_\_ **REAL ESTATE DEEDS**
- \_\_\_\_\_ **VEHICLE TITLES**

*\*\* All information provided on this form will be treated as privileged and confidential. \*\**

***Please return by mail to:***

***Bivins & Hemenway, P.A., 1060 Bloomindale Ave., Valrico, FL 33596;  
or by facsimile to: (813) 643-4904; or by e-mail to: [ewebb@bhpalaw.com](mailto:ewebb@bhpalaw.com)***

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