PROBATE QUESTIONNAIRE Please bring in this information at least 10 days prior to appointment

For the propate of:			_ Date of	deatn		
Appointment date and time:						
Names of persons attending conf	erence:					
Deceased's full legal name, nick	kname:					
Birthdate:	Place of birth: S		SS#:	SS#:		
Surviving spouse full legal name	:					
Date of marriage:	Place of marriage:		Phone:			
Address:			•			
Surviving spouse e-mail:						
Personal Representative (full nam	e and nicknames):					
Address (actual and mailing):			Soc. Sec. #			
E-mail address:			All Phone #s:			
Driver's License: State	#	Date of E	Date of Birth:			
CHILDREN: If predeceased, attabirthdates, dates of death, surviv			THEIR CHINC	Husband's only	Wife's only	Both
1. Child's name, nickname:		T				
Date of birth:		Place of birth:				
Address:						
E-mail address:		Г				
Phone #:		Predeceased:	Yes	No		
Spouse's name:						
				Husband's only	Wife's only	Both
2. Child's name, nickname:						
Date of birth:		Place of birth:				
Address:						
E-mail address:						
Phone #:		Predeceased:	Yes	No	_	
Spouse's name:						

		Husband's only	Wife's only	Both
3. Child's name, nickname:				
Date of birth:	Place of birth:			
Address:				
E-mail address:				
Phone #:	Predeceased: Yes	No		
Spouse's name:				
		Husband's only	Wife's only	Both
4. Child's name, nickname:				
Date of birth:	Place of birth:			
Address:				
E-mail address:				
Phone #:	Predeceased: Yes	No	<u>-</u>	
Spouse's name:				
		Husband's only	Wife's only	Both
5. Child's name, nickname:				
Date of birth:	Place of birth:			
Address:				
E-mail address:				
Phone #:	Predeceased: Yes	No	_	
Spouse's name:				
		Husband's only	Wife's only	Both
6. Child's name, nickname:				
Date of birth:	Place of birth:			
Address:				
E-mail address:				
Phone #:	Predeceased: Yes	No		
Spouse's name:				

Husband's Wife's Both only only 7. Child's name, nickname: Date of birth: Place of birth: Address: E-mail address: Phone #: Predeceased: Yes No Spouse's name: Personal Representative (full name and nicknames): Address (actual and mailing): E-mail address: All Phone #s: Driver's License: State # Date of Birth: Heirs other than the children (please note if any are minors), including grandchildren: Name: E-mail: Address: Date of birth: Phone: Minor yes, no E-mail: Name: Date of birth: Address: Phone: Minor ___yes, ___ no Name: E-mail: Address: Date of birth" Phone: yes, Minor no Name: E-mail: Date of birth: Address: Phone: Minor yes, ___ no E-mail: Name:

Date of birth:

_yes, _

no

Minor

Address:

Phone:

Please bring or fax this completed questionnaire to our office at least 10 days prior to your appointment. Be as complete as you can. If something does not apply, write "none". Make a note whether property is community or separate. To complete the probate, we will need exact values as of the date of death, but for now, just list them to the extent known, giving at least approximate values.

The more accurate and complete your information is can determine how fast your probate can be completed. After reviewing the information received, we can more accurately give you the cost of the

probate at the time of the appointment. Please be prepared to make payment at that time. We will need an original Will and original Codicils. You can send us copies and bring the originals to your appointment. We need copies of any personal property letters or other writings to be read with the Will. **Death Certificate** Copy of Deeds for all real property, whether in or outside of Idaho (not the assessor's notice), with approximate values of each. If you haven't found the deeds yet, make a list of all properties with their approximate value. Copy of statements for all bank accounts, stocks, bonds, CDs etc. showing balances on the actual date of death. Copy of all titles for cars, motorcycles, manufactured homes, ATVs, motorhomes, or any other recreational vehicles, and approximate values of each. If you haven't found the titles yet, make a lit of the items. List of any unusually valuable items or collections with approximate values. List of any unpaid debts, including mortgages, including creditor, account numbers, and amount due, known to you at this time. Copy of any Trust, including amendments and attachments, with list of and values of assets held by the Trust. Copy of the face page and the beneficiary page of all Life Insurance policies, IRA's, Annuities, SEP's, 401(K)'s, with approximate values. Copy of any Community Property Agreement, Devolution Agreement, Pre-Nuptial, or

To make sure you get all your questions answered, it would be helpful to make a list of any questions you may have and bring them to your appointment. Thank you for calling our office.

Post-Nuptial Agreement, if there is one.

Robert L. Aldridge, Chartered

1209 N. 8th Street, Boise, Idaho 83702-4297 Phone: (208) 336-9880, Fax: (208) 336-9882 For a map with directions, see our web site at RLAldridgeLaw.com