## DAVID A. ARIETTA

CERTIFIED SPECIALIST,
ESTATE PLANNING, TRUST & PROBATE LAW
STATE BAR OF CALIFORNIA
BOARD OF LEGAL SPECIALIZATION
WWW.ARIETTALAW.COM

**Your Information:** 

700 YGNACIO VALLEY ROAD, SUITE 150
WALNUT CREEK, CALIFORNIA 94596
TEL 925 472 8000
FAX 925 472 5925
DAVID@ARIETTALAW.COM

## **PROBATE QUESTONNAIRE**

## Name: Address: Telephone: E-mail: Relationship to Decedent: Who referred you to us: **Decedent's Information:** Name: Address at Death: Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_ Social Security # **Will Information:** Did Decedent have a will? (Circle) YES NO If so, was there a codicil? (Circle) YES NO Executor's Name / Address:

| <b>Decedent's Surviving Relatives:</b> |  |
|--|--|
| Spouse:                                | Name:  |
|  | Address:   |
| If no Spouse: (Circle One)             | ) Divorced Never Married Spouse Deceased                   |
| Natural Children:                      | Name:  |
|  | Address:   |
|  | Name:  |
|  | Address:   |
|  | Name:  |
|  | Address:   |
| Adopted Children/Ste                   | p Children:  |
|  | Name:  |
|  | Address:   |
| Step Children:                         | Name:  |
|  | Address:   |
| Pre-Deceased Childre                   | n: (Circle One) YES NO                                     |
|  | Name:  |
| (If pre-deceased child                 | left issue (children or grandchildren) provide names also) |
| <b>Decedent's Assets:</b>              |  |
| Real Estate Property -                 | - Residence – attach copy of grant deed if available       |
| Address                                |  |
| Fair Market Value                      | e as of Date of Death:                                     |
| Other Real Property –                  | attach copy of grant deed if available                     |
| Address                                |  |
|  | e as of Date of Death:                                     |
| Bank Accounts - attac                  | ch bank statement as of date of death                      |
| Name of Rank                           |  |

| Checking account #  |  |
|---|--|
| Date of Death Value:  |  |
| Savings account #   |  |
| Date of Death Value:  |  |
| CD/Money Market   |  |
| Stocks/brokerage accounts – attach complete statement as of date of death |  |
| Business Interests/Partnerships:  |  |
| Notes Receivable:   |  |
| Life Insurance Policies (list beneficiary):                               |  |
| Annuities (list beneficiary):   |  |
| Boats/Trailers:   |  |
| Vehicles – provide a copy of pink slip if available:                      |  |
| Year  |  |
| Make  |  |
| Model/VIN   |  |
| Mileage/Condition as of date of death                                     |  |
| Vehicle - provide a copy of pink slip if available:                       |  |
| Year  |  |
| Make  |  |
| Model/VIN   |  |
| Mileage/Condition as of death   |  |
| Household possessions- estimated garage sale value as of date of death:   |  |
| Any other items of significant value (jewelry, antiques, etc.)?           |  |
| <u>Decedents Debts</u> : - provide statements/notices as of date of death |  |
| Mortgage:   |  |
| Outstanding Income Taxes:   |  |
| Other Loans/Credit Cards:   |  |