

# MURRAY, PLUMB & MURRAY

75 Pearl Street  
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(207) 773-5651

## PERSONAL AND CONFIDENTIAL PROBATE QUESTIONNAIRE

CLIENT: \_\_\_\_\_

DATE: \_\_\_\_\_

MURRAY PLUMB  MURRAY  
ATTORNEYS AT LAW

**PROBATE QUESTIONNAIRE**

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

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

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

PLACE OF BIRTH: \_\_\_\_\_ SS#: \_\_\_\_\_

TESTATE: \_\_\_\_\_ DATE OF WILL: \_\_\_\_\_

PERSONAL REPRESENTATIVE: \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_ SS#: \_\_\_\_\_

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

NAME OF TRUST \_\_\_\_\_ DATE OF TRUST: \_\_\_\_\_

TRUSTEE: \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_ SS#: \_\_\_\_\_

**INFORMATION ON SPOUSE AND HEIRS**

<u>NAME</u>	<u>ADDRESS</u>	<u>SS#</u>	<u>RELATIONSHIP</u>	<u>AGE*</u>
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\*For Adult, "A" is sufficient.

**INFORMATION ON BENEFICIARIES NAMED IN WILL**

<u>NAME AND ADDRESS</u>	<u>SS#</u> _____	<u>RELATIONSHIP TO DECEDENT</u>	<u>AGE*</u>
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\*For Adult, "A" is sufficient.

**OTHER RELEVANT FAMILY INFORMATION**

**ASSET INFORMATION**

Attach list(s), if necessary

(1) REAL ESTATE

\* Attach copies of deeds, leases, etc., if possible. If decedent was a tenant, give prompt notice of termination to landlord.

<u>LOCATION</u>	<u>FORM OF OWNERSHIP*</u>	<u>APPROX. FMV</u> _____	<u>MORTGAGE</u>
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\*(If jointly owned with person other than spouse, indicate contribution made by each joint tenant)

(2) TANGIBLE PERSONAL PROPERTY\*

Auto: Year \_\_\_\_\_ Make \_\_\_\_\_ Serial No. \_\_\_\_\_

Registered Owner \_\_\_\_\_

Furniture: (indicate whether jointly owned)

Jewelry: (indicate whether jointly owned)

Miscellaneous: (indicate whether jointly owned)

\*(If jointly owned with person other than spouse, indicate contribution made by each joint tenant)

(3) BANK ACCOUNTS

<u>BANK</u>	<u>ACCT. NO.</u>	<u>FORM OF OWNERSHIP*</u>	<u>TYPE OF ACCT.</u>	<u>APPROX. BALANCE</u>
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\*(If jointly owned with person other than spouse, indicate contribution by each joint tenant)

(4) STOCKS AND/OR BONDS

<u>COMPANY</u>	<u># OF SHARES</u>	<u>FORM OF OWNERSHIP*</u>	<u>APPROX. FMV</u>
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\*(If jointly owned with person other than spouse, indicate contribution by each joint tenant)

(5) CLOSELY-OWNED BUSINESS OR PARTNERSHIPS

\*Attach copies of tax returns for last three years, if possible

PARTNERSHIP       CORPORATION       PROPRIETORSHIP  
 SUBCHAPTER S CORPORATION

Name of Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Employer ID No.: \_\_\_\_\_

Decedent's Interest: \_\_\_\_\_

Buy-Sell Agreement: \_\_\_\_\_

Valuation of Interest: \_\_\_\_\_

Other Information:

(6) LIFE INSURANCE

Insurance Advisor: \_\_\_\_\_

COMPANY                      POLICY NO.      FACE AMT.      BENEFICIARY      OWNER

(7) EMPLOYEE BENEFIT PLAN(S)

Contact Person: \_\_\_\_\_

<u>NAME OF PLAN</u>	<u>TYPE QUALIFIED?</u>	<u>BENEFIT PAYABLE</u>	<u>PAYOUT TERMS</u>	<u>BENEFICIARY</u>
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(8) OTHER MISCELLANEOUS ASSETS

**LIABILITIES**

(1) OUTSTANDING DEBTS OF DECEDENT

Unpaid Income Tax:

Unpaid Real Estate Tax:

Unpaid utilities (phone, electric, gas, etc.):

Other:

(2) OUTSTANDING MORTGAGES

<u>MORTGAGEE</u>	<u>AMOUNT OF MORTGAGE</u>	<u>MORTGAGED PROPERTY</u> _____
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(3) FUNERAL EXPENSES AND EXPENSES OF LAST ILLNESS (Estimates)

Funeral Expenses:

Hospital Expenses:

Other Medical:

**TAX INFORMATION**

(1) TAXABLE GIFTS MADE BY DECEDENT DURING LIFETIME

\*Attach copies of any gift tax returns filed by decedent during his/her lifetime, if possible

<u>DATE OF GIFT</u>	<u>GIFT</u>	<u>NAME OF RECIPIENT</u>
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(2) INCOME TAX INFORMATION

\*Attach copies of last 3 years income tax returns, if possible

Final 1040 Due: \_\_\_\_\_ Preparer: \_\_\_\_\_