

Probate

Thank you for engaging me to discuss your probate needs.

Attached is my Probate questionnaire. The LegalJourney Law Firm, PLLC recognizes that the information requested in this questionnaire is highly personal. Please be assured that all information provided shall be kept confidential in accordance with the attorney/client privilege as required by the Rules Regulating The Florida Bar, Chapter 4. Rules of Professional Conduct.

The purpose of this questionnaire is to gain as much information in advance to minimize time delays and to maximize the advice I am able to give you during our initial consultation. Please fill out the questionnaire as completely as possible on your own and we can work together to fill in any 'gaps' as needed.

Again, I appreciate the opportunity to work with you in connection to this matter and look forward to a mutually satisfactory relationship.

Regards,



Karnardo Garnett, Esquire
Attorney at Law

Enclosure



Estate Planning
Elder Law ♦ Asset Protection ♦ Medicaid
Probate

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Welcome!

You are about to begin the process of Probate. In order for us to make this process easier for you, we must begin by obtaining as much information as possible regarding the Decedent and his or her estate. Although this questionnaire covers a lot of information, it is necessary to the process and, perhaps more importantly, its completion at the outset enables us to keep costs down for you.

The following questions are designed to facilitate this process -- *not to intimidate you*. Please answer all of the questions to the best of your ability. Although you should not spend an inordinate amount of time gathering the information, we have found that having this data available at the initial conference greatly aids both you and us in focusing on planning issues. If you do not have certain information, you may notify us at a later date.

- If a certain question does not pertain to you, enter “**N/A.**”
- If certain information is the same for the spouses, please enter “**Same.**”
- If you need more space, please attach a separate page with the number and question you are responding to and type or write the information.
- **When you have completed the form to the best of your ability, please return it to our firm via facsimile, regular mail, or electronic mail (after scanning it), leaving plenty of time for us to receive it.**

If you have any problems using this form or understanding certain questions, please feel free to contact our office.

Let's get started!

This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please provide this information to our office at least 48 hours before your scheduled appointment.

1. YOUR INFORMATION (Person filling out form)

A. Full Name: _____
Street Address: _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone No. _____
E-mail Address _____ Fax No. _____

2. PERSONAL REPRESENTATIVES (If known)

A. Full Name: _____
Street Address: _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone No. _____
E-mail Address _____ Fax No. _____

B. Full Name: _____
Street Address: _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone No. _____
E-mail Address _____ Fax No. _____

3. DECEDENT

A. Name of Decedent: _____
Also Known As: _____

B. Decedent's Domicile (State of Residence) at Date of Death: _____
Street Address: _____
City _____ State _____ Zip _____

C. Birth and Death Information:
Date of Decedent's Birth _____ Place of Decedent's Birth _____

Date of Decedent's Death _____ Age of Decedent at Date of Death _____

Place of Decedent's Death _____

Approximate Date Decedent Became a Florida Resident _____

Decedent's was a Citizen of: USA Other _____

D. Name of Decedent's Physician _____

Street Address _____

City _____ State _____ Zip _____

E. Important Numbers:

Social Security Number _____ VA ID Number _____

Dates of Service _____ Branch of Service _____

4. DECEDENT'S SPOUSE

If Decedent's spouse is different than the Personal Representative above, furnish the following information:

Full Name of Spouse: _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

E-mail Address _____ Fax No. _____

5. PRIOR MARRIAGES

Provide the names and addresses of all other persons to whom decedent was married, date and manner in which such marriage was terminated (i.e., divorce, death, annulment):

Name of Former Spouse _____

Current Address of Former Spouse (if known): _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

Marriage was Terminated by: Divorce Death _____ Date of Death Annulment

6. DECEDENT'S CHILDREN (if applicable)

A. Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Social Security Number _____

B. Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Social Security Number _____

C. Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Social Security Number _____

D. Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Social Security Number _____

E. Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Social Security Number _____

Did any of Decedent's children predecease Decedent? Yes No

If so, please list the child's name and the child's surviving children: _____

If any are minors, list name of parent or legal guardian

7. DECEDENT'S FAMILY AND OTHERS DECEDENT INCLUDED IN WILL

A. List the names of any persons included in the Will, other than Decedent's spouse or children:

- (1) Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____
- (2) Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____
- (3) Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____
- (4) Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____
- (5) Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____

B. If Decedent died without a Will:

(1) Will parent(s) inherit? Yes No

If so, list parent(s):

(a) Name of Father _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

(b) Name of Mother _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

(2) Will sibling(s) inherit? Yes No

If so, list sibling(s):

(a) Name of Sibling _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

(b) Name of Sibling _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

(c) Name of Sibling _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

8. EMPLOYMENT

Name of Decedent's Current or Former Employer _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

Nature of Decedent's Former Occupation _____

Name of Human Resources Contact (if any) _____

9. EXPENSES OF DECEDENT'S LAST ILLNESS

Name of Provider	Address of Provider	Amount	Date Paid

10. DECEDENT'S ACCOUNTANT

Name of Accountant _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

E-mail Address _____

11. DECEDENT'S INSURANCE AGENT

Name of Insurance Agent _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

E-mail Address _____

12. DECEDENT'S STOCK BROKER

Name of Stock Broker _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

E-mail Address _____

13. OTHER PROFESSIONAL ADVISORS

A. Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

E-mail Address _____

B. Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

E-mail Address _____

C. Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

E-mail Address _____

14. OUTSTANDING DEBT

A. Name of Creditor _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

Amount of Debt: \$ _____

B. Name of Creditor _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

Amount of Debt: \$ _____

C. Name of Creditor _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

Amount of Debt: \$ _____

15. REAL ESTATE

Addresses of All Real Estate Owned by Decedent:

A. Street Address _____

City _____ State _____

Tax Block # _____, Lot # _____ (obtained from tax bill)

B. Street Address _____

City _____ State _____

Tax Block # _____, Lot # _____ (obtained from tax bill)

C. Street Address _____

City _____ State _____

Tax Block # _____, Lot # _____ (obtained from tax bill)

D. Street Address _____

City _____ State _____

Tax Block # _____, Lot # _____ (obtained from tax bill)

16. FUNERAL HOME

Name of Funeral Home _____

Name of Contact Person _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

17. RECEIVABLES

List any receivables to which the decedent was entitled (i.e., Notes, Mortgages, Unsecured Debts):

A. Name of Debtor _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____
Amount of Receivable: \$ _____

B. Name of Debtor _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____
Amount of Receivable: \$ _____

18. PRIOR GIFTS

Did Decedent make any gifts in excess of \$10,000 in any calendar year to any one individual?

Yes No

If yes, please attach a list of the names and addresses of the recipients, the dates, and the amounts.

19. SAFE DEPOSIT BOX

Name of Bank _____

Name of Contact Person _____

Branch - Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

Name(s) in Which Box Was Held _____

20. SOCIAL SECURITY AND VETERAN'S BENEFITS

Has Funeral Director applied for lump sum death benefit? Yes No

Has Surviving Spouse applied for survivor's benefit? Yes No

Is Decedent a Veteran? Yes No

If yes, has Funeral Director applied for Veteran's benefit for head stone?

Yes No