PROBATE QUESTIONNAIRE

DECEDENT'S NAME:_____

Personal Representative:_____

Address:_____

I am an interested person as defined by Minnesota Law Because I am:

_____

INFORMATION REGARDING DECEDENT:

County of Residence of Decedent:_____

Date of Birth:_____Place of Birth:_____

Date of Death:_____Place of Death:_____

County of Domicile at Death:_____Address:_____

Spouses Name:_____

Minor or Dependent Children (Names)

_____Age_____

_____Age_____

_____Age_____

_____Age_____

_____Age_____

HEIRS

NAME AND MAILING ADDRESS RELATIONSHIP BIRTHDATE

_____

_____

_____

_____

_____

_____

_____

_____

Does Decedent have a Will? _____; If yes, please provide a copy with the questionnaire.

Last Will dated:_____ Codicil dated:_____

REAL ESTATE

(For each property owned, provide the following)

Homestead in the County of:_____

Address of Homestead:_____

Legal Description of Property: (provide copy of deed)_____

_____

County Assessor's Value:_____

Fair Market Value:_____

Encumbrance:_____

Mortgage Holder:_____

STOCKS & BONDS

Description of Property	Unit Value	Fair Market Value

BANK ACCOUNTS, MORTGAGES, CONTRACTS FOR DEEDS, NOTES AND CASH

Description of Property	Fair Market Value

OTHER PERSONAL PROPERTY

Description of Property	Fair Market Value

MORTGAGES OR LIENS

Description of Mortgage or Lien	Asset Secured	Balance as of Date of Death