



**HESS &
JENDRO**

LAW OFFICE, P.A.

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PROBATE QUESTIONNAIRE

So that we will be able to answer your questions and handle your case in a prompt and efficient manner, it is important that you attempt to answer the following questions fully and accurately. If you need additional space for an answer, you may use the back of a page. The completed questionnaire will be kept confidential and will remain in our possession. Please print your answers.

Date: _____

Who referred you to our office? _____

DECEDENT'S FULL NAME: _____

Personal Representative (your name): _____

Your Address: _____

City/State: _____

Email 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: _____ SS No. _____

Date of Death: _____ Place of Death: _____

County of Domicile at Death: _____ Address: _____

Spouses Name: _____ Spouse's SS No. _____

Widow/Widower? _____

Previous marriage? _____ If so, when _____

Decedent's Minor or Dependent Children (Full Names and dates of birth)

_____	Date of Birth _____
_____	Date of Birth _____
_____	Date of Birth _____
_____	Date of Birth _____
_____	Date of Birth _____

HEIRS

(Include step-children and children of any deceased heir)

FULL 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: _____

DECEDENT'S REAL ESTATE

(For each property owned, provide the following)

Homestead in the County of: _____

Address of Homestead: _____ City _____ State _____

Joint Tenancy? Yes No Abstract or Torrens? _____

Legal Description of Property: (**provide copy of most recently recorded deed**) _____

County Assessor's Value: _____

Fair Market Value: _____

Encumbrance: _____

Mortgage Holder Name and Address: _____

DECEDENT'S STOCKS & BONDS

Description of property, name of holding company, address, city, state.	Unit Value	Fair Market Value

DECEDENT'S BANK ACCOUNTS, MORTGAGES, CONTRACTS FOR DEEDS, NOTES AND CASH

POD? _____ Joint? _____

Fair market value at
time of death

Description of property & beneficiary (if any) & address

Description of property & beneficiary (if any) & address	Fair market value at time of death

DECEDENT'S OTHER PERSONAL PROPERTY

Description of property (including vehicles)	Fair market value at time of death

DECEDENT'S LIFE INSURANCE & INVESTMENTS

Insurance company and address or type of investment	Beneficiary Name, address, city, state	Amount of Ins./ Investment

DECEDENT'S MORTGAGES OR LIENS

Description of mortgage or lien Name/address/city/state	Asset Secured	Balance as of Date of Death

DECEDENT'S DEBTS OR CLAIMS

Description of debt or claim (including medical and credit cards) Name/address/city/state	Amount	Balance as of Date of Death
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MISCELLANEOUS

Are you currently storing genetic material (i.e. frozen embryos)? _____ Yes _____ No

If Yes, do you expect a fight over the disposition of the embryos? _____ Yes _____ No