

**LAW AT LAST, INC.**  
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**PROBATE QUESTIONNAIRE**

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Please complete this form and bring it with you to your appointment. If you have any questions,  
please call us at 708-816.8015.

**CLIENT INFORMATION**

Date: \_\_\_\_\_

Referred by:  Website  Radio  Family/Friend  \_\_\_\_\_  
Other \_\_\_\_\_

Name: \_\_\_\_\_

Current Marital Status:  Married  Single  Divorced  Widowed

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

Phones:  
\_\_\_\_\_ (hm.) \_\_\_\_\_ (work phone)  
\_\_\_\_\_ (cell) \_\_\_\_\_ (Fax)

Email address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ (mm/dd/yyyy) Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_

Are you a resident of Illinois? (circle) Yes / No County of Residence? \_\_\_\_\_

Relationship to the decedent: \_\_\_\_\_

Did the decedent leave a will? (circle) Yes / No

Have you ever participated in a probate process? (circle) Yes/No

If yes, in what capacity?  Executor  
 Personal Administrator  
 Beneficiary (please check one)

**DECEDENT INFORMATION**

Name of Deceased: \_\_\_\_\_  
*Last* *First* *Middle*

(check one)  Citizen of U.S.  Other: \_\_\_\_\_ (specify)

Date of Birth: \_\_\_\_\_ Date of death: \_\_\_\_\_ (mm/dd/yyyy)

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Funeral Home Utilized: Name: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Did Decedent have life insurance?  yes  no

If so, please list all policies known :

NAME	Company Address	Agent	Phone Number
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		

**LIFE INSURANCE POLICIES (AND ANNUITIES)**

	Policy #1	Policy #2	Policy #3	Policy #4
<b>Company</b>				
<b>Policy #</b>				
<b>Type</b> (term, i.e. life, endowment or universal life)				
<b>If no term, date policy was entered into</b>				
<b>Insured</b>				
<b>Owner</b>				
<b>Beneficiary</b>				
<b>Contingent Beneficiary</b>				
<b>Face Value</b>				
<b>Amount of Loan</b>				
<b>Settlement Terms</b>				
<b>Current cash surrender value</b>				
<b>Annual premium</b>				
<b>Employee's contribution</b>				

**DECEDENT'S FAMILY INFORMATION**

**SPOUSE OF DECEDENT**

Name : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Date of Death \_\_\_\_\_ (mm/dd/yyyy)

Place of Marriage /Date: \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)

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

**If decedent was divorced**, name of former spouse(s), date and place of divorce(s)):

*name* *place* *date*

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**If decedent was unmarried**, and living with another person, name and age of that person:

*name* *Date of Birth*

a. \_\_\_\_\_

**DECEDENT'S CHILDREN** (*biological and/or adopted*)

Name and Address Date of Birth Date of Death

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

**DECEDENT'S GRANDCHILDREN**

a. Name Address

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DOB DOD Parents

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b. Name Address

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DOB DOD Parents

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c. Name Address

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DOB DOD Parents

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**DECEDENT'S MATERNAL AND PATERNAL PARENTS:**

**Decedent's Paternal Side**

<u>Father</u>	<u>Grandfather</u>
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Date of Birth /Date of Death	Date of Birth /Date of Death

(mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Decedent's Maternal Side**

**Mother**

**Grandmother**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Date of Birth /Date of Death

Date of Birth /Date of Death

(mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Decedent's Siblings**

Name: \_\_\_\_\_ Bro. [ ] Sis. [ ] DOB \_\_\_\_\_ DOD \_\_\_\_\_ (mm/dd/yyyy)

Name: \_\_\_\_\_ Bro. [ ] Sis. [ ] DOB \_\_\_\_\_ DOD \_\_\_\_\_ (mm/dd/yyyy)

Name: \_\_\_\_\_ Bro. [ ] Sis. [ ] DOB \_\_\_\_\_ DOD \_\_\_\_\_ (mm/dd/yyyy)

Name: \_\_\_\_\_ Bro. [ ] Sis. [ ] DOB \_\_\_\_\_ DOD \_\_\_\_\_ (mm/dd/yyyy)

Name: \_\_\_\_\_ Bro. [ ] Sis. [ ] DOB \_\_\_\_\_ DOD \_\_\_\_\_ (mm/dd/yyyy)

Name: \_\_\_\_\_ Bro. [ ] Sis. [ ] DOB \_\_\_\_\_ DOD \_\_\_\_\_ (mm/dd/yyyy)

Name: \_\_\_\_\_ Bro. [ ] Sis. [ ] DOB \_\_\_\_\_ DOD \_\_\_\_\_ (mm/dd/yyyy)

Name: \_\_\_\_\_ Bro. [ ] Sis. [ ] DOB \_\_\_\_\_ DOD \_\_\_\_\_ (mm/dd/yyyy)

**OTHER SOURCES OF INCOME**

**STOCKS AND MUTUAL FUNDS**

Company or Fund and Type	Ownership	Number of Shares	Date of Purchase or Acquisition	Basis	Total Current Market Value

Total \$ \_\_\_\_\_

**TREASURY BONDS, NOTES AND BILLS**

Ownership	Date of Purchase	Cost	Maturity*	Current Yield	Current Value

Total \$ \_\_\_\_\_

MUNICIPAL BONDS, NOTES AND BILLS

Issuer	AMT*	Non-AMT	Date of Purchase	Maturity	Current Value

Total     \$ \_\_\_\_\_

CORPORATE BONDS AND NOTES

Issuer	Date of Purchase	Maturity	Current Yield

Total     \$ \_\_\_\_\_



**REAL ESTATE** *(Please attach deed of each property if you have it)*

**Property 1**

**Property 2**

Address		
Type of property (residential, commercial, vacant land, etc.)		
Owned in names of . . .		
Form of ownership (Joint Tenancy, Tenants In Common...)		
Date of acquisition		
How acquired (gift, purchase, etc.)		
Cost (note cost of improvements)		
Current market value		
Encumbrances: (names of mortgagee, lienors, etc.)		
Last date appraised		
Monthly payments (principal & interest)		
Interest rate		
Remaining period of loan(s)		
Purpose of loan		
Annual insurance		
Annual interest		
Annual taxes		
Annual income (gross)		

Annual depreciation		
Annual costs (maintenance, etc.)		
Annual net income		

**TIMESHARE** *(not considered Real Estate under Illinois law, it is considered Personal Property)*

	<b>Property 1</b>	<b>Property 2</b>
Address		
Type of property (residential, commercial, vacant land, etc.)		
Owned in names of . . .		
Form of ownership (Joint Tenancy, Tenants In Common...)		
Date of acquisition		
How acquired (gift, purchase, etc.)		
Cost (note cost of improvements)		
Current market value		
Encumbrances: (names of mortgagee, lienholders, etc.)		
Annual insurance		
Annual taxes		
Last date appraised		
Monthly payments (principal & interest)		

Interest rate		
Remaining period of loan(s)		
Purpose of loan		

**CLOSELY HELD BUSINESS INTEREST**

(Use separate sheet for each business interest)

Name \_\_\_\_\_ Percent Owned \_\_\_\_\_

Type of entity: C Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

S Corporation \_\_\_\_\_ Limited Liability Company \_\_\_\_\_ ( please check one)

Is interest jointly owned with Decedent's spouse or other business partner? (yes/no)  
(please circle one)

Did Decedent's spouse participate in the business? (yes/no) (please circle one)

Your estimate of the fair market value of the interest? \_\_\_\_\_

Your tax basis for the interest? \_\_\_\_\_

Is there a buy/sell or redemption agreement? Yes \_\_\_ No \_\_\_

If "yes," please furnish copy for review.

**RETIREMENT, DISABILITY AND DEATH BENEFITS**

(Include Keogh plans, IRAs and deferred compensation plans)

Type of Plan	Joint v. Survivor Annuity	Name of Beneficiary	Form of Payment	Present Vested Benefits
1. _____				
2. _____				

3.

**OTHER ASSETS**

Description	Fair Market Value	Basis
Incentive stock options (include option price):		
Non-qualified stock options (include option price):		
Property received for services which is subject to a substantial risk of forfeiture:		
Stock appreciation rights:		
Copyrights or patents:		
Accounts receivable:		
Notes receivable:		
Other:		