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Probate Questionnaire

Date: _____

Deceased Individual: (Decedent)

Full Legal Name: _____
(first) (middle) (last) (suffix)

Date of Birth: _____ Date of Death: _____

Social Security Number: _____ - ____ - _____

Residence Address: _____

Did the Decedent have a Last Will and Testament? (Circle one) Yes No

Was the Decedent a Medicaid Recipient (Circle One) Yes No

Spouse's Full Legal Name (if applicable): _____

Spouse's Date of Birth: _____

Spouse's Social Security Number: _____

Is spouse still living? (Circle one) Yes No

For Personal Representative or Proposed Personal Representative:

Full Legal Name: _____
(first) (middle) (last) (suffix)

Address: _____

Date of Birth: _____ Social Security Number: _____ - ____ - _____

Telephone Numbers: Home: _____ Cell: _____

****Please bring the Last Will and Testament of the decedent.
Additionally, please describe all assets of the decedent and bring all
documents pertaining to assets of the decedent.**

Real Estate - complete this section for each parcel of real estate

Address: _____

How property is titled: _____

Estimated fair market value as of date of death: _____

Do you have a recent appraisal of this property? (Circle one) Yes No

If yes, amount and date of appraisal: _____

Do you have the tax appraisal for this property? (Circle one) Yes No

If yes, amount and date of appraisal: _____

Is there any debt on this property? (Circle one) Yes No

If yes, amount? _____

Bank Accounts - if more than one account, answer for each account

Type of account: _____

How is account titled? _____

Estimated fair market value: _____

Type of account: _____

How is account titled? _____

Estimated fair market value: _____

Stock Certificates, Mutual Funds, CDs, other investment accounts
(please answer for each investment)

1)
Type of Investment: _____

How is the investment titled? _____

Estimated fair market value: _____

2)

Type of Investment: _____

How is the investment titled? _____

Estimated fair market value: _____

3)

Type of Investment: _____

How is the investment titled? _____

Estimated fair market value: _____

Vehicles (complete for each vehicle of decedent)

1)

Year/Make/Model: _____

How is vehicle titled: _____

Estimated fair market value as of date of death: _____

Is there any debt on this vehicle? (Circle one) Yes No

If yes, amount owed? _____

2)

Year/Make/Model: _____

How is vehicle titled: _____

Estimated fair market value as of date of death: _____

Is there any debt on this vehicle? (Circle one) Yes No

If yes, amount owed? _____

Life Insurance

1)

Describe policy: _____

Policy owner: _____

Named beneficiary: _____

Total benefit available: _____

2)

Describe policy: _____

Policy owner: _____

Named beneficiary: _____

Total benefit available: _____

Value Collections (eg. jewelry - valued over \$5000)

Describe property: _____

Current Location: _____

Person/Persons with access: _____

Estimated fair market value: _____

Personal property and household goods

Total fair market value: _____

Any gifts of money or property (real or personal) over \$14,000 given by the decedent in the last three years before death?

(Circle one) Yes No

If yes:

To Whom: _____

Date of gift: _____

Amount of gift or property value: _____

Total gift tax paid: _____

Total cost of funeral and burial expenses: _____

Total bills paid by decedent's estate to date: _____

List the name, address, and age of all children of the decedent, including legally adopted children. If a child of the decedent is deceased, provide the name and address of all children of the deceased child.

Name

Address

Age

List the name, address, and age of all heirs (family members of decedent) and legatees (persons named in decedent's will). If an heir or legatee of the decedent is deceased, provide the name and address of all children of the deceased heir or legatee.

Name

Address

Age
