



**PROBATE CHECKLIST AND QUESTIONNAIRE**

**Please provide the following items:**

- Original will and/or codicil;
- Certified death certificates (without cause of death);
- Insurance policies;
- Inventory of personal property;
- Stock certificates;
- Bank statements for all financial accounts, including brokerage accounts;
- Deeds;
- Titles;
- Gift, income, and intangible tax returns for three prior years; and,
- Billing statements from all creditors.

**Decedent's Information:**

Estate of \_\_\_\_\_  
Social security number: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Date of death: \_\_\_\_\_  
Place of death: \_\_\_\_\_  
Cause of death: \_\_\_\_\_  
Domiciled in Florida: \_\_\_ Yes \_\_\_ No  
Accountant: \_\_\_\_\_  
Broker: \_\_\_\_\_

**Personal Representative:**

Name: \_\_\_\_\_ Convicted of a felony: \_\_\_ Yes  
Address: \_\_\_\_\_ \_\_\_ No



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Social Security Number: \_\_\_\_\_ Mentally or physically unable to  
County: \_\_\_\_\_ perform duties: \_\_\_ Yes \_\_\_ No  
Date of Birth: \_\_\_\_\_ Under age of 18: \_\_\_ Yes \_\_\_ No  
Telephone number: \_\_\_\_\_  
Relationship to decedent: \_\_\_\_\_

**Surviving Spouse of Decedent**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
County: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**Surviving Children of Decedent**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
County: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_



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**Other Interested Parties:**

<u>Name</u>	<u>Address</u>	<u>Relationship to Decedent</u>	<u>SSN#</u>	<u>DOB</u>

Are there any heirs omitted such that there may be a will contest? \_\_\_\_ Yes \_\_\_\_ No

**Nature and Approximate Value of Assets**

<u>Item</u>	<u>How Titled?</u>	<u>Approximate Value</u>

**List of Creditors: (Unsecured and Secured)**

<u>Name</u>	<u>Address</u>	<u>Amount</u>