



**DIONE TRACI DUCKETT, ESQUIRE**

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**Estate (Probate) Intake Questionnaire**

1. **Name of Decedent:** \_\_\_\_\_

Permanent residence at time of death (prior to nursing home or hospital): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Was Decedent ever on Medicaid?      Yes      No

Was Decedent ever on Medicare?      Yes      No

2. **Location of will, if any:** \_\_\_\_\_

Date of will: \_\_\_\_\_

Location of codicil (changes to the will), if any \_\_\_\_\_

Date of codicil: \_\_\_\_\_

Name of attorney who drafted the will: \_\_\_\_\_

Address of attorney who drafted the will: \_\_\_\_\_

3. **Personal Representative (Named in will or proposed):** \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

**Alternate Personal Representative (Named in will or proposed):** \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

**4. Beneficiaries or heirs at law:**

Decedent's Spouse: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Decedent's Children:

Child #1: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child #2: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child #3: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child #4: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child #5: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other Beneficiaries (Including living siblings and living parents):

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

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

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**Add additional pages if necessary.**

**5. Assets:**

Safe deposit box?                      Yes              No

Location: \_\_\_\_\_

Real Estate:

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

City: \_\_\_\_\_                      County: \_\_\_\_\_

State: \_\_\_\_\_                      Zip Code: \_\_\_\_\_

Date of Death Value: \_\_\_\_\_              Homestead?              Yes              No

How titled: \_\_\_\_\_

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

City: \_\_\_\_\_                      County: \_\_\_\_\_

State: \_\_\_\_\_                      Zip Code: \_\_\_\_\_

Date of Death Value: \_\_\_\_\_              Homestead?              Yes              No

How titled: \_\_\_\_\_

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

City: \_\_\_\_\_                      County: \_\_\_\_\_

State: \_\_\_\_\_                      Zip Code: \_\_\_\_\_

Date of Death Value: \_\_\_\_\_              Homestead?              Yes              No

How titled: \_\_\_\_\_

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

City: \_\_\_\_\_                      County: \_\_\_\_\_

State: \_\_\_\_\_                      Zip Code: \_\_\_\_\_

Date of Death Value: \_\_\_\_\_              Homestead?              Yes              No

How titled: \_\_\_\_\_

Stocks and bonds:

Name of company: \_\_\_\_\_

Type of security: \_\_\_\_\_

How titled: \_\_\_\_\_

Location of certificate: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Name of company: \_\_\_\_\_

Type of security: \_\_\_\_\_

How titled: \_\_\_\_\_

Location of certificate: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Name of company: \_\_\_\_\_

Type of security: \_\_\_\_\_

How titled: \_\_\_\_\_

Location of certificate: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Name of company: \_\_\_\_\_

Type of security: \_\_\_\_\_

How titled: \_\_\_\_\_

Location of certificate: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Name of company: \_\_\_\_\_

Type of security: \_\_\_\_\_

How titled: \_\_\_\_\_

Location of certificate: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Bank Accounts:

Bank name: \_\_\_\_\_

Account number: \_\_\_\_\_

How titled: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Bank name: \_\_\_\_\_

Account number: \_\_\_\_\_

How titled: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Bank name: \_\_\_\_\_

Account number: \_\_\_\_\_

How titled: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Money Market Accounts or Certificates of Deposit:

Bank name: \_\_\_\_\_

Account number: \_\_\_\_\_

How titled: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Bank name: \_\_\_\_\_

Account number: \_\_\_\_\_

How titled: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Bank name: \_\_\_\_\_

Account number: \_\_\_\_\_

How titled: \_\_\_\_\_

Date of death value: \_\_\_\_\_

U.S. Government Savings Bonds (E, EE, H):

How titled: \_\_\_\_\_

Location of bonds: \_\_\_\_\_

To be cashed:            Yes            No

If yes, name of transferee: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Mortgages and Notes (Receivable/Owed to Decedent):

Mortgagor 1: \_\_\_\_\_

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

City: \_\_\_\_\_                      County: \_\_\_\_\_

State: \_\_\_\_\_                      Zip Code: \_\_\_\_\_

Terms of obligation: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Mortgagor 2: \_\_\_\_\_

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

City: \_\_\_\_\_                      County: \_\_\_\_\_

State: \_\_\_\_\_                      Zip Code: \_\_\_\_\_

Terms of obligation: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Insurance on Decedent's Life:

Company name: \_\_\_\_\_                      Policy #: \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Company name: \_\_\_\_\_                      Policy #: \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Insurance (continued):

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Annuities:

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death value: \_\_\_\_\_



Vehicles:

Model: \_\_\_\_\_ Year: \_\_\_\_\_

How titled: \_\_\_\_\_

Location of title: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Model: \_\_\_\_\_ Year: \_\_\_\_\_

How titled: \_\_\_\_\_

Location of title: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Model: \_\_\_\_\_ Year: \_\_\_\_\_

How titled: \_\_\_\_\_

Location of title: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Business Interests:

Business name: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Business name: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Business name: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Retirement Programs (Pensions, Profit Sharing, Retirement Accounts):

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiaries named: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Date of death value: \_\_\_\_\_

Miscellaneous Personal Property (Household furniture, appliances, cameras, stereos, radios, china, silver, lawn equipment, jewelry, collections, artwork, etc.):

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

Item: \_\_\_\_\_ Date of death value: \_\_\_\_\_

Location: \_\_\_\_\_

**6. Debts (Credit cards, automobile loans, home loans, doctor's bills, etc.)**

**Please list ALL debts owed by the decedent, including the amount owed, at the time of death.**

Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_

Creditor's Address: \_\_\_\_\_

\_\_\_\_\_

Type of debt: \_\_\_\_\_ Amount owed: \_\_\_\_\_

Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_

Creditor's Address: \_\_\_\_\_

\_\_\_\_\_

Type of debt: \_\_\_\_\_ Amount owed: \_\_\_\_\_

Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_

Creditor's Address: \_\_\_\_\_

\_\_\_\_\_

Type of debt: \_\_\_\_\_ Amount owed: \_\_\_\_\_

Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_

Creditor's Address: \_\_\_\_\_

\_\_\_\_\_

Type of debt: \_\_\_\_\_ Amount owed: \_\_\_\_\_

Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_

Creditor's Address: \_\_\_\_\_

\_\_\_\_\_

Type of debt: \_\_\_\_\_ Amount owed: \_\_\_\_\_

Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_

Creditor's Address: \_\_\_\_\_

\_\_\_\_\_

Type of debt: \_\_\_\_\_ Amount owed: \_\_\_\_\_

**7. Other Information**

- a. Are any of Decedent’s children or heirs disabled? Yes No  
If yes, please list the name(s) and the nature of the disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Was the Decedent the beneficiary of any trusts? Yes No
- c. Are any of decedents assets:
  - i. Subject to rapid or severe deterioration? Yes No
  - ii. Especially susceptible to theft, destruction, damage or injury? Yes No
  - iii. Located in a storage unit? Yes No
- d. Was Decedent required to file tax returns with any other state or country? Yes No
- e. Was Decedent a veteran? Yes No
- f. Do you anticipate that anyone is likely to contest Decedent’s will? Yes No
- g. Was Decedent involved in any pending litigation? Yes No
- h. Are you aware of Decedent’s right to sue on any cause of action? Yes No
- i. Has any property on this form been formally appraised recently? Yes No
- j. Did Decedent own any real property outside of Georgia? Yes No
- k. Did Decedent own any property outside the United States? Yes No

If the answer to any of the above questions is “yes”, please provide details in the space below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned designated or proposed Executor(s)/Personal Representative(s) for the above-named Decedent do(es) hereby affirm that the information contained in this questionnaire is complete and accurate to the best of my/our knowledge.

\_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_  
Signature Printed Name Date