



HEIRSHIP QUESTIONNAIRE

Instructions: Please fill out this worksheet fully and return it as soon as possible. **ALL** the requested information is important. If you do not supply the necessary information, our work may be delayed and your costs may increase. If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet.

1. Affiant –

Full name and address

Last 3 digits of Social Security number

State of driver's license _____, and last 3 digits of license number

Relationship to deceased (including how long Affiant had known the deceased)

2. Require following information regarding deceased:

Full name of deceased and last address

Date and place of birth

Date of death; place of death, age at date of death

3. For *each* marriage of deceased:

Name of spouse

date and place of marriage;

whether marriage terminated by death of spouse or divorce;

(if divorce, need date, place, court style and case number)

(if spouse died, need date and location)

4. For each child born to or adopted by the deceased:

For each living child -

Full name and residence address

Other parent's name

Date and place of birth

Marital status (include spouse's name if married)

For each deceased child –

Full name and residence address at time of death

Date and place of birth

Date of death

Marital status at date of death

Whether he or she had a Will

Names of descendants

5. If deceased was not survived by descendants, then for each of decedent's parents —

Full name

Date of birth

Current residence *or* Date of death

6. If deceased was not survived by descendants or parents, then for each of decedent's siblings —

Full name

Date of birth

Current residence *or* Date of death

7. Gross value of Deceased's estate: \$ _____

8. Legal description of property (list all properties and any other accounts receivable)

9. If real property involved, is it free and clear of liens? If not, need name and address of lender.

10. List any other debts owed by the decedent's estate.

11. Names and addresses of two disinterested persons who can swear to the accuracy of the information in this Questionnaire.

12. Need *certified* copy of decedent's death certificate, decedent's original Will (if any), and copies of administration (probate) papers relating to decedent's estate.

The information in this questionnaire is correct and complete to the best of my knowledge and belief.

Client Signature

Client Phone:_____

Client Address:_____

Client email:_____