

SCHLEISNER LAW OFFICE

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PROBATE QUESTIONNAIRE

Please fill in the requested information to the best of your knowledge. The person who died is "Decedent"

Your Name & Address

Name: _____
Address: _____
Your relationship the decedent _____
Email: _____
Telephone number and best time to reach you _____

Decedent

Name: _____
Date of Death: _____
Date of Birth: _____
Address _____

Please provide one original death certificate when available.*

Was Decedent married at time of death? _____ To whom? _____
Was Decedent EVER married? _____ To whom? _____

Approximate value and description of Decedent's Assets (include compensation, pension, insurance, or allowance Decedent was entitled)

Real Property (Give address or location and general description.)
\$ _____ Address _____

Personal Property (Give general description only, such as stocks and bonds, bank accounts, autos, household goods, jewelry, and estimated values.)

\$ _____ Bank Account(s), Name of Bank(s) _____
\$ _____ Vehicles Make and model: _____
\$ _____ Household goods/ tools/ collectibles
\$ _____ Stocks/bonds/investments
\$ _____ Other _____

Please provide copies of the most recent bank statements and income tax returns of the decedent*

Power of Attorney

Name and address of person(s) who held power of attorney and description of power of attorney, if any.

Name: _____

Address: _____

Interested Persons

Names and addresses of Decedent's children. If a child has died, list children of the child who has died. If no children born to decedent, list parents. If parents deceased and no children born to decedent; list siblings and if any siblings deceased, list children of the deceased sibling:

Full name: _____

Relationship to Decedent: _____

Address: _____

Full name: _____

Relationship to Decedent: _____

Address: _____

Full name: _____

Relationship to Decedent: _____

Address: _____

Full name: _____

Relationship to Decedent: _____

Address: _____

Full name: _____

Relationship to Decedent: _____

Address: _____

Was decedent involved in guardianship? () No () Yes, describe:
Court: _____ County: _____ State: _____

Is there anyone who might object to you as the personal representative? () No
() Yes, If so, who? _____

Did the decedent receive any public benefits, such as Medicaid? () No () Yes

Office use: Attorney Recommendation: ___ Informal Probate ___ Transfer by Affidavit
___ Summary Settlement ___ Summary Assignment ___ Other