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Client Questionnaire – Probate

Please fill out this questionnaire. It is important that you answer each question fully and be as candid as possible. You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A."

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE MINNESOTA RULES OF EVIDENCE. THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

FURTHER, THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

PART I - PERSONAL DATA

NAME OF DECEDENT: _____

Alias Names (if any): _____

Street Address: _____

City, State, Zip Code: _____

Date of Birth: _____

Place of Birth: _____

Date of Death: _____

Place of Death: _____

Social Security Number: _____

Was Decedent a U.S. citizen? Yes: _____ No: _____

If Decedent was a naturalized U.S. citizen, Date and Place of Naturalization:

Location of Will, if any: _____

Date of Will: _____

Location of Codicils, if any: _____

Date of Codicils: _____

PERSONAL REPRESENTATIVE: _____

Relationship to Decedent: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Work #: _____ Email: _____

ALTERNATE REPRESENTATIVE: _____

Relationship to Decedent: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Work #: _____ Email: _____

PART II - BENEFICIARIES OR HEIRS AT LAW

SPOUSE/DOMESTIC PARTNER: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Work #: _____ Email: _____

Date of Birth: _____

Social Security Number: _____

Date and place of marriage/domestic partnership: _____

Status of Spouse: Living Deceased Under Conservatorship (Circle One)

DECEDENT'S CHILDREN:

1. Name _____

Address _____

Living: ___ Yes ___ No Age _____ Birth Date _____ Married: ___ Yes ___ No

2. Name _____

Address _____

Living: ___ Yes ___ No Age _____ Birth Date _____ Married: ___ Yes ___ No

3. Name _____

Address _____

Living: ___ Yes ___ No Age _____ Birth Date _____ Married: ___ Yes ___ No

4. Name _____

Address _____

Living: ___ Yes ___ No Age _____ Birth Date _____ Married: ___ Yes ___ No

5. Name _____

Address _____

Living: ___ Yes ___ No Age _____ Birth Date _____ Married: ___ Yes ___ No

For each child, state the name of the child's other parent, if not Decedent's surviving spouse/partner:

OTHER DEPENDENTS, IF ANY:

Name: _____ Age: _____

Address: _____

GRANDCHILDREN'S INFORMATION

1. Name: _____

Age: _____ Birth date: _____

Names of Parents: _____

2. Name: _____

Age: _____ Birth date: _____

Names of Parents: _____

3. Name: _____

Age: _____ Birth date: _____

Names of Parents: _____

4. Name: _____

Age: _____ Birth date: _____

Names of Parents: _____

5. Name: _____

Age: _____ Birth date: _____

6. Name: _____

Age: _____ Birth date: _____

Names of Parents: _____

7. Name: _____

Age: _____ Birth date: _____

Names of Parents: _____

8. Name: _____

Age: _____ Birth date: _____

Names of Parents: _____

DECEDENT'S OTHER FAMILY MEMBERS

Please list the names of Decedent's parents, brothers, and sisters, and their city and state of residence, *only if they are still living*.

1. Name _____ Relationship: _____

Address _____

2. Name _____ Relationship: _____

Address _____

3. Name _____ Relationship: _____

Address _____

4. Name _____ Relationship: _____

Address _____

FORMER MARRIAGES

Please provide the following information regarding Decedent's former marriages, if any:

Name of Former Spouse	Living	Date of Death or Divorce
_____	___ YES ___ NO	_____
_____	___ YES ___ NO	_____
_____	___ YES ___ NO	_____

PART III - DECEDENT'S DESIGNEES

TRUSTEE (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)

Name of Trustee: _____

Relationship to Decedent: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Work #: _____ Email: _____

1st Alternate Trustee: _____

2nd Alternate Trustee: _____

3rd Alternate Trustee: _____

GUARDIAN OF MINOR CHILDREN (i.e. the person who will take physical care of any minor children should both parents die)

Name of Guardian: _____

Relationship to Decedent: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Work #: _____ Email: _____

1st Alternate Guardian: _____

2nd Alternate Guardian: _____

3rd Alternate Guardian: _____

PART IV – ASSETS

Describe Decedent's property. If known, indicate whether the property is separate property, the surviving spouse's/partner's separate property, or property held jointly. State the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS: Include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.

CASH

Cash on hand: _____

Traveler's checks/Money Orders: _____

ACCOUNTS

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: ___ Checking ___ Savings ___ Money Market ___ CD ___ Other

Current account balance, as of: _____ \$ _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: ___ Checking ___ Savings ___ Money Market ___ CD ___ Other

Current account balance, as of: _____ \$ _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: ___ Checking ___ Savings ___ Money Market ___ CD ___ Other

Current account balance, as of: _____ \$ _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: ___ Checking ___ Savings ___ Money Market ___ CD ___ Other

Current account balance, as of: _____ \$ _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: ___ Checking ___ Savings ___ Money Market ___ CD ___ Other

Current account balance, as of: _____ \$ _____

REAL ESTATE: Include any real property on which decedent and/or decedent's surviving spouse/partner are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.

Street Address: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Current fair market value, as of: _____ \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage, as of: _____ \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

Street Address: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Current fair market value, as of: _____ \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage, as of: _____ \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

Street Address: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Current fair market value, as of: _____ \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage, as of: _____ \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

Street Address: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Current fair market value, as of: _____ \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage, as of: _____ \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

BROKERAGE /MUTUAL FUND ACCOUNTS

Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts if any): _____

Account Title: _____

Account number (and numbers of subaccounts if any): _____

Value, as of _____ \$ _____

Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts if any): _____

Account Title: _____

Account number (and numbers of subaccounts if any): _____

Value, as of _____ \$ _____

Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts if any): _____

Account Title: _____

Account number (and numbers of subaccounts if any): _____

Value, as of _____ \$ _____

Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts if any): _____

Account Title: _____

Account number (and numbers of subaccounts if any): _____

Value, as of _____ \$ _____

Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts if any): _____

Account Title: _____

Account number (and numbers of subaccounts if any): _____

Value, as of _____ \$ _____

STOCKS, BONDS & OTHER SECURITIES: Include securities not in a brokerage account, mutual fund, or retirement fund.

Name of security: _____

Number of shares: _____ Type: ___ Common stock ___ Preferred stock ___ Bond ___ Other

Certificate numbers: _____

In possession of: _____

Current market value, as of _____ \$ _____

Name of security: _____

Number of shares: _____ Type: ___ Common stock ___ Preferred stock ___ Bond ___ Other

Certificate numbers: _____

In possession of: _____

Current market value, as of _____ \$ _____

Name of security: _____

Number of shares: _____ Type: ___ Common stock ___ Preferred stock ___ Bond ___ Other

Certificate numbers: _____

In possession of: _____

Current market value, as of _____ \$ _____

Name of security: _____

Number of shares: _____ Type: ___ Common stock ___ Preferred stock ___ Bond ___ Other

Certificate numbers: _____

In possession of: _____

Current market value, as of _____ \$ _____

Name of security: _____

Number of shares: _____ Type: ___ Common stock ___ Preferred stock ___ Bond ___ Other

Certificate numbers: _____

In possession of: _____

Current market value, as of _____ \$ _____

CLOSELY HELD BUSINESS INTERESTS: Include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other non-publicly traded business entities.

Name of business: _____

Address: _____

Type of business organization: _____

Percentage of ownership: _____

Number of shares owned (if applicable): _____ Value: \$ _____

Name of business: _____

Address: _____

Type of business organization: _____

Percentage of ownership: _____

Number of shares owned (if applicable): _____ Value: \$ _____

BUSINESS PERSONAL PROPERTY (i.e., patents, copyrights, trademarks, and royalties, etc.)

Item _____ **Identification** _____

Location _____ **Value \$** _____

Item _____ **Identification** _____

Location _____ **Value \$** _____

RETIREMENT BENEFITS: Include the following – Defined Contribution Plans, Defined Benefit Plans, IRAs, SEPs, KEOGHs, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state and local, etc.

Name of plan: _____

Name and address of plan administrator: _____

Type: ___ IRA ___ SEP ___ KEOGH ___ DEFINED CONTRIBUTION PLAN

___ DEFINED BENEFIT PLAN ___ GOVERNMENT BENEFIT ___ OTHER

Employee: _____

Employer: _____

Account Title: _____

Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current account balance, as of _____ \$ _____

Name of plan: _____

Name and address of plan administrator: _____

Type: ___ IRA ___ SEP ___ KEOGH ___ DEFINED CONTRIBUTION PLAN

___ DEFINED BENEFIT PLAN ___ GOVERNMENT BENEFIT ___ OTHER

Employee: _____

Employer: _____

Account Title: _____

Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current account balance, as of _____ \$ _____

Name of plan: _____

Name and address of plan administrator: _____

Type: ___ IRA ___ SEP ___ KEOGH ___ DEFINED CONTRIBUTION PLAN

___ DEFINED BENEFIT PLAN ___ GOVERNMENT BENEFIT ___ OTHER

Employee: _____

Employer: _____

Account Title: _____

Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current account balance, as of _____ \$ _____

LIFE INSURANCE

Name of insurance company: _____

Policy number: _____

Name of owner: _____

Name of insured: _____

Designated beneficiary: _____

Date of issue: _____

Type of insurance: Term/Whole/Universal Face amount: _____

Cash surrender value: \$ _____

Name of insurance company: _____

Policy number: _____

Name of owner: _____

Name of insured: _____

Designated beneficiary: _____

Date of issue: _____

Type of insurance: Term/Whole/Universal Face amount: _____

Cash surrender value: \$ _____

Name of insurance company: _____

Policy number: _____

Name of owner: _____

Name of insured: _____

Designated beneficiary: _____

Date of issue: _____

Type of insurance: Term/Whole/Universal Face amount: _____

Cash surrender value: \$ _____

Name of insurance company: _____

Policy number: _____

Name of owner: _____

Name of insured: _____

Designated beneficiary: _____

Date of issue: _____

Type of insurance: Term/Whole/Universal Face amount: _____

Cash surrender value: \$ _____

ANNUITIES

Name of company: _____

Policy number: _____

Name of owner: _____

Name of annuitant: _____

Designated beneficiary: _____

Date of issue: _____

Type of annuity: _____ Face amount: _____

Current Value, as of _____ : \$ _____

Name of company: _____

Policy number: _____

Name of owner: _____

Name of annuitant: _____

Designated beneficiary: _____

Date of issue: _____

Type of annuity: _____ Face amount: _____

Current Value, as of _____ : \$ _____

Name of company: _____

Policy number: _____

Name of owner: _____

Name of annuitant: _____

Designated beneficiary: _____

Date of issue: _____

Type of annuity: _____ Face amount: _____

Current Value, as of _____ : \$ _____

MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, OTHER PROPERTY (including mobile homes, trailers, and recreational vehicles)

Year: _____ Make: _____ Model: _____

Name(s) on certificate of title: _____

In possession of: _____

Name of creditor if loan against vehicle: _____

Current balance, as of _____ \$ _____

Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____

Name(s) on certificate of title: _____

In possession of: _____

Name of creditor if loan against vehicle: _____

Current balance, as of _____ \$ _____

Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____

Name(s) on certificate of title: _____

In possession of: _____

Name of creditor if loan against vehicle: _____

Current balance, as of _____ \$ _____

Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____

Name(s) on certificate of title: _____

In possession of: _____

Name of creditor if loan against vehicle: _____

Current balance, as of _____ \$ _____

Current net equity in vehicle: \$ _____

MISCELLANEOUS PROPERTY: (including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.)

Description of Asset: _____

Owner: _____ Current Value: \$ _____

Description of Asset: _____

Owner: _____ Current Value: \$ _____

Description of Asset: _____

Owner: _____ Current Value: \$ _____

Description of Asset: _____

Owner: _____ Current Value: \$ _____

Description of Asset: _____

Owner: _____ Current Value: \$ _____

Description of Asset: _____

Owner: _____ Current Value: \$ _____

Description of Asset: _____

Owner: _____ Current Value: \$ _____

Description of Asset: _____

Owner: _____ Current Value: \$ _____

SAFE DEPOSIT BOXES

Name of depository: _____

Names of persons with access to contents: _____

Items in safe-deposit box:

Name of depository: _____

Names of persons with access to contents: _____

Items in safe-deposit box:

**DOCUMENTS CLIENT SHOULD SEND TO ATTORNEY
OR BRING TO INITIAL CONSULT**

1. Prior and present Wills, and any Codicils
2. Death certificate
3. Paid funeral bills
4. Trust instruments in which client is grantor, trustee, or beneficiary
5. Income tax return (most recent)
6. Deeds to Property
7. Mortgages
8. Financial statements prepared by accountant
9. Financial information submitted to lending institutions
10. Real and personal property tax bills
11. Copies of any bills and creditors' addresses
12. Vehicle titles
13. Government, municipal, and corporate bonds
14. Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
15. Savings account passbooks, statements relating to certificates of deposit, money market certificates, and liquid daily asset accounts
16. Stockholder or partnership agreements
17. Pension and profit-sharing plans and summary of current benefits
18. Leases
19. Instruments under which client has any interest or power of appointment
20. Prenuptial, postnuptial, or separation agreements
21. Decrees of dissolution of marriage