

LAW OFFICES OF  
**THOMAS E. RAINES, P. C.**  
 ATTORNEYS-AT-LAW  
 3740 Davinci Court, Suite 430  
 Norcross, Georgia 30092

Email: [traines@traineslaw.com](mailto:traines@traineslaw.com)  
 Website: [www.traineslaw.com](http://www.traineslaw.com)

Telephone: 770-263-0093  
 Facsimile: 770-407-5874

**PROBATE AND ESTATE ADMINISTRATION  
 INITIAL INFORMATION QUESTIONNAIRE**

***Personal Information:***

Marital Status at death:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
Decedents Name (First, Middle, Last)			Date of Birth:		
Aliases (if any):			Date of Death:		
Decedents Home Address:(Number, Street, City, State & Zip)			County of Residence at Death:		

***Administration of Estate:***

Was there a Last Will and Testament? Yes    No

If YES, do you have the original? Yes    No

If YES, what is the date of the Last Will and Testament? \_\_\_\_\_

If YES, who was named as Executor? \_\_\_\_\_

***Executor/Administrator/Personal Representative of Estate***

If the answer above is YES and there was a Will, this should be the person(s) named as Executor or Personal Representative in the Will (Unless the person is deceased or has declined to serve for some reason).

If the answer above is NO, and there was not a Will, this should be the person who is requesting that he/she be appointed as Administrator of the Estate.

Please check below.

Title:	<input type="checkbox"/> Executor	<input type="checkbox"/> Administrator	<input type="checkbox"/> Personal Representative
Name (First, Middle, Last)		Relationship:	
Home Address:(Number, Street, City, State & Zip)		Cell Phone Number:	
Client's Email Address:		Work Phone Number:	



*Pre-Deceased Children:*

<u>FULL NAME (First, Middle, Last)</u>	<u>DATE OF BIRTH</u>	<u>DATE OF DEATH</u>

*Children of Pre-Deceased Child:*

<u>FULL NAME (First, Middle, Last)</u>	<u>DATE OF BIRTH</u>	<u>DATE OF DEATH</u>

*If there are no family members that fit these categories, please advise my paralegal, Kelly Kennedy prior to your appointment.*

**PROPERTY INFORMATION**

**REAL PROPERTY**

<b>Description &amp; Location</b>	<b>Titled in whose name. (Indicated if Joint or Beneficiary and name)</b>	<b>Purchase Price</b>	<b>Market Value</b>	<b>Mortgage</b>

**AUTOMOBILES AND VEHICLES**

**(CARS, BOATS, TRAILERS, MOTORCYCLES, MOTOR HOMES, AIRPLANES, ETC.)**

<b>Description</b>	<b>Titled in whose name. (Indicated if Joint or Beneficiary and name)</b>	<b>Market Value</b>	<b>Encumbrances</b>

**CASH DEPOSIT ACCOUNTS**  
**(BANKS, CREDIT UNIONS, SAVINGS, CHECKING, CDS, MONEY MARKET, ETC.)**

Name of Bank	Titled in whose name. (Indicated if Joint or Beneficiary and name)	Value as of Date of Death

**STOCKS AND BONDS**

Name of Security	Titled in whose name. (Indicated if Joint or Beneficiary and name)	Purchase Price	Value as of Date of Death

**BUSINESS INTEREST**

Description of Account	Titled in whose name. (Indicated if Joint or Beneficiary and name)	Value as of Date of Death

**ACCOUNTS RECEIVABLE**  
**(NOTES, CONTRACTS, MORTGAGES, DEBTS, COLLECTIBLES)**

Description of Account	Titled in whose name. (Indicated if Joint or Beneficiary and name)	Value as of Date of Death

**HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES**

Description & Account	Value as of Date of Death

**OTHER PROPERTY**  
**(TVS, CAMERAS, STEREOS, RADIOS, CHINA, SILVER, LAWNMOWERS, ETC.)**

Description & Account	Value as of Date of Death

**ADDITIONAL INFORMATION**

Description & Account	Value as of Date of Death

**The undersigned designated Executor/Personal Representative/Administrator of the above-named Decedent does hereby affirm that the information contained in this questionnaire is to the best of our ability and knowledge.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please provide me with the following (if applicable):**

- |   |   |
|---|---|
| <input type="checkbox"/> Last Will and Testament (Original) or Trust Agreement (Original) | <input type="checkbox"/> Financial Institution Accounts (list/balances)       |
| <input type="checkbox"/> Any Codicils to Original Will                                    | <input type="checkbox"/> Stocks, Bonds, IRAs, 401k (list/balances)            |
| <input type="checkbox"/> Any Amendments to Original Trust                                 | <input type="checkbox"/> Trusts documents (if any)                            |
| <input type="checkbox"/> List of Heirs (names, addresses and ages)                        | <input type="checkbox"/> List of creditors (debts owed) and any payments made |
| <input type="checkbox"/> Certified Copy of Death Certificate                              | <input type="checkbox"/> Written notification to Social Security?             |
| <input type="checkbox"/> Divorce Decree (if applicable)                                   | <input type="checkbox"/> Any Prior Court Filings, correspondence, etc.        |
| <input type="checkbox"/> List of Real Estate and Deeds to Real Estate                     | <input type="checkbox"/> Contact Information for CPA, Financial Advisor       |
| <input type="checkbox"/> Automobile Titles  |   |