



JARED N. LYLES, P.C.
ATTORNEY AT LAW

QUESTIONNAIRE FOR PROBATE OF WILL

(Please provide the Original Last Will and Testament and a Certified Copy of the Death Certificate with this completed Document)

EXECUTOR'S INFORMATION

Name: _____ Relationship to Decedent: _____

Address: Mailing: _____ Physical: _____

Phone Numbers: Home: _____ Email: _____
Work: _____
Fax: _____

Social Security Number: _____ D.O.B.: _____

DECEDENT INFORMATION

Full Legal Name: _____ SS# _____

Date of Death: _____ Date of Birth: _____

Spouse Name, If Applicable: _____ Deceased? _____

Children (Surviving and Deceased) _____

Were you Listed as Executor / Executrix in the Decedent's Will? _____ Yes _____ No

Who, if anyone, was listed as the Successor Executor / Executrix? _____

HEIR INFORMATION

(Please list all possible heirs of the decedent, their relationship to the Decedent, Age and mailing address)

Name

Age

Relationship

Mailing Address

Do any of the above heirs suffer from any sort of mental incompetence? _____. If yes, please state who and the nature of their incompetence.

Please list all the Assets and Debts of the Estate of the Decedent and their approximate value:

I affirm that I have answered the above questions truthfully and to the best of my ability.

Petitioner / Applicant