



STINSON LASSWELL & WILSON

ATTORNEYS AT LAW

255 N. WATER ST. WICHITA, KANSAS 67202 | (316) 264-9137

ESTATE & PROBATE QUESTIONNAIRE

Today's Date: _____

About You

Full Legal Name: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Other Phone: _____

Email Address: _____

Birth Date (mm/dd/yy): _____ Social Security Number: _____

Place of Birth (City & State): _____ DL Number/State: _____

How many years of schooling do you have? _____

High School: _____ College: _____

If college was completed, what area was your degree in? _____

Current Employer: _____

Employer Address: _____

Hire Date: _____ Current Position: _____

Marital Status: _____ If married, spouses name: _____

Is spouse living? Yes No If no, date of spouse's death: _____

About the Decedent

Full Legal Name of Decedent: _____

Former Residence/Address of Decedent: _____

City, State, Zip: _____

Date of Death: _____ *(Please attach a certified copy of the Death Certificate.)*

State of Domicile at Death: _____ Year in which Domicile established: _____

Place of Death: _____ Cause of Death: _____

Length of last known illness: _____

Birth Date (mm/dd/yy): _____ Social Security Number: _____

Place of Birth (City & State): _____

Occupation or Business: _____

If retired, please state former business or occupation above.

Employer Identification Number, if any: _____

Decedent's Physician(s):

Physician's Name	Medical Practice Name	Address	Phone Number

If decedent was confined to a hospital during last illness or within three (3) years prior to death, please give name and contact information of hospital: _____

Will Information

Date of fully executed Will: _____ *(Please furnish original Will for filing with Probate court.)*

Date of Codicils: _____ *(Please furnish original Codicil(s) for filing.)*

Statement or list disposing of tangible personal property dated: _____

Draftsman of Will: _____

Address and/or Phone Number of Draftsman: _____

Original Will in possession of: _____

Address and/or Phone Number of who has Originals: _____

Petition to be signed by: _____

Relationship to Decedent: _____

Address and Phone Number: _____

Executor or Administrator: _____

Address and Phone Number: _____

Successor Executor: _____

Address and Phone Number: _____

Date of marriage to spouse, if married: _____

Domicile at marriage: _____

Date of birth of spouse: _____

If spouse is deceased, indicate date of death. If spouse has survived descendant, indicate date as not applicable. _____

Are there any waivers from the descendant if spouse at time of death is not to receive everything stated in their Will? If so, please provide originals and detail below. _____

If decedent adopted a child, indicate name, date, and place of adoption. Also include in below section of Heirs, Legatees and Devises: _____

If decedent was divorced, indicate name of former spouse(s), date, state, and county of final divorce decree. *(Please attach a certified copy of the final divorce decree.)* _____

Name of Accountant: _____

Address and Phone Number: _____

Assets

*If there are more assets than room available for on this questionnaire,
please attach additional pages to include all assets.*

Safe Deposit Box

Name of bank or safe deposit company: _____

Address and Phone Number: _____

Name of authorized person(s): _____

Bank and Savings and Loan Accounts

Name of Bank or Trust Company	How Held	Account Number	Date of Death Value

Of these accounts, are there any pay or transfer-on-death waivers to anyone? Are there any other authorized users to the above listed accounts? Please provide details below. _____

Stocks and/or Business Interests

Company	Kind of Stock	Certificate Number	Shares Held	How Held	Value

Bonds, Government Bonds and Mortgages

Debtor of Issuer	Number	Series	Description	How Held	Value

Life Insurance on Life of Decedent

Company	Beneficiary	Policy Number	Face Value

Annuities

Description	Value

Other Personal Property

Description	Value

Real Estate

Legal Description	Street Address, County, and State where located	How Held	Value

Partnership Property

Description	Value

Joint Tenancy Property

Description	Names/Relationship of Joint Tenant	Value

Oil/Gas/Mineral Rights

Legal Description	County & State where located	Name of Purchaser(s)	Name of Well	Date Acquired	Amount of Interest

Debts

Name, Address, and Phone Number of Creditor	Description of Debt	Amount Owed

