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PROBATE AND ESTATE ADMINISTRATION INITIAL INFORMATION QUESTIONNAIRE

Today's Date ____/____/____

Decedent's Full Legal Name _____

Aliases (if any) _____

Date of Death ____/____/____ Decedent's Social Security Number: _____

Address at time of death _____

County of Residence at Death _____

Relationship of Client to Decedent _____

Personal Representative/Executor _____

P.R./Executor Address _____

P.R./Executor Phone: _____

P.R./Executor Email: _____

OFFICE USE ONLY

- | | |
|---|---|
| <input type="checkbox"/> Last Will & Testament (Original) | <input type="checkbox"/> Financial Institution Accounts (list/balances) |
| <input type="checkbox"/> List of Heirs (names, addresses, ages) | <input type="checkbox"/> Stocks, Bonds, IRAs, 401k (list/balances) |
| <input type="checkbox"/> Death Certificate | <input type="checkbox"/> Trust documents (if any) |
| <input type="checkbox"/> List of Real Estate | <input type="checkbox"/> List of creditors (debts owed) |
| <input type="checkbox"/> Deeds to Real Estate | <input type="checkbox"/> Notify Social Security |
| <input type="checkbox"/> Automobile Titles | <input type="checkbox"/> Capital Credits (Sawnee EMC) |
| <input type="checkbox"/> Interrogatories for Non-Self Proving Will? | |

FAMILY INFORMATION

IS ANY FAMILY MEMBER MENTALLY OR PHYSICALLY DISBALED?

Yes _____ or No _____ (If yes, please provide additional information regarding this, including any conservatorship or guardianship, on the last page of this form)

Surviving Spouse Information

Full Legal Name: _____

Date of Birth ____/____/____

Address _____

Telephone _____

Children-Living

(Natural or Adopted)

Name

Date of Birth

Address

Children - Predeceased

Name

Date of Death

Children of Predeceased Child

Name

Date of Birth

Address

IF THERE ARE NO FAMILY MEMBERS THAT FIT THESE CATEGORIES PLEASE ADVISE THE ATTORNEY PRIOR TO YOUR APPOINTMENT.

Stocks & Bonds

Description Account

Value as of Date of Death

Pensions, Profit Sharing, Retirement Accounts, Annuities

Description Account

Value as of Date of Death

Business Interests

Description Account

Value as of Date of Death

Accounts Receivable

(Notes, Contracts, Mortgages, Debts)

Description Account

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

The undersigned designated executor/personal representative/administrator of the above-named decedent does hereby affirm that the information contained in this form is true and accurate to the best of our ability and knowledge.

Signature **Date**
Printed Name_____

Signature **Date**
Printed Name_____

Signature **Date**
Printed Name_____

Signature **Date**
Printed Name_____