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— LeGacy Planning... For Every Family... For Everyone —

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## INITIAL PROBATE AND/OR TRUST ADMINISTRATION QUESTIONNAIRE

Please accept our sincere condolences on your loss. We know this is a difficult time for you, but hopefully, we can make the process easier. One major task in estate and trust administration is to promptly gather accurate information and it is one in which you will actively participate. This task is typically an ongoing project throughout the administration. This form indicates some of that information which is required initially for the attorney to prepare the petition for administration and other papers that must be filed with the court to “open” the estate or administer the trust. Also, each item of information provided may alert the attorney to special issues that may be dealt with at the outset to avoid future problems.

Please complete as much information as possible, as soon as possible. You can leave blanks to be completed later and information can be supplemented or changed later if more accurate or more complete information becomes available. If any information does not apply, please so indicate “NA.” If additional space is required, attach a separate sheet. Please return a copy of this document, attachments and any supporting materials to the attorney. ***(For purposes of this form, references to “Will” also apply to a revocable trust, if any; please provide that information as well, or in place of Will information.)***

**CAUTION:** It is STRONGLY recommended that you not enter the safe-deposit box unless a representative of this office is present, and a complete inventory should then be made and signed by all who are present.

Forward your completed questionnaire to our office within 24-48 hours prior to your scheduled consultation time plus any other pertinent documents (bills, assets, death certificate, etc.). The attorney will then have time to review the information prior to your arrival which allows for a more cost efficient and productive discussion at your meeting. You have the option to return it by email, fax, mail or in person:

1. Email: Scan and email the questionnaire to [heather@lawyergriffin.com](mailto:heather@lawyergriffin.com)
2. Fax: (727) 446-2748
3. US Mail (Please allow 4-5 days for delivery):  
Linda Suzanne Griffin, P.A.  
1455 Court Street  
Clearwater, FL 33756.

Should you have any further questions or need additional clarification, please do not hesitate to contact our office. We look forward to meeting with you soon.

**PRELIMINARY INFORMATION LIST**

**I. PROSPECTIVE PERSONAL REPRESENTATIVE and/or TRUSTEE**

- 1.01 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- 1.02 U.S. Citizen? \_\_\_\_\_ SSN: \_\_\_\_\_
- 1.03 Mailing Address: \_\_\_\_\_
- 1.04 Residential Address: \_\_\_\_\_
- 1.05 Telephone: 1) Home \_\_\_\_\_ 2) Cell \_\_\_\_\_
- 1.06 Email: 1) Primary \_\_\_\_\_ 2) Other \_\_\_\_\_
- 1.07 Relationship to Decedent: \_\_\_\_\_
- 1.08 Interest in estate: \_\_\_\_\_
- 1.09 Have you ever been convicted of a felony?: \_\_\_\_\_

**II. DECEDENT**

- 2.01 1) Full name (as shown in Will): \_\_\_\_\_  
2) Any other name(s) (or indicate "none") used by Decedent in legal documents (maiden name, deeds, etc.) \_\_\_\_\_
- 2.02 1) Last residence address: \_\_\_\_\_  
2) Homestead? Yes \_\_\_\_ No \_\_\_\_.  
3) Copy of deed? Yes \_\_\_\_ No \_\_\_\_.  
4) Year Florida residence established (*attach declaration of domicile, if available*): \_\_\_\_\_
- 2.03 1) Date of birth: \_\_\_\_\_  
2) Place of Birth: \_\_\_\_\_  
3) U.S. Citizen?: Yes \_\_\_\_ No \_\_\_\_.  
4) Social Security # : \_\_\_\_\_
- 2.04 1) Place of death (hospital name, home, etc.): \_\_\_\_\_  
2) Address: \_\_\_\_\_  
3) Was an ambulance service used at the time of Decedent's death or prior to Decedent's death? Yes \_\_\_\_ No \_\_\_\_.
- 2.05 Date of death (*attach copy of death certificate, if available*): \_\_\_\_\_
- 2.06 Did Decedent leave written instructions regarding cremation, funeral, disposition of remains, or anatomical donation? Yes \_\_\_\_ No \_\_\_\_ . If "Yes" please provide a copy of those instructions.

**2.07** Indicate Family Tree in this space (names, ages, relationships)

**2.08** Did Decedent leave a Surviving Spouse? Yes \_\_\_\_ No \_\_\_\_\_. If “No”, provide date of death \_\_\_\_\_ **AND** death certificate. If “Yes”, provide the following:

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Marriage to Decedent: \_\_\_\_\_

**2.09** Has spouse been married continuously to Decedent since the date of marriage above? Yes \_\_\_\_ No \_\_\_\_\_. If “No”, please provide copy of divorce decree(s).

**2.10** If married, did Decedent and Decedent’s spouse have a prenuptial or postnuptial agreement? Yes \_\_\_\_ No \_\_\_\_\_. If “Yes” please provide the original of the document and any amendments.

**2.11** Please provide the names, ages, and addresses of the surviving spouse and of all children (living or deceased). Indicate any person who is deceased, has been declared incapacitated, is in the armed services or any minor whose disabilities have been removed.

<b>Name</b>	<b>Age</b> (Please give date of birth if a minor)	<b>Relationship to Decedent</b>	<b>Address</b>	<b>Beneficiary?</b>
1)				
2)				
3)				
4)				
5)				

**2.12** Please provide the names, ages, addresses, and social security numbers of additional estate and/or trust beneficiaries (living or deceased) other than the person(s) named in 2.11 above. Indicate by note any person who is deceased, has been declared incapacitated, or is in the armed services, or any minor whose disabilities have been removed.

<b>Name</b>	<b>Age</b> (Please give date of birth if a minor)	<b>Relationship to Decedent</b>	<b>Address</b>
1)			
2)			
3)			
4)			
5)			

**2.13** Did Decedent have a safe-deposit box?: Yes \_\_\_\_ No \_\_\_\_ . If "Yes" :

- 1) Name of Bank(s): \_\_\_\_\_
- 2) Address of Bank(s): \_\_\_\_\_
- 3) Box Number: \_\_\_\_\_
- 4) Joint signatory (if any): \_\_\_\_\_
- 5) Contents (if known)? \_\_\_\_\_

**2.14** Did Decedent have any of the following (if "Yes" attach description or explanation):

- 1) Assets subject to rapid or severe deterioration or perishable property: Yes \_\_\_\_ No \_\_\_\_ .
- 2) Assets especially susceptible to theft, destruction, damage, or injury: Yes \_\_\_\_ No \_\_\_\_ .
- 3) An interest in a partnership: Yes \_\_\_\_ No \_\_\_\_ .
- 4) A sole proprietorship: Yes \_\_\_\_ No \_\_\_\_ .
- 5) An interest in a small business corporation: Yes \_\_\_\_ No \_\_\_\_ .
- 6) Substantial obligations payable within the next 30 days: Yes \_\_\_\_ No \_\_\_\_
- 7) Valuable assets that are presently in the possession of another person or in a location that is not secure: Yes \_\_\_\_ No \_\_\_\_ .

**2.15** Accountant(s):

1) Decedent's accountant:

Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2) Accountant subsequently selected to prepare various estate returns:

Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**2.16** Decedent's stockbroker or investment advisor:

Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**2.17** If Decedent was engaged actively in operation of his or her own business, describe business and person(s) now operating business and proposed method of future operation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2.18** If Decedent did not operate his or her own business, please list Decedent's occupation and place of business, or, if retired, former occupation: \_\_\_\_\_

\_\_\_\_\_

**2.19** If Decedent was medically discharged or retired from any branch of the armed forces, was Decedent's death the result of a service-related disability? Yes \_\_\_\_\_ No \_\_\_\_\_.

**2.20** The last personal income tax return (IRS form 1040) filed by Decedent for income received during the year \_\_\_\_\_ and the return was filed on or about \_\_\_\_\_.

***(A copy of the three (3) most recently filed returns should be furnished to the attorney)***

**2.21** Was Decedent at the time of death regularly required to file tax returns with any other state or country? (If so, indicate the state and due date of next return.)

Personal income tax return (State)	Yes	No	Due Date
_____	_____	_____	_____
Intangible personal property tax return (State)	Yes	No	Due Date
_____	_____	_____	_____
Tangible or commercial personal property tax return (State)	Yes	No	Due Date
_____	_____	_____	_____
Other (Explain)	Yes	No	Due Date
_____	_____	_____	_____

**2.22** Have appropriate claims been filed on all policies, including Medicare, for medical care and hospitalization benefits for Decedent? Yes \_\_\_\_ No \_\_\_\_.

**2.23** Decedent's Hospitalization Policies (including Medicare):

<b>Company</b>	<b>Policy Number</b>	<b>Location of Policy</b>
_____	_____	_____
_____	_____	_____

**2.24** Did Decedent owe any creditors? Yes \_\_\_\_ No \_\_\_\_ . If "Yes" please describe below the information requested and also whether the obligation is secured by any of Decedent's assets?

<b>Payee</b>	<b>Type of Creditor</b>	<b>Amount Due</b>	<b>Due Date</b>	<b>Estimated Balance</b>
1)				
2)				
3)				
4)				

**2.25** Please list any notes, comments, questions or pending items:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **III. LAST WILL & TESTAMENT (THE "WILL")**

**3.01** Location of original Will: \_\_\_\_\_

**3.02** Who prepared Will? :

1) Name: \_\_\_\_\_

2) Address: \_\_\_\_\_

- 3.03** Date of:  
 1) Will: \_\_\_\_\_  
 2) Codicil: \_\_\_\_\_  
 3) Separate Writing: \_\_\_\_\_

**3.04** Location & address of where Will was signed: \_\_\_\_\_  
 \_\_\_\_\_

**3.05** Witnesses to Will: If the Will was witnessed, please provide information of the witnesses and circle the letter of the witness, if known, who could most conveniently travel to the courthouse to swear to the execution of the Will, if required.

**Will Witness A**

**Will Witness B**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

**3.06** Was the Will Notarized? Yes \_\_\_\_ No \_\_\_\_\_. If "Yes", please provide the following:

1) Name: \_\_\_\_\_

2) Address: \_\_\_\_\_

**3.07** Witnesses to Codicil: If the Codicil(s) was witnessed, please provide information of the witnesses and circle letter of witness, if known, who could most conveniently travel to the courthouse to swear to the execution of the Will, if required. **Note:** For witnesses to additional Codicils, use a separate sheet and place check here

**Codicil Witness A**

**Codicil Witness B**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_



**3.08** Was the Codicil(s) Notarized? Yes \_\_\_\_ No \_\_\_\_\_. If "Yes", please provide the following. **Note:** For notary information to additional Codicils, use a separate sheet and place check here :

1) Name: \_\_\_\_\_

2) Address: \_\_\_\_\_

**3.09** If Decedent died leaving a Will, are any of Decedent's children, or children of a deceased child, not named as a beneficiary in the Will? Yes \_\_\_\_ No \_\_\_\_\_.

**3.10** Are any heirs omitted such that there may be a Will contest? Yes \_\_\_\_ No \_\_\_\_\_. If "Yes", please note they may want to open probate so Will contest is in probate.

**3.11** Did Decedent create any trusts during lifetime? Yes \_\_\_\_ No \_\_\_\_\_. If "Yes" please provide a copy of each trust document.

**3.12 Attorney Only:** Elective Share: Give or mail correspondence to surviving spouse as personal representative or trustee re: elective-share rights. Yes \_\_\_\_ No \_\_\_\_\_.

**3.13 Attorney Only:** Advise regarding independent counsel for individual rights if spouse is personal representative and/or trustee. Yes \_\_\_\_ No \_\_\_\_\_.

**3.14** Please list any notes, comments, questions or pending items:

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**IV. SUMMARY OF ASSETS.** Please list the approximate value and nature of assets owned by Decedent, individually, jointly or in trust. As to each listed asset, indicate form of ownership as "J" (joint), "I" (individually), "POD" or "TOD" (payable or transfer on death), "RT" (revocable trust), "TBE" (tenants by the entirety), or "UNK" (unknown). ATTACH SUPPLEMENTAL SHEETS AS NECESSARY.

**4.01** Cash: Please list any cash belonging to Decedent not in a bank account (amount & location):

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**4.02** Bank accounts or certificates of deposit: Provide a copy of a statement that includes the date of death, if available:

Bank	Account Type (Checking, Savings, etc.)	Account Number	Ownership (see above instructions)	Approximate Balance
1)				
2)				
3)				
4)				
5)				

**4.03** Real Estate: Please provide a copy of a document showing the legal description, if available. If the property is rented, provide a copy of the lease or a separate sheet with the name and address of the tenant, date and amount of next rent payment, and ending date of the lease, plus any options to renew. If any of the real estate is **outside Florida** or **outside the U.S.**, please indicate the state or country (*If there is more than three pieces of real property, then please list on a separate sheet of paper and attach*):

Address	Type of Building	Approx. Market Value	Ownership (see above)	Vacant, Rented or Occupied	Mortgage? If "Yes" see 4.04
1)					
2)					
3)					

*(This space is intentionally left blank)*

**4.04** If “Yes” was indicated in 4.03 regarding a mortgage on any property in which Decedent owned an interest please provide a copy of the mortgage or loan documents and payment schedule and provide the following (*If there is more than one mortgage, then please list on a separate sheet of paper and attach*):

- 1) Name of mortgage creditor: \_\_\_\_\_
- 2) Payment address: \_\_\_\_\_
- 3) Telephone: \_\_\_\_\_
- 4) Loan number : \_\_\_\_\_
- 5) Payable (monthly, quarterly, etc.): \_\_\_\_\_
- 6) Next payment due: \_\_\_\_\_
- 7) Amount: \_\_\_\_\_
- 8) Approximate balance: \_\_\_\_\_

**4.05** Have the homestead and other exemptions’ applications (and applications for “greenbelt” if applicable) been filed with the property appraiser in the appropriate county where Decedent owned an interest in real property? Yes \_\_\_\_ No \_\_\_\_.

**4.06** Are any benefits due from the Social Security Administration, the Veterans’ Administration or branch of the armed forces of the United States? (Life insurance, burial reimbursement, headstone/marker, etc.) Yes \_\_\_\_ No \_\_\_\_.

**4.07** Pension, Retirement or Profit Sharing Plan, Annuity, Keogh, MA, 401(k): Did Decedent have a company pension or profit-sharing plan, annuity, Keogh plan, 401k or Individual Retirement Account (IRA)? Yes \_\_\_\_ No \_\_\_\_ . If “Yes”, please provide a copy of the pension documents, statements, and beneficiary designations, as applicable. **Note:** *It is important that no election of periodic or lump sum payment of proceeds be made before the attorney can consider the estate tax and income tax consequences of such election.*

Company Name	Beneficiary on policy	Type of plan	Death Benefit Amount?	Currently in pay status?
1)				
2)				
3)				
4)				
5)				

**4.08** List any employee benefits (other than annuities and IRAs) due upon death of Decedent:

Company Name & Address	Description of Benefit
_____	_____
_____	_____
_____	_____

**4.09** Stocks & Bonds: If in a brokerage account, provide a copy of the statement covering date of death, if available, and only indicate total value of account.

Company Name	Ownership (see instructions above)	Account Number	Number of Shares	Approximate Value
1)				
2)				
3)				
4)				

**4.10** Mortgage Receivables and/or Notes Payable to Decedent: Yes \_\_\_\_ No \_\_\_\_\_. If "Yes", please provide a complete copy of the documents and payment schedule, if available.

Payor Name & Address	Ownership (See above instructions)	Original Document Date	Next Payment Due Date & Amount	Approximate Balance Remaining
1)				
2)				
3)				

**4.11** Insurance on Decedent's life: Yes \_\_\_\_ No \_\_\_\_\_. If "Yes", please provide a complete copy of the documents and payment schedule, if available.

<b>Company Policy &amp; Policy Number</b>	<b>Ownership (see instructions above)</b>	<b>Location of Policy</b>	<b>Amount Payable</b>
1)			
2)			
3)			
4)			

**4.12** Automobiles: Decedent's automobiles should be parked, locked, and secured unless a family member WHO IS ALSO NAMED AS INSURED ON THE INSURANCE POLICY is using the automobile. If the automobile is being used, please immediately advise the lawyer.

<b>Make, Model &amp; Year</b>	<b>Ownership (see above instructions)</b>	<b>Car Loan? If Yes, Lender name &amp; amount due</b>	<b>Approximate Value if Owned</b>	<b>Car Lease?</b>	<b>If Lease, Please provide Lessor, amount, date of next payment</b>
1)					
2)					

*(This space is intentionally left blank)*

**4.13** Jewelry, art object, antiques, furs and other valuable items:

<b>Item</b>	<b>Location</b>	<b>Ownership (see above instructions)</b>	<b>Person in possession</b>	<b>Approximate Value</b>	<b>Insured?</b>
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					

**4.14** Other assets not described above (clothes, furniture, etc):

<b>Item</b>	<b>Location</b>	<b>Ownership (see above instructions)</b>	<b>Person in possession</b>	<b>Approximate Value</b>	<b>Insured?</b>
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

**4.15** Insurance policies for assets (homeowner's, car insurance, boat insurance, umbrella policy etc). *Is there sufficient insurance coverage of all assets in which Decedent had an interest at time of death\*?*

<b>Policy Name &amp; Type</b>	<b>Policy Number</b>	<b>Agent</b>	<b>Limits &amp; Coverage*</b>	<b>Paid Through Date</b>
1)				
2)				
3)				
4)				
5)				

**4.16** Was Decedent a beneficiary of any trust (other than Decedent's trust) or another person's Will? Yes\_\_\_\_ No \_\_\_\_\_. If "Yes", please provide a copy of the trust and the following information:

<b>Current Trustee &amp; Address</b>	<b>Decedent's Interest</b>	<b>Approx. Value</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**4.17** What is the approximate total value of **ALL** assets belonging to Decedent (and 50% of jointly-owned assets), including all life insurance owned by Decedent?

\_\_\_\_\_

**Attorney Only:**

IF TAXABLE ESTATE: Need DR-313 and Notice of Federal Estate Tax Return Due: \_\_\_\_\_

IF NON-TAXABLE ESTATE: Need DR-312 and Affidavit of No FLA. Estate Tax Due: \_\_\_\_\_

**4.18** Please list any notes, comments, questions or pending items:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**V. OTHER PERTINENT INFORMATION**

**5.01** Lifetime Gifts:

1) Did Decedent make any lifetime gifts in excess of the annual exclusion amount?

Yes \_\_\_ No \_\_\_. If "Yes" during what year(s)? \_\_\_\_\_

2) Did Decedent ever file a form 709 United States Gift Tax Return?

Yes \_\_\_ No \_\_\_. If "Yes" for what year(s) was a return filed? \_\_\_\_\_

3) Did Decedent file gift tax returns? Yes \_\_\_ No \_\_\_. If yes, please provide copies of all returns.

**5.02** Did Decedent make any "strings-attached" transfers described in Sections 2035-2038 of the Code? Yes \_\_\_ No \_\_\_. If "Yes", describe: \_\_\_\_\_.

**5.03** Did Decedent possess any general power of "appointment?" Yes \_\_\_ No \_\_\_. If "Yes", describe: \_\_\_\_\_.

**5.04** Did Decedent inherit property from anyone who died within the last 10 years? Yes \_\_\_ No \_\_\_. If "Yes", describe: \_\_\_\_\_.

\*\*\*\*\*

The undersigned acknowledges that this Probate and Trust Administration Questionnaire is complete to the best of his or her knowledge and no information is being purposefully withheld.

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

\_\_\_\_\_  
Signature