

Olivia H. Stoner, Esquire, CFP®
 Probate & Estate Planning
 Admitted in PA
 ohstoner@aol.com

PROBATE INTAKE QUESTIONNAIRE

CONFIDENTIALITY: This information you provide to us will not be disclosed to anyone who is not directly affiliated with this firm, except in the course of rendering legal services on your behalf, or otherwise provided by law.

This form is extremely important. Your accuracy and completeness will help us to best represent you. Please complete ALL the sections at least two business days before the appointment date stated in the letter. Bring this completed form and all supporting documentation to our office by the date stated in the initial letter. Feel free to mail or fax this form to us prior to your appointment, provided it arrives by the date stated in the letter. This form MUST be completed in full prior to the appointment. Without a fully completed form we will be unable to fully discuss your situation with you.

Date _____

Who can we thank for your referral: _____

Are you seeing the attorney **on behalf of someone else** (i.e. parents, bother, sister)
 Yes ___ No ___ If yes, who: _____

If you need additional room to complete any portion of this form, please use additional paper or the back of this form to include the information.

Your name: _____

Nicknames or Maiden Name: _____

Date of Birth: _____ SSN: _____

Citizenship & Alien Registration Number (if non-US citizen: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Email: _____

Facsimile: _____

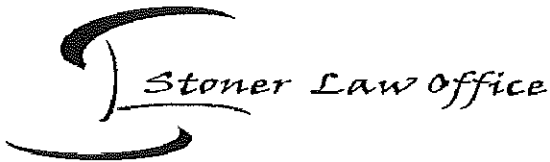
Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Title/Occupational Designation: _____

Relationship to Decedent: _____



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DECEDENT

Name(s) _____

Current Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different) _____

Date of Birth: _____ SSN: _____

Citizenship & Alien Registration Number (if non-US citizen): _____

Date of Death: _____

Place of Death (hospital; location; etc.): _____

Do You Have Copy of Death Certificate? Y / N

__ Married, __ Single, __ Divorced, __ Separated, __ Widow(er), or __ Life Partner

Date of Divorce or Spouse's Death: _____

Name of Spouse or Life Partner (even if deceased): _____

Name of Ex-Spouse: _____

Is he or she still alive? Y / N

Address of Spouse (if living): _____

ALL of Decedent's Surviving Children:

1. _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

2. _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

3. _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

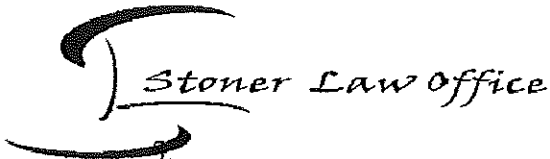
Telephone: _____ Email: _____

4. _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____



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5. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

6. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

ALL of Decedent's Deceased Children's Children (grandchildren):

1. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

2. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

3. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

4. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

5. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

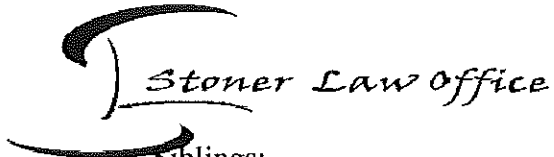
6. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

7. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

If NO Surviving Spouse or Children, please provide the following:

Decedent's Parents: _____

 Address (if living): _____



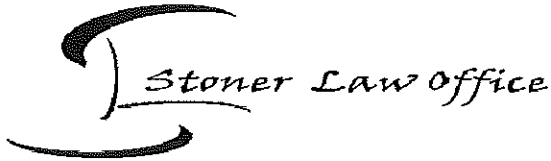
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Siblings:

1. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
2. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
3. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
4. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
5. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

ALL Children of Decedent's Deceased Siblings:

1. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
2. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
3. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
4. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
5. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____



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WILL

Beneficiaries Named in The Will:

1. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
2. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
3. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
4. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
5. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

If Beneficiary Is Deceased, List Deceased Beneficiaries' Spouse & Children (if any):

1. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
2. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
3. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
4. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
5. _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____



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PERSONAL REPRESENTATIVE(S)

1. Name: _____

Nicknames or Maiden Name: _____

Date of Birth: _____ SSN: _____

Citizenship & Alien Registration Number (if non-US citizen): _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Email: _____

Facsimile: _____

Relationship to Decedent: _____

Has this person: Been Convicted of a Felony Filed Bankruptcy

2. Name: _____

Nicknames or Maiden Name: _____

Date of Birth: _____ SSN: _____

Citizenship & Alien Registration Number (if non-US citizen): _____

Current Address: _____

City: _____ State: _____ Zip: _____

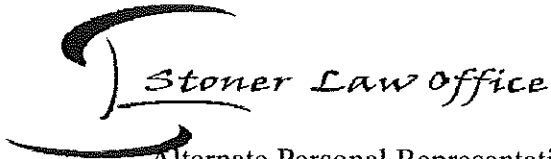
Home Telephone: _____ Cell Phone: _____

Email: _____

Facsimile: _____

Relationship to Decedent: _____

Has this person: Been Convicted of a Felony Filed Bankruptcy



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Alternate Personal Representative:

Name: _____

Nicknames or Maiden Name: _____

Date of Birth: _____ SSN: _____

Citizenship & Alien Registration Number (if non-US citizen: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Email: _____

Relationship to Decedent: _____

Has this person: Been Convicted of a Felony Filed Bankruptcy

TRUSTS

Name of Trust: _____

Date of Creation: _____

Trustee(s):

1. Name: _____ Telephone: _____

Address: _____

2. Name: _____ Telephone: _____

Address: _____

ASSETS

1. Is there life insurance? Y / N Policy No.: _____

Date of issue: _____ Value: _____

Company: _____

Where is policy located: _____

Date of issue: _____ Value: _____

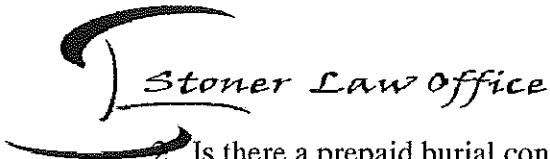
Company: _____

Where is policy located: _____

Date of issue: _____ Value: _____

Company: _____

Where is policy located: _____



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2. Is there a prepaid burial contract or burial insurance? Y / N Value: _____
Date of issue: _____ Company: _____

3. Is there a safe deposit box? Y / N Who has key? _____
Bank: _____
Location: _____
Box No. _____ Who has access? _____

4. Real Estate:
Description: _____
Name(s) on Title Instrument: _____
Estimated Value: _____
Where is the Deed? _____
Is it the Decedent's Primary Residence? _____

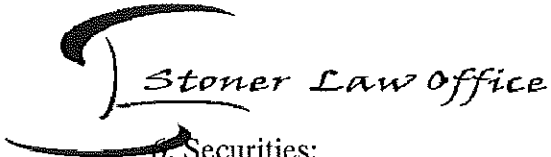
Description: _____
Name(s) on Title Instrument: _____
Estimated Value: _____
Where is the Deed? _____

Description: _____
Name(s) on Title Instrument: _____
Estimated Value: _____
Where is the Deed? _____

5. Checking, Savings, Certificate of Deposit Account(s):
Description: _____
Owner(s): _____
Estimated Balance: _____ Where located: _____
Bank Name: _____
Contact Person: _____ Telephone: _____
Address: _____

Description: _____
Owner(s): _____
Estimated Balance: _____ Where located: _____
Bank Name: _____
Contact Person: _____ Telephone: _____
Address: _____

Description: _____
Owner(s): _____
Estimated Balance: _____ Where located: _____
Bank Name: _____
Contact Person: _____ Telephone: _____



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6. Securities:

Description: _____
Owner(s): _____
Estimated Balance: _____ Where located: _____
Broker Name: _____
Contact Person: _____ Telephone: _____
Address: _____

Description: _____
Owner(s): _____
Estimated Balance: _____ Where located: _____
Broker Name: _____
Contact Person: _____ Telephone: _____
Address: _____

Description: _____
Owner(s): _____
Estimated Balance: _____ Where located: _____
Broker Name: _____
Contact Person: _____ Telephone: _____
Address: _____

7. Mortgages/Accounts Receivable:

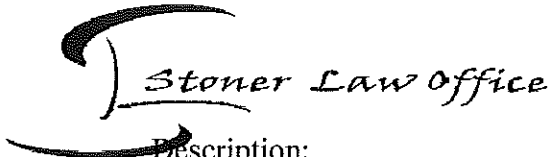
Description: _____
Owner(s): _____
Estimated Balance: _____ Debtor: _____
Where are the documents located: _____
Name: _____ Telephone: _____
Contact Person: _____ Account No.: _____
Address: _____

8. Causes of Action / Lawsuit:

Reason: _____
Suit Pending Where: _____
Attorney: _____ Telephone: _____
Opposing Parties: _____
Records: _____

9. Retirement Accounts / IRA / KEOGH / SEPP / Pensions:

Description: _____
Owner(s): _____
Estimated Balance: _____ Account No.: _____
Company: _____
Contact person: _____ Telephone: _____
Address: _____



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Description: _____
 Owner(s): _____
 Estimated Balance: _____ Account No.: _____
 Company: _____
 Contact person: _____ Telephone: _____
 Address: _____

Description: _____
 Owner(s): _____
 Estimated Balance: _____ Account No.: _____
 Company: _____
 Contact person: _____ Telephone: _____
 Address: _____

10. Vehicles / Mobile Homes / Boats

Description: _____
 Owner(s): _____
 Title: _____ VIN No.: _____
 Estimated Value: _____ Year: _____

Description: _____
 Owner(s): _____
 Title: _____ VIN No.: _____
 Estimated Value: _____ Year: _____

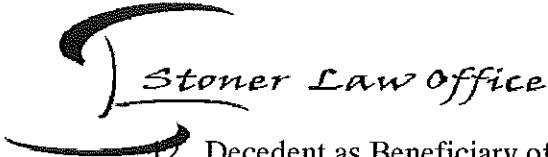
Description: _____
 Owner(s): _____
 Title: _____ VIN No.: _____
 Estimated Value: _____ Year: _____

11. Jewelry / Antiques / Collectibles

Description: _____
 Location: _____
 Estimated Value: _____ Listed On Personal Property Statement? Y / N

Description: _____
 Location: _____
 Estimated Value: _____ Listed On Personal Property Statement? Y / N

Description: _____
 Location: _____
 Estimated Value: _____ Listed On Personal Property Statement? Y / N



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12. Decedent as Beneficiary of a Trust:

Description of Trust Interest: _____
Estimated Value of Interest: _____ Document located: _____
Trustee(s)
Name: _____ Telephone: _____
Address: _____

13. Business Interests:

Description: _____
Estimated Value: _____ Location: _____
Contact name: _____ Telephone: _____

14. Miscellaneous:

Description: _____
Estimated Value: _____ Location: _____
Contact name: _____ Telephone: _____

Did you bring any documents regarding this matter with you? Yes No
Please advise the attorney of this during your interview.

MISCELLANEOUS

Have you spoken with other attorneys regarding this matter? Yes No

If yes, who: _____

Why: _____

If you have any other concerns or questions, please list them below:

THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT UNTIL I RECEIVE A FEE LETTER DETAILING THE TERMS OF THIS LAW FIRMS AGREEMENT TO REPRESENT ME IN THE MATTER DISCUSSED TODAY, THE FIRM OF STONER & TOPPIN AND ITS ATTORNEYS ARE NOT MY ATTORNEY AND DO NOT REPRESENT ME ON THIS OR ANY OTHER MATTER.

Signature: _____ Date: _____