



Referred by: _____

Date _____

AN ASSET PROTECTION AND WEALTH PRESERVATION LAW FIRM

SATELLITE OFFICE
 4909 Williams Drive
 Georgetown, Texas 78633
 (512) 766-3782

PRINCIPAL OFFICE
 15600 SAN PEDRO, SUITE 100
 SAN ANTONIO, TEXAS 78232
 (210) 530-4278

SATELLITE OFFICE
 2232 Lawrence Blvd.
 Alamogordo, New Mexico 88310
 (575) 430-2353

Prospective Probate Client Questionnaire

Please complete this form and return it to our office before you meet with us by faxing it to 210-247-9396, 512-766-3782 or emailing it to **Lori@marquardtlawfirm.com**. If you have any questions, please call **210-530-4278** or **512-766-3782** and ask for **Lori**.

EXECUTOR, PERSONAL REPRESENTATIVE, OR TRUSTEE

What topics would you like to discuss at your appointment?	
Your Full Legal Name & Date of Birth	
Home Address (street)	
City, State Zip Code	
Home Phone Cell Phone	
E-mail address	
Occupation/Name of Employer	
Does executor have a criminal record	
Military Service?	
Relationship to the Deceased	

DECEASED PERSON

Full Legal Name & Date of Birth	
Date of Death	
Home Address (street)	

Marquardt Law Firm, P.C. Questionnaire

City, State Zip Code	
Citizenship	

DECEASED PERSON

Date of Last Will, Trust, or Codicil		
Is Will or Trust a copy or the original with original signature?	Original	Copy
Who is named executor/personal representative?		
Occupation of Decedent		
Name of Employer of Decedent		
Military Service?		
Safe Deposit Box?		
Status of Marriage? (circle one)	happily married, separated, divorced, widowed?	
Name of decedent's most current spouse		
Date & Place of most recent Marriage		
Recent pre-nuptial Agreement?		
Termination of previous marriages?	Yes	No
	Name of former spouse:	Date of marriage: Date of Death/Divorce:
	Name of former spouse:	Date of marriage: Date of Death/Divorce:

Decedent's Accountant/CPA	
Decedent's Bookkeeper	
Decedent's Life Insurance Agent	
Decedent's Financial Advisor	
Decedent's Long-Term Care Insurance	
Decedent's Auto/Home Insurance	
Decedent's Religious affiliation	

Marquardt Law Firm, P.C. Questionnaire

BENEFICIARIES OF WILL OR TRUST OR HEIRS OF THE DECEASED PERSON

PLEASE INCLUDE BENEFICIARIES OR HEIRS WHO ARE NOW DECEASED

full legal name:	Gender (male or female)	
Relationship to Decedent?	married or single?	
Address:	Date of Birth:	
	Phone number:	
If deceased, what is date of death?	Adopted?	Step-child?
Names of Both Parents:		

full legal name:	Gender (male or female)	
Relationship to Decedent?	married or single?	
Address:	Date of Birth:	
	Phone number:	
If deceased, what is date of death?	Adopted?	Step-child?
Names of Both Parents:		

full legal name:	Gender (male or female)	
Relationship to Decedent?	married or single?	
Address:	Date of Birth:	
	Phone number:	
If deceased, what is date of death?	Adopted?	Step-child?
Names of Both Parents:		

full legal name:	Gender (male or female)	
Relationship to Decedent?	married or single?	
Address:	Date of Birth:	
	Phone number:	
If deceased, what is date of death?	Adopted?	Step-child?
Names of Both Parents:		

Marquardt Law Firm, P.C. Questionnaire

ASSETS OF THE ESTATE OR TRUST

Please list the values of the decedent's assets (*it is important for us to properly diagnose any unforeseen or unanticipated problems*):

	Serial No or Account No	Value	Is Asset Co-Owned	
Real Estate: Home		\$	Yes	No
Real Estate: Other		\$	Yes	No
Stocks/Bonds/Mutual Funds		\$	Yes	No
Checking Account		\$	Yes	No
Savings Account		\$	Yes	No
CDs/Money Market		\$	Yes	No
IRA's & 401k, 403b		\$	Yes	No
Automobile		\$	Yes	No
Household furniture		\$	Yes	No
Life Insurance		\$	Yes	No
Prepaid burial and funeral		\$	Yes	No
Firearms/Art/Gold		\$	Yes	No

DEBTS OF THE ESTATE OR TRUST

Name of Creditor	Account No	Amount Owed	Secured/Unsecured	Date of last correspondence
		\$	Secured/Unsecured	
		\$	Secured/Unsecured	
		\$	Secured/Unsecured	

Additionally, we would appreciate it if you would help us by bringing the decedent's **death certificate** and **will(s)** and **trust(s)**.