PROBATE ADMINISTRATION INTAKE QUESTIONNAIRE

Thank you for choosing **Locksley A. Rhoden, P.L. dba The Wealth Protection Firm** to assist you with your Florida probate and estate administration needs. The questions being asked in this confidential Probate Administration Intake Questionnaire are intended to give us a better understanding of the personal and financial circumstances of the deceased person (decedent) for whom estate administration is required. Any information provided in this Questionnaire will remain protected by attorney-client privilege and will not be disclosed to third parties without your permission.

We appreciate your best effort to complete the Questionnaire in detail so we can offer you estate administration recommendations to expedite inventory of assets of the decedent, payment of the decedent's debts, and distribution of the decedent's assets to his or her beneficiaries as instructed by Last Will & Testament or to heirs-at-law in accordance with Florida Laws of Intestacy. Upon reviewing your completed Questionnaire, we will advise you about the type of probate administration proceeding that we suggest be administered for the decedent's estate in accordance with Florida law.

Along with the completed Questionnaire and documentation requested in support of the Questionnaire, please allow our attorneys at least three (3) business days to review the information you send before contacting you to schedule a Probate Plan Consultation Meeting at our offices. In order to confirm your in-person consultation meeting, we must (i) receive your completed Questionnaire at least one week prior to the scheduled meeting, and (ii) confirm receipt of your payment of the Firm's three hundred fifty dollar ($350.00) consultation fee by cash, check or credit card authorization. As an alternative to in-person consult meeting at our office, we are also available to schedule a ZOOM video teleconference consult meeting at no cost to you.

The Probate Planning Process

Whether a summary or formal administration of the decedent's estate is required, please anticipate the following projected timeline for administration of the estate as follows:

1. *Review of Probate Administration Intake Questionnaire*: You will complete the Confidential Probate Administration Intake Questionnaire in its entirety and return it to us with copies of those items you checked off in the Probate conference items listed on page 6 of the Questionnaire. In order to expedite our due diligence review of the estate and schedule your Probate Planning Consultation Meeting, please return the completed Questionnaire and other checklist items by email to lrhoden@wealthprotection.us or by fax to (305) 675-3998.

2. *Probate Plan Consultation Meeting*: After we have the opportunity to review your completed Questionnaire and checklist items, upon receiving your consultation fee payment, we will contact you by phone and email to schedule your Probate Plan Consultation Meeting. Please anticipate this meeting to take at least 60 to 90 minutes giving us sufficient time to discuss planning recommendations and answer any questions you may have. Upon conclusion of our meeting, our staff will schedule a date for follow-up conference call or meeting in person at our office.

3. *Probate Plan Review Meeting*: Within one to two weeks following your Probate Plan Consultation Meeting, we will deliver draft probate pleadings to be reviewed, discussed and signed by the petitioner of the estate. At our Probate Plan Review meeting, we will discuss the purpose of draft documents, client expectations during the estate administration process, as well as, answer any questions you may have. To the extent there is a level of complexity anticipated with the probate administration, additional review time or document preparation may be required.

4. *Probate Plan Implementation*: After we complete our review meeting and the petitioner signs probate documents, we will e-file to initial probate administration of the estate and offer you a tentative timeline for performance of legal work during the administration process which may be up to one year from start to finish on average.

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PROBATE ADMINISTRATION INTAKE QUESTIONNAIRE

Date: _______________

PART ONE
PERSONAL INFORMATION

1. Decedent's Personal Information

Decedent Name:	________________	Cause of Death:	________________
Decedent Address:	________________	Place of Death:	________________
	________________	Date of Birth:	________________
Decedent SSN#:	________________	Date of Death:	________________
Location of Body:	________________	County of Residence:	________________

Sex: ☐ Male ☐ Female

Died in nursing home?: ☐ Yes ☐ No If so, name/address of home: ________________

U.S. Citizen?: ☐ Yes ☐ No If no, country of birth: ________________

Married at death?: ☐ Yes ☐ No If yes, name/address of spouse: ________________

Claimed homestead?: ☐ Yes ☐ No If yes, address of homestead: ________________

Died With a Will?: ☐ Yes ☐ No If yes, please locate and forward copy of Last Will and Testament for review

Medicare participant?: ☐ Yes ☐ No If yes, please locate and forward copy of recent statement for review

Medicaid participant?: ☐ Yes ☐ No If yes, please locate and forward copy of recent statement for review

2. About Last Will and Testament

Location/Date of Last Will and Testament:	________________	Personal Representative:	________________
Location/Date of Codicil, if any:	________________	Personal Representative:	________________

3. Surviving Spouse of Decedent.

Marital Status: ☐ Married ☐ Divorced ☐ Separated

Spouse Name: ________________

Spouse Address: ________________

____

Cell Phone #:: ________________

Home Phone #:: ________________

Email address:: ________________

Spouse SSN#:: ________________

4. Surviving Children of Decedent

Legal name:	Home address:	Telephone #:	Email Address:

5. Surviving Parents/Surviving Siblings of Decedent

Legal name / Relationship to decedent:	Home address:	Telephone #:	Email Address:

6. Petitioning Personal Representative

Petitioner Name: ______________________ Telephone #: ______________________

Petitioner Address: ______________________ Fax #: ______________________

______________________ Email Address: ______________________

Relationship to Decedent: ______________________

Older than 18 years old?: ☐ Yes ☐ No Spouse or blood relative of Decedent?: ☐ Yes ☐ No

Been convicted of felony?: ☐ Yes ☐ No Resides outside the State of Florida?: ☐ Yes ☐ No

Alternate Petitioner: ______________________ Telephone #: ______________________

Petitioner Address: ______________________ Fax #: ______________________

______________________ Email Address: ______________________

Relationship to Decedent: ______________________

Older than 18 years old?: ☐ Yes ☐ No Spouse or blood relative of Decedent?: ☐ Yes ☐ No

Been convicted of felony?: ☐ Yes ☐ No Residence outside the State of Florida?: ☐ Yes ☐ No

7. Decedent Employer

	Employer Name:	Employer address:	Decedent contributed to employer retirement plan?
Decedent:	______________________	______________________________	___________________

Did decedent receive final paychecks?: ☐ Yes ☐ No
Did decedent contribute to employer retirement plan? ☐ Yes ☐ No
Does decedent anticipate other profit sharing from employer? ☐ Yes ☐ No

8. Marital History

	Date of Marriage:	Date of Final Judgment of Divorce Awarded:	Final Settlement obligation? Alimony, child support, pre- or post-nuptial agreement?
Decedent:	__________________	____________________	________________________________
			________________________________

9. Family Advisors

	Individual Name /Business name:	Address, phone # and email:
Other Attorneys	___________________________	______________________
C.P.A., Accountant or Tax Preparer	___________________________	______________________
Trust Officer or Trust Services Company	___________________________	______________________
Mortgage Broker or Commercial Banker	___________________________	______________________
Financial Investment Advisor	___________________________	______________________
Stock, Securities Broker	___________________________	______________________
Retirement Planning Advisor	___________________________	______________________
Life Insurance Agent	___________________________	______________________
Closest Relative(s)	___________________________	______________________
Physician(s)	___________________________	______________________

10. Decedent Prior Estate Planning; Pending Lawsuits

	Did decedent have prior drafted Will executed in Florida?	Did decedent have prior drafted Trust executed in Florida?	Is decedent named as a beneficiary or personal representative/trustee of a Will or Trust?	Is anyone likely to challenge decedent's Will or Trust?
Decedent:	________________	________________	_________________________	___________________
	________________	________________	_________________________	___________________

Is decedent's estate solvent and able to pay anticipated debts?	Is decedent under investigation in any civil or criminal matter?	Describe any current lawsuits pending or past litigation in involving the decedent (whether as plaintiff or defendant):
________________	________________	____
		____

PART TWO
SUMMARY OF ASSETS & LIABILITIESOF DECEDENT ESTATE

I. Decedent's Assets **Approx. Value**

A. Cash and Bank Accounts ______________________

B. Homestead Property (Personal residence) ______________________

C. Stocks, Bonds and Other Marketable Securities (broker, account type) ______________________

D. Certificates of Deposit, Mutual Funds, IRA's (Institution, owner, beneficiary, type) ______________________

E. Intellectual Property Interests ______________________

F. Real Estate (Investment property) ______________________

G. Life Insurance (Insurer, insured, owner, type, cash value) ______________________

H. Closely Held Business Interests (Business name, # of shares or % owned) ______________________

I. Personal Property and Other Assets of Significant Value (over $25K) ______________________

TOTAL ASSETS ______________________

II. Decedent's Liabilities

A. Household Bills/Debt ______________________

B. Real Estate Mortgages ______________________

C. Outstanding Promissory Notes ______________________

D. Taxes Due ______________________

E. Pending or Contingent Liabilities ______________________

F. Loans on Insurance Policies ______________________

G. Other Debt Obligations ______________________

TOTAL LIABILITIES ______________________

APPROX. PROBATE INVENTORY AMOUNT ____________

PART THREE
DOCUMENT CHECKLIST FOR CONSULT MEETING

Please provide copies of decedent's documents, most recent statements or information where applicable.

DOCUMENT/INFORMATION TO BE PROVIDED:	Information/statement provided:
LIQUID ASSETS	
Bank Accounts	_______
Brokerage and money market accounts	_______
Savings Accounts	_______
Mutual Funds, IRA's	_______
Certificates of deposit	_______
PRIOR ESTATE PLAN DOCUMENTS	
Prior executed Will and codicils	_______
Revocable Trust	_______
Irrevocable Trust	_______
Wills of other family members	_______
Durable power of attorney	_______
Living Will / Declaration of health care surrogate	_______
Other estate planning documents executed	_______
LIFE INSURANCE	
Life insurance policy, annuity contract summary and declarations	_______
TAX RETURNS	
Individual federal gift tax returns	_______
Most recently filed individual federal and state income tax returns	_______
Business federal and state income tax returns	_______
REAL PROPERTY INTERESTS	
Deeds of title to real property or evidence of other interest in real property	_______
Mortgage and lender promissory notes	_______
Guaranty or other security agreements	_______
Leases to real property	_______
BUSINESS INTERESTS	
Offer Letter and/or employment agreement	_______
Shareholder (Buy-Sell), partnership agreement	_______
Operating agreement	_______
Company stock or membership certificates	_______
Pension, Keogh or profit-sharing plan summary	_______
PRIOR MARRIAGE	
Award of judgments of dissolution of marriage	_______
Pre-nuptial, post-nuptial or separation agreements	_______
Court orders and settlement agreement	_______
MISCELLANOUS PERSONAL PROPERTY	
Safe deposit box location and inventory	_______
Clothing, jewelry, home furnishings	_______
Certificates of title for any automobiles owned	_______
Art, book, stamp or coin collections	_______
Interest in social club membership	_______
Boats or aircrafts	_______
Cemetery plots, funeral arrangements	_______
INTELLECTUAL PROPERTY	
Royalties, patents, trademarks, copyrights or other intellectual property interests	_______
Mineral interest to oil, coal or gas	_______