

**Law Office of Samuel K.L. Suen**  
A Limited Liability Law Company

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**PROBATE QUESTIONNAIRE**

The information required for this questionnaire pertains to property and assets held or titled in the decedent's individual name. Therefore, property and assets held in trust need not be included. If a question is not applicable, please so indicate with an "N/A" or leave blank. If you need more space, please continue your answer on a separate sheet, attach it to the questionnaire and reference the question number on the additional sheet(s). If you have any questions or concerns regarding this questionnaire or the process, please do not hesitate to contact our office.

**A. CLIENT INFORMATION**

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Your name: \_\_\_\_\_ Spouse's name: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_  
*(i.e. Spouse, Child, Will Beneficiary, Heir, Contestant, Creditor/Claimant, Executor Administrator)*

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

Email Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Tel: (Work): \_\_\_\_\_ (Home): \_\_\_\_\_ (Fax): \_\_\_\_\_ (Cell): \_\_\_\_\_

**B. DECEDENT'S INFORMATION**

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Decedent's Full Legal Name: \_\_\_\_\_

Decedent's Aliases (if any): \_\_\_\_\_

Did Decedent die:    Testate (with Will) \_\_\_\_\_                    Intestate (without Will) \_\_\_\_\_

Ancillary Administration: If a probate has been opened in another state/jurisdiction, please provide me with a certified copy of the order appointing the personal representative (i.e. executor or administrator), Letters Testamentary, Letters of Administration and other court-issued documents.

Social Security No.: \_\_\_\_\_ Occupation/Profession: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_ Place of Death: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Year Domicile Established: \_\_\_\_\_ Decedent a U.S. Citizen? Yes \_\_\_ No \_\_\_

Retired: Yes \_\_\_ No \_\_\_ Veteran: Yes \_\_\_ No \_\_\_ Service No.: \_\_\_\_\_

Decedent's Martial Status at death (circle one)

Never married      Married      Divorced      Legally Separated      Widow(er)      RB

Pre- or Post-Nuptial Agreement:      Yes \_\_\_\_\_      No \_\_\_\_\_

Decedent's Spouse/Reciprocal Beneficiary's Name:

\_\_\_\_\_

Street Address (if different from Decedent): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tel: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

U.S. Citizen: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Date & Place of Marriage: \_\_\_\_\_

*Please enclose a certified copy of the decedent's death certificate with this questionnaire.*

**C. DECEDENT'S CHILDREN AND HEIRS AT LAW**

**Heirs and Will Beneficiaries.** List surviving spouse, children (natural and adopted) and the children of each deceased child. If there is no spouse and descendant, list closest blood relatives including relatives by half-blood. Except for beneficiaries named in the Will, exclude foster- and step-relatives and in-laws. If the Decedent had a Will, list all beneficiaries. If any heir-at-laws or beneficiaries died prior to the Decedent, please provide a copy of their death certificates.

Name of Heir or Beneficiary	Living? (Yes/No)	Birth Date/Date of Death	Mailing and Email Addresses and Phone number	Relationship to Decedent

For each child, state the name of the child’s other parent, if not decedent’s surviving spouse/partner: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Guardian of Minor Children** (i.e. the person who will take physical care of any minor children should both parents be deceased).

Name of Guardian: \_\_\_\_\_

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

Tel: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**D. DECEDENT'S ASSETS AND LIABILITIES**

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**Real property.** Please list all real property on which Decedent is an owner, joint owner or has an interest in.

Property #1 Address: \_\_\_\_\_  
\_\_\_\_\_

Title in the name of: \_\_\_\_\_

Fair Market Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_

Other encumbrances against property: \_\_\_\_\_  
\_\_\_\_\_

Property #2 Address: \_\_\_\_\_  
\_\_\_\_\_

Title in the name of: \_\_\_\_\_

Fair Market Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_

Other encumbrances against property: \_\_\_\_\_  
\_\_\_\_\_

Property #3 Address: \_\_\_\_\_  
\_\_\_\_\_

Title in the name of: \_\_\_\_\_

Fair Market Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_

Other encumbrances against property: \_\_\_\_\_  
\_\_\_\_\_

**Financial accounts.** Please list all of Decedent’s checking accounts, saving accounts, certificate of deposits, investment/brokerage accounts, money market accounts, etc.

Name of Institution	Account Number	Balance at DOD	Joint Account Holders	Type

**Safe Deposit Box.** If Decedent maintained one or more safe deposit boxes, either alone or with another person or had access to another safe deposit box as a deputy or joint holder, please provide the information for each safe deposit box. If an inventory was taken, please attach a copy of the Inventory to this questionnaire.

Name of depository: \_\_\_\_\_

Box Number: \_\_\_\_\_ Date of Inventory (if taken): \_\_\_\_\_

Names of person(s) with access to contents and contact information: \_\_\_\_\_

\_\_\_\_\_

Name of depository: \_\_\_\_\_

Box Number: \_\_\_\_\_ Date of Inventory (if taken): \_\_\_\_\_

Names of persons with access to contents and contact information: \_\_\_\_\_

\_\_\_\_\_

**Insurance policies.** Please list all insurance policies insuring the Deceased, indicate the name of the insurance company, the face amount of the policy, the policy number and beneficiaries.

Insurance Company	Face Amount	Policy #	Beneficiary

**Pension, Profit Sharing, Retirement Accounts, Annuities.** Please list all of Decedent's Defined Contribution Plans, Defined Benefit Plans, IRA's, Nonqualified Plans and Government Benefits.

Description	Estimated Value

Was Decedent's spouse or dependents receiving payments from these sources? \_\_\_\_\_

**Other financial/investment information.** Please list all of Decedent's stocks, savings bonds, securities (not in a brokerage account, mutual fund or retirement fund), business interests (i.e. sole proprietorships, corporations, partnerships, LLCs, joint ventures, etc.) or any other investments Decedent may have had.

Description	Market Value	Percentage ownership


**Debts and Liabilities.** Please list all known creditors of Decedent (such as credit card companies, banks, individuals, utility bills, real estate taxes, etc.) and the amount of debt owed.

<b>Name of Creditor</b>	<b>Present Balance</b>	<b>Purpose of Debt</b>	<b>Security for Debt</b>

**Professionals.** Did the Decedent have an attorney, accountant, financial/investment advisor, insurance agent, account broker, conservator/guardian, etc.? If so, please list their names and contact information.

<b>Name</b>	<b>Contact Information</b>	<b>Relationship to Decedent</b>

**CERTIFICATION**

By my signature below, I certify that all of the information contained herein and any attached documents are true and correct to the best of my knowledge. I understand that this information will be used in the preparation of the probate documents and that my attorney may rely solely on this statement.

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SIGNATURE

DATE