



**HAWKINS ELDER LAW  
DECEDENT'S ESTATE QUESTIONNAIRE**



We want to serve you effectively without wasting your time or burdening you with details.

Please save this form on your computer or other device, complete as many fields as possible, and email the completed form to [service@hawkinselderlaw.com](mailto:service@hawkinselderlaw.com).

Your responses to this questionnaire will help us serve you as quickly and effectively as possible.

**1. How did you hear about Hawkins Elder Law?**

☐ Newspaper    ☐ Internet    ☐ TV Ad    ☐ Nursing Home    ☐ Funeral Home    ☐ Family/Friends

☐ Other (please tell us) \_\_\_\_\_

**2. Information about the Person who has died (the "Decedent"):**

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

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

Address at death: \_\_\_\_\_

Was Decedent Married at the time of death?    Yes ☐    No ☐

If yes, Full name of spouse: \_\_\_\_\_

Did Decedent leave a Last Will and Testament? Yes ☐    No ☐

If yes, please provide us with a copy (we will eventually need the original document or an exemplified copy of a will that was admitted to probate in another state).

**3. Information About You (personal representative, executor, or person managing the Decedent's estate):**

Name (with middle name or initial as you sign legal documents): \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Best Phone #: \_\_\_\_\_    Work ☐    Mobile ☐    Home ☐

2<sup>nd</sup> Best Phone #: \_\_\_\_\_    Work ☐    Mobile ☐    Home ☐

3<sup>rd</sup> Best Phone #: \_\_\_\_\_    Work ☐    Mobile ☐    Home ☐

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

**4. Full Names and Addresses of people or entities who appear to be beneficiaries under Decedent's Will or heirs if the Decedent did not have a Will:**

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Name: \_\_\_\_\_ How Related to the Decedent? \_\_\_\_\_

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

Name: \_\_\_\_\_ How Related to the Decedent? \_\_\_\_\_

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

Name: \_\_\_\_\_ How Related to the Decedent? \_\_\_\_\_

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

Name: \_\_\_\_\_ How Related to the Decedent? \_\_\_\_\_

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

Name: \_\_\_\_\_ How Related to the Decedent? \_\_\_\_\_

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

(If needed, add additional sheet)

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**5. Names of any person who might contest Decedent's Will or "fight over the estate":**

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Name: \_\_\_\_\_ How related to the Decedent? \_\_\_\_\_

Name: \_\_\_\_\_ How related to the Decedent? \_\_\_\_\_

Name: \_\_\_\_\_ How related to the Decedent? \_\_\_\_\_

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**6. Please generally describe the assets of the Decedent to your knowledge, including Cities and States where the assets are located:**

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Real Estate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Bank Accounts: \_\_\_\_\_

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Investments: \_\_\_\_\_

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Vehicles (cars, trucks, RVs, golf carts, boats, motorcycles, etc.): \_\_\_\_\_

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Farm or other Business Assets: \_\_\_\_\_

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Corporations, Partnerships, LLCs, or LLPs: \_\_\_\_\_

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**7. Please use this space to elaborate on any answer you have given above, or to add any information or questions you would like to discuss with the attorney.**