CONFIDENTIAL QUESTIONNAIRE

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Please fill out and return this form with as much information as you have readily available.

Date	
Referred By	
YOUR CONTACT INFORMATION	
Your Name (as it appears on your driver license)	
Nickname	
Mailing Address	
Email Address	
Phone Number	

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DECEDENT INFORMATION	
Legal Name (as it appears on death certificate and driver license)	
Nicknames	
Date of Death	
Age	
Residence Address	
Relation to You	

DECEDENT'S FAMILY		
	Name (as it appears on driver license), Mailing Address, Email Address, and Phone Number	Age Under 18?
Surviving Spouse of Decedent		
Children of Decedent		
Parents of Decedent		
Brothers and Sisters of Decedent, and Descendants of Deceased Brothers and Sisters		
Other		

DECEDENT'S ASSETS		
	Description (address, name of institution, etc.)	\$ Value
Homestead		
Other Real Estate		
Bank Accounts		
IRA and Retirement Accounts		
Investment Accounts		
Businesses		
Life Insurance		
Vehicles		
Jewelry, Furniture, Etc.		
Bank Safe Deposit Box		
Other		

DECEDENT'S POSSIBLE CREDITORS		
	Name and Address	\$ Amount
Mortgages		
Vehicles		
Banks		
Health Care		
Medicaid		
Other		

DECEDENT'S ADVISORS

Name and Address

Accountants

Brokers

Insurance Agents

Other

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PROBATE COURT	
County	
Date Filed	
Case Number	
Personal Representative	
Attorneys	
Other	
TRUST	
County	
Trustees	
Attorneys	
Other	

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Documents			
	Copy Attached?	Dates	Who Has Original
Death Certificate			
Wills			
Codicils			
Separate Writings (Tangible Property)			
Probate Petitions, Notices, Motions, Inventory, and Accountings			
Trust Agreements, Amendments, Restatements, Notices, and Accountings			
Divorce, Marital Prenuptial, Postnuptial			
Life Insurance Statements & Beneficiaries			
IRA and Retirement Account Statements & Beneficiaries			
Bank, Investment, and Financial Account Statements			
Real Estate Tax Bills, Deeds, Title Insurance, Surveys			
Other Documents			