## VONTZALIDES LAW OFFICES Nicholas P. Vontzalides, Esquire

Essex Green at Peabody One Essex Green Drive, Suite 2 Peabody, Massachusetts 01960

Telephone: 978-531-7009

E-Mail: <a href="mailto:nick@npvlaw.com">nick@npvlaw.com</a>
Website: <a href="mailto:www.npvlaw.com">www.npvlaw.com</a>

## **PROBATE QUESTIONNAIRE**

Decedent's Full Legal Name:				
Was Decedent legally known by any other name?				
ate of Death: Decedent's Soc. Security No.:				
Spouse's Name:				
Address at time of death:				
Occupation at time of death:Employer:				
CHILDREN Child #1 - Legal Name Address: Tel. No EMAIL ADDRESS:				
EMAIL ADDRESS				
EMAIL ADDRESS:  Child #2 - Legal Name Address: Tel. No. EMAIL ADDRESS:	DOB			
<b>Child #2 -</b> Legal Name Address:	DOB			

## **ASSET INFORMATION**

Please list each asset owned by the Decedent. Identify whether owned in Decedent's name alone (I), jointly with another (including spouse) (J), or by a trust (T).

## **Real Estate** How held Amount of Any Approximate Value (I, J, or T) Address of Property Mortgage -----**Bank Accounts** How Held Name of Bank Type of Account **Approximate** (checking/saving/CD/MM, etc.) Value (I, J, or T) \_\_\_\_\_\_ IRAs/401K/403B Approximate Name of Institution 1st Beneficiary 2<sup>nd</sup> Beneficiary Value Life Insurance Death Benefit Name of Company 1st Beneficiary 2<sup>nd</sup> Beneficiary

	Stocks/Bor	nds/Mutual Funds/Anı	
ow Held J or T)	Name of Company	# of Shares	Approximate Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		Automobiles	
ner	Year/Make/Model	Any Loan	Approximate Value
		\$	\$
		<u> </u>	\$
	Additional Pro	perty with a Value ove	ow \$5,000,00
cription	Auditiviidi F10	•	proximate Market Value
<u> eripuon</u>		App	Toxiniate market value

	<u></u>	
	<u> </u>	
	<u></u>	
	<u> </u>	
<u>D</u> o	ebts and Other Liabilitie	<u>s</u>
Name of Creditor	Purpose of Debt	Approximate Balance
<u>Gift Tax Returns</u> – If the I please either attach them to this		
Names of Decedent's financial a		
Accountant	Phone # _	
Broker/Trustee(s) or Investment Advisor(s)		Phone #
Name of individual named in W		Representative (if applicable):
Name:	Social	Security #