



# ROBERTS & ROBERTS, LLP

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## HEIRSHIP QUESTIONNAIRE

**Instructions:** Please fill out this worksheet fully and return it as soon as possible. **ALL** the requested information is important. If you do not supply the necessary information, our work may be delayed and your costs may increase. If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet.

### 1. Affiant –

Full name: \_\_\_\_\_

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

Last 3 digits of Social Security number: \_\_\_\_\_

Issuing State of driver's license: \_\_\_\_\_

Last 3 digits of driver's license number: \_\_\_\_\_

Relationship to deceased (spouse, child...): \_\_\_\_\_

Length of relationship with deceased: \_\_\_\_\_

### 2. Require following information regarding deceased:

Full name of deceased: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Date of death: \_\_\_\_\_

Place of death: \_\_\_\_\_

Age at date of death: \_\_\_\_\_

3. For *each* marriage of deceased:Latest Marriage:

Name of spouse: \_\_\_\_\_

Date of marriage: \_\_\_\_\_

Place of marriage: \_\_\_\_\_

## Termination of the Marriage:

If Spouse died:

Date of Spouse's death: \_\_\_\_\_

Place of Spouse's death: \_\_\_\_\_

If marriage ended in divorce:

Date of Divorce: \_\_\_\_\_

Place of Divorce: \_\_\_\_\_

Court Case Number: \_\_\_\_\_

Previous Marriage: (Use extra pages if Deceased was married more than twice.)

Name of spouse: \_\_\_\_\_

Date of marriage: \_\_\_\_\_

Place of marriage: \_\_\_\_\_

## Termination of the Marriage:

If Spouse died:

Date of Spouse's death: \_\_\_\_\_

Place of Spouse's death: \_\_\_\_\_

If marriage ended in divorce:

Date of Divorce: \_\_\_\_\_

Place of Divorce: \_\_\_\_\_

Court Case Number: \_\_\_\_\_

4. For each child born to or adopted by the deceased: (Include more pages if needed)

First Living Child:

Full name of Child: \_\_\_\_\_

Spouse's name (if married): \_\_\_\_\_

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

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Other Parent's Name: \_\_\_\_\_

Second Living Child:

Full name of Child: \_\_\_\_\_

Spouse's name (if married): \_\_\_\_\_

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

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Other Parent's Name: \_\_\_\_\_

Third Living Child:

Full name of Child: \_\_\_\_\_

Spouse's name (if married): \_\_\_\_\_

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

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Other Parent's Name: \_\_\_\_\_

Fourth Living Child:

Full name of Child: \_\_\_\_\_

Spouse's name (if married): \_\_\_\_\_

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

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Other Parent's Name: \_\_\_\_\_

If Decedent has any children who have predeceased (Use more pages is needed):

First Deceased Child

Full name of Child: \_\_\_\_\_

Spouse's name (if married): \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Other Parent's Name: \_\_\_\_\_

Did Child have a Will?: \_\_\_\_\_

Was there any Estate Administration?: \_\_\_\_\_

Court?: \_\_\_\_\_

Case Number?: \_\_\_\_\_

Names of Descendants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Second Deceased Child

Full name of Child: \_\_\_\_\_

Spouse's name (if married): \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Other Parent's Name: \_\_\_\_\_

Did Child have a Will?: \_\_\_\_\_

Was there any Estate Administration?: \_\_\_\_\_

Court?: \_\_\_\_\_

Case Number?: \_\_\_\_\_

Names of Descendants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If deceased was not survived by descendants, then for each of decedent's parents —

Father

Father's Full name: \_\_\_\_\_

Address (If Living): \_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Date of death (If applicable): \_\_\_\_\_

Place of death (If applicable): \_\_\_\_\_

Mother

Mother's Full name: \_\_\_\_\_

Address (If Living): \_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Date of death (If applicable): \_\_\_\_\_

Place of death (If applicable): \_\_\_\_\_

6. If deceased was not survived by descendants or parents, then for each of decedent's siblings —

Full name

Date of birth

Current residence *or* Date of death

7. Gross value of Deceased's estate: \$ \_\_\_\_\_

8. Legal description of property (list all properties and any other accounts receivable)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. If real property involved, is it free and clear of liens? \_\_\_\_\_

Name of lender: \_\_\_\_\_

Address of Lender: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. List any other debts owed by the decedent's estate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Names and addresses of two disinterested persons who can swear to the accuracy of the information in this Questionnaire.

Witness One

Full name: \_\_\_\_\_

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

\_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_

Witness Two

Full name: \_\_\_\_\_

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

\_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_

12. Need *certified* copy of decedent's death certificate, decedent's original Will (if any), and copies of administration (probate) papers relating to decedent's estate.

The information in this questionnaire is correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Client Signature

Client Phone: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Client email: \_\_\_\_\_