PROBATE QUESTIONNAIRE

DECEDENT'S NAME:				
Personal Representative:				
Address:		_		
I am an interested person as defined by Minnesota Law Because I am:				
INFORMATI	ON REGARDING DECEDEN			
County of Residence of Decedent:				
Date of Birth:	Place of Birth:			
Date of Death:	Place of Death:			
County of Domicile at Death:	_Address:			
Spouses Name:				
Minor or Dependent Children (Names)				
		Age		

HEIRS

NAME AND MAILING ADDRESS	RELATIONSHIP	BIRTHDATE
Does Decedent have a Will?questionnaire.	; If yes, please provide a copy with	n the
Last Will dated:	Codicil dated:	
	EAL ESTATE ty owned, provide the following)	
Homestead in the County of:		
Address of Homestead:		
Legal Description of Property: (provide o	copy of deed)	
County Assessor's Value:		
Fair Market Value:		
Encumbrance:		
Mortgage Holder:		

STOCKS & BONDS

Fair Description of Property Unit Value Market Value

BANK ACCOUNTS, MORTGAGES, CONTRACTS FOR DEEDS, NOTES AND CASH

Description of Property	Fair Market Value

OTHER PERSONAL PROPERTY

Description of Property	Fair Market Value	

MORTGAGES OR LIENS

Description of Mortgage or Lien	Asset Secured	Balance as of Date of Death