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We understand that this is a difficult time and we first wish to extend our sincerest condolences for your loss. Thank you for retaining Forman, Pockell & Associates to assist you with probate administration.

We ask that you please complete this form to the best of your knowledge and bring it to your initial meeting. This important information will be needed to proceed with the administration process. Along with this questionnaire, please bring 2 original death certificates, any original estate planning documents and copies of deeds to any real property owned by the decedent.

Decedent Information

Name: _____
Address: _____
City/State/Zip: _____
DOB/DOD: _____
Social Security No. _____
Marital status at time of death: _____
WILL? Y or N
TRUST? Y or N

Executor/Personal Representative/Client Information

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____
SSN: _____
DOB: _____

Decedent's Spousal Information (if applicable)

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____
SSN: _____
DOB: _____

Parents/Children/Other beneficiaries/Heirs at Law/Other family members

** please be sure to note legal relationship (i.e adopted, step child, etc.)*

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____
DOB: _____
Relationship: _____

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____
DOB: _____
Relationship: _____

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____
DOB: _____
Relationship: _____

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____
DOB: _____
Relationship: _____

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____
DOB: _____
Relationship: _____

Are any of the decedents children disabled?

Y or N

If yes, who? _____

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____
DOB: _____
Relationship: _____

Other Information

Assets

_____	_____	How is account titled? _____
Company	Value	(*i.e. joint, one name, beneficiary listed?)
_____	_____	How is account titled? _____
Company	Value	
_____	_____	How is account titled? _____
Company	Value	
_____	_____	How is account titled? _____
Company	Value	

Are any of these assets in trust? Y or N Which accounts? _____

Safety deposit box(es)? Y or N If yes, where? _____

Life Insurance? Y or N Company Name _____

Policy No. _____ Date of Death value _____

Named beneficiaries _____

Other types of assets:

Art/Coin collection Y or N Frequent flyer miles Y or N Digital currency (*i.e. bitcoin*) Y or N

Vehicles/Boats/Trailers/Campers (please bring copies of all titles to meeting)

_____	_____	_____
VIN	Approx. Value	Make/Model
_____	_____	_____
VIN	Approx. Value	Make/Model
_____	_____	_____
VIN	Approx. Value	Make/Model

Any businesses owned or interest in? Y or N

Real property owned or interest in? Y or N In Trust? Y or N Owned jointly? Y or N

*Include time shares & land leases as well (please bring copies of all deeds/titles/land leases to meeting)

_____	_____	_____	_____	_____	_____
Address	City	State	County	Book	Page
_____	_____	_____	_____	_____	_____
Address	City	State	County	Book	Page
_____	_____	_____	_____	_____	_____
Address	City	State	County	Book	Page

Was the decedent residing in a long term care facility? Y or N

If yes, where? _____

Was the decedent ever on Medicaid? Y or N

If yes, when? _____

Debts

Please list all known debts of the decedent, including the amount owed at the time of death (i.e. credit cards, automobile and home loans, medical bills, etc.)

Creditor Name

Address

Type of Debt

Amount owed

Creditor Name

Address

Type of Debt

Amount owed

Creditor Name

Address

Type of Debt

Amount owed

Creditor Name

Address

Type of Debt

Amount owed

My paralegal Megan Bakas, can also be reached at (603) 434-9500 or probate@ourlegalwebsite.com.