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The information used in this form will be kept in the strictest confidence. Please answer ALL of the questions completely. We cannot prepare documents for filing with the court system if we do not have this **COMPLETED** questionnaire

PROBATE & ESTATE ADMINISTRATION INTAKE FORM

NAME OF DECEDENT: _____

ADDRESS: _____

CITY: _____ **COUNTY:** _____

STATE: _____ **ZIP CODE:** _____

DATE OF BIRTH: _____ **DATE OF DEATH:** _____

SOCIAL SECURITY NUMBER: ____ / ____ / ____

LOCATION OF WILL, IF ANY: _____

DATE OF WILL: _____

LOCATION OF CODICIL, IF ANY: _____

DATE OF CODICIL: _____

PERSONAL REPRESENTATIVE NAMED IN WILL: _____

RELATION TO DECEDENT: _____

ADDRESS: _____

CITY: _____ **COUNTY:** _____

STATE: _____ **ZIP CODE:** _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

BENEFICIARIES OR HEIRS AT LAW:

DECEDENT'S SPOUSE: _____

ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

DECEDENT'S CHILDREN:

CHILD #1: _____

ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CHILD #2: _____

ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CHILD #3: _____

ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CHILD #4: _____

ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CHILD #5: _____

ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CHILD #6: _____

ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

OTHER BENEFICIARIES:

NAME: _____

RELATION TO DECEDENT: _____

ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME: _____

RELATION TO DECEDENT: _____

ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME: _____

RELATION TO DECEDENT: _____

ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME: _____

RELATION TO DECEDENT: _____

ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

ASSETS:

SAFE DEPOSIT BOX: YES _____ NO _____

LOCATION: _____

REAL ESTATE:

ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

VALUE: _____ HOW TITLED: _____

HOMESTEAD: YES _____ NO _____

ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

VALUE: _____ HOW TITLED: _____

HOMESTEAD: YES _____ NO _____

ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

VALUE: _____ HOW TITLED: _____

HOMESTEAD: YES _____ NO _____

STOCKS AND BONDS:

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

BANK ACCOUNTS:

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

MONEY MARKET ACCOUNTS OR CERTIFICATES OF DEPOSIT:

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

US GOVERNMENT SAVINGS BONDS (E, EE, H):

HOW TITLED: _____

LOCATION OF BONDS: _____

TO BE CASHED: YES _____ NO _____

IF YES, NAME OF TRANSFEREE: _____

DATE OF DEATH VALUE: _____

HOW TITLED: _____

LOCATION OF BONDS: _____

TO BE CASHED: YES _____ NO _____ ✓

IF YES, NAME OF TRANSFEREE: _____

DATE OF DEATH VALUE: _____

MORTGAGES AND NOTES:

MORTGAGOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

DATE OF DEATH VALUE: _____

MORTGAGOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

DATE OF DEATH VALUE: _____

MORTGAGOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

DATE OF DEATH VALUE: _____

DECEDENT'S LIFE INSURANCE POLICIES:

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

ANNUITIES:

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

VEHICLES:

MAKE: _____ MODEL: _____ YEAR: _____

VALUE: _____ OWNED OUTRIGHT: YES ___ NO ___ TITLE: YES ___ NO ___

MAKE: _____ MODEL: _____ YEAR: _____

VALUE: _____ OWNED OUTRIGHT: YES ___ NO ___ TITLE: YES ___ NO ___

