



DENMURE

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Attorney/Owner
Attorney/Owner
Attorney/Owner
Estate Settlement Paralegal
Medicaid Legal Assistant
Legal Assistant
Legal Assistant

ESTATE QUESTIONNAIRE

Confidentiality: The following information will be held in the strictest confidence. Please complete the questionnaire as thoroughly and as accurately as possible so that we can provide the best possible legal advice.

Date Completed _____

Name of Decedent					
Date of Death			Age		Date of Birth
Legal Address					
County of Residence		Social Security No.			
EIN No.		Place of Death			
Contact Person					
Address					
Email Address					
Phone No.		Social Sec. No.		Date of Birth	
Will	Yes___ No___	Living Spouse's Name			
Deceased Spouse's Name			Date of Death:		

Beneficiaries	Full Address	Telephone # & Email Address