

HEIRSHIP QUESTIONNAIRE

Please answer the questionnaire to the best of your ability.

1. **Full Name of Decedent:** _____
2. **Date of Death:** _____
3. **City and State where Decedent passed away:** _____
4. **Did Decedent have Will?** Yes _____ No _____
5. **Was the Will Probated?** Yes _____ No _____
6. **Did you receive Letters Testamentary?** Yes _____ No _____
7. **Did you receive Letters of Administration?** Yes _____ No _____
8. **Information of the person who will be appointed as representative:**
 - a. NAME: _____
 - b. ADDRESS: _____
 - c. PHONE NO.: _____
 - d. RELATIONSHIP TO DECEASED: _____
9. **List the names of all heirs of the deceased class member (Spouse, Children, etc.):**

Full Name	Date of Birth	Phone Number	Address

Signature

Date

Printed Name