CHICAGO VOLUNTEER LEGAL SERVICES

Because equal access to justice is everyone's fight

Today's Date:

Legal Screener Name:

DECEDENT'S ESTATE MEMO & QUESTIONNAIRE
PLEASE COMPLETE *ALL* INFORMATION

CLIENT (POTENTIAL CLIENT/PC) INFO:

Name:

Address:

(Please verify if CVLS (Chicago Volunteer Legal Services) is allowed to send correspondence to this address)

Telephone(s): Mobile: Main #:

Home (if applicable): Email:

PC's Date of Birth (DOB):

DECEDENT/PERSON THAT HAS DIED INFORMATION:

Name:

Date of Birth of Decedent (DOB):

Date of Death of Decedent (DOD):

Was decedent married ☐ Y ☐ N divorced ☐ Y ☐ N or legally separated at time of death? ☐ Y ☐ N

If decedent was married (legally with no divorce) what is the surviving spouse's name and contact information?

PROPERTY:

Did the decedent leave any real estate (e.g. a home or land)? ☐ Y ☐ N

If so, what is the address of that property?

Is PC currently residing in the property named above? ☐ Y ☐ N

If not, why not?

If there is property and PC lives in the property, is there a mortgage on the property or is the home paid for?

☐ Mortgage ☐ The home is paid for

If there is a mortgage on the property:

How does the potential client plan to deal with the mortgage?

(e.g. making payments moving forward, assuming financial responsibility on the mortgage, etc.)

Are the property taxes and water current/up to date? ☐ Y ☐ N

Has PC provided CVLS with a copy of the deed? ☐ Y ☐ N

If not, please ask for PC to send a copy to Kathy or Kristen, respectfully.

CASE INFORMATION IF THE CASE HAS BEEN FILED IN THE PROBATE DIVISION (if applicable):

Docket Number:

Next Court Date:

Judge: Courtroom:

Status as of last court date (please ask PC if they provided all relevant court document to CVLS): If not pelase ask PC to send to Kristen or Kathy, respectively.

CASE MEMORANDUM

BRIEF SUMMARY: Why has PC contacted CVLS? What does PC ultimately want?

DETAILED SUMMARY:

Please provide a detailed description of the client's legal matter. This summary may include a timeline of events, the parties involved, and your opinion on whether the client would be an appropriate pro bono client. (Organized, sympathetic, difficult).

Did the person that died have: ☐ Will or ☐ No Will (Skip to NO WILL)

If there is a Will, has PC provided a copy of the will? ☐ Y ☐ N

If so, make sure CVLS has a copy of the Will in its entirety.

Will Case Number:

If the will or any other communication from the Decedent indicates who should be Personal Representative ("executor") of the Deceased's estate, please state:

Name: Relationship:

Address: Telephone:

Successor: Does Will waive bond? ☐ Y ☐ N

NO WILL:

Who wants to be the administrator? (Skip if PC. If PC would like to nominate someone else, please answer):

Name: Relationship:

Address: Telephone:

NOTE: The statutory preference for administrator is in the following order:

1. Surviving spouse or any person nominated by surviving spouse or legatee or any person nominated by them, with preference to legatees who are children.
2. Grandchildren or any person nominated by them.
3. Parent or any person nominated by them.
4. Siblings or any person nominated by them.
5. Nearest kindred or any person nominated by them.
6. Guardian of the estate of a deceased ward.

Executor / Administrator must QUALIFY:
a. 18 years of age or older
b. not adjudicated a disabled person
c. resident of the US
d. not a convicted felon

Note any likely contest or objection to a Petition for Letter of Administration and whom:

DECEDENT'S FAMILY INFORMATION

Previous Marriages:

For prior marriages, please indicate name of prior spouse, marriage date, termination date, reason for termination (divorce, death) and whether prior spouse is living.

Spouse 1 Name: Marriage Date

Termination Date: Is spouse 1 living? ☐ Y ☐ N

Reason for Termination:

Spouse 2 Name: Marriage Date

Termination Date: Is spouse 2 living? ☐ Y ☐ N

Reason for Termination:

Spouse 3 Name: Marriage Date

Termination Date: Is spouse 3 living? ☐ Y ☐ N

Reason for Termination:

Has PC provided all the relevant death certificates? ☐ Y ☐ N

What death certificates has PC provided?

HEIRS ORDER:

CHILDREN:

Please list all children of the decedent including legally adopted children, living or deceased.
Must include telephone and address information.

Child 1 Name	Male or Female?	Parent	City and State of Residence (if not residing with you)	Date of Birth (MM/DD/YY)
	☐ M ☐ F			

Spouse (if married) Telephone / other contact info:

Child 2 Name	Male or Female?	Parent	City and State of Residence (if not residing with you)	Date of Birth (MM/DD/YY)
	☐ M ☐ F			

Spouse (if married) Telephone / other contact info:

Child 3 Name	Male or Female?	Parent	City and State of Residence (if not residing with you)	Date of Birth (MM/DD/YY)
	☐ M ☐ F			

Spouse (if married) Telephone / other contact info:

Child 4 Name	Male or Female?	Parent	City and State of Residence (if not residing with you)	Date of Birth (MM/DD/YY)
	☐ M ☐ F			

Spouse (if married) Telephone / other contact info:

Child 5 Name	Male or Female?	Parent	City and State of Residence (if not residing with you)	Date of Birth (MM/DD/YY)
	☐ M ☐ F			

Spouse (if married) Telephone / other contact info:

No other children were born or adopted by the decedent: ☐ Y ☐ N

GRANDCHILDREN:

If any child of the decedent died before the decedent, please list the grandchildren below:

In the case of each grandchild listed below, indicate that grandchild's parent by placing the number of such parent (from the previous chart) to the left of the grandchild's name.

Grandchild 1 Name	Male or Female?	Parent	City and State of Residence	Date of Birth (MM/DD/YY)
	☐ M ☐ F			

Spouse (if married) Telephone / other contact info:

Grandchild 2 Name	Male or Female?	Parent	City and State of Residence	Date of Birth (MM/DD/YY)
	☐ M ☐ F			

Spouse (if married) Telephone / other contact info:

Grandchild 3 Name	Male or Female?	Parent	City and State of Residence	Date of Birth (MM/DD/YY)
	☐ M ☐ F			

Spouse (if married) Telephone / other contact info:

Grandchild 4 Name	Male or Female?	Parent	City and State of Residence	Date of Birth (MM/DD/YY)
	☐ M ☐ F			

Spouse (if married) Telephone / other contact info:

Grandchild 5 Name	Male or Female?	Parent	City and State of Residence	Date of Birth (MM/DD/YY)
	☐ M ☐ F			

Spouse (if married) Telephone / other contact info:

* Note if adopted or deceased and any relevant issues regarding health, financial condition, or ability to handle money responsibly. Note if a child has or is likely to require a guardian (if or when the child is over age 18), or may be eligible for public benefits, complete a Supplemental Questionnaire for Special Needs Planning for that child. Please contact us if you do not already have the Supplemental Questionnaire.

SIBLINGS:

If decedent passed away with no surviving spouse and no descendants, please provide the names and contact information for all siblings, living or deceased.

Sibling 1
(include deceased siblings)

Spouse
(if married)

City and State of Residence

☐ Deceased
☐ Half-Sibling
☐ Step-Sibling

Notes (include relevant health or financial condidtion)

Sibling 2
(include deceased siblings)

Spouse
(if married)

City and State of Residence

☐ Deceased
☐ Half-Sibling
☐ Step-Sibling

Notes (include relevant health or financial condidtion)

Sibling 3
(include deceased siblings)

Spouse
(if married)

City and State of Residence

☐ Deceased
☐ Half-Sibling
☐ Step-Sibling

Notes (include relevant health or financial condidtion)

Sibling 4
(include deceased siblings)

Spouse
(if married)

City and State of Residence

☐ Deceased
☐ Half-Sibling
☐ Step-Sibling

Notes (include relevant health or financial condidtion)

Sibling 5
(include deceased siblings)

Spouse
(if married)

City and State of Residence

☐ Deceased
☐ Half-Sibling
☐ Step-Sibling

Notes (include relevant health or financial condidtion)

Sibling 6
(include deceased siblings)

Spouse
(if married)

City and State of Residence

☐ Deceased
☐ Half-Sibling
☐ Step-Sibling

Notes (include relevant health or financial condidtion)

PARENTS:

If decedent passed away with no surviving spouse and no descendants, please provide the names and contact information for the parents, living or deceased.

Parents (include deceased parents)	Age	City and State of Residence	Notes (include relevant health or financial condition)

Have any children received an advance on their inheritance or are any children financially indebted to the deceased? ☐ Y ☐ N

INFORMATION REGARDING THE DECEASED'S PERSONAL ASSETS

The client must provide enough information about Real Estate, Life Insurance Policies, Bank Accounts, Investment and Retirement Accounts so that we can determine how these are held (e.g. Jointly with Rights of Survivorship), whether they designate beneficiaries, or how if they will pass upon death

1. Estimated net worth of estate (excluding real estate):

2. Personal Property: To the extent possible, collect information and documents regarding all of the following:

Documents provided?	Property	Description and Location / Amount
	Cash	
	Bank Accounts	
	☐ Auto ☐ Truck ☐ Trailer ☐ Boat(s)	
	☐ Motor Home ☐ Recreation Vehicle(s)	
	Employer Provided Retirement Accounts	
	401(k), Pension, etc.	
	Savings Bonds, T Bills, Other Gov't Securities	
	Other	
	Safe Deposit Box	

3. Life Insurance Policies: For life insurance policies insuring the Deceased, indicate the name of the insurance company, the face amount of the policy, and the type of policy.

Policy Copy Provided?	Type of Insurance	Type of Policy	Named Beneficiary(ies) (if known)	Amount / Face Value
☐ Y ☐ N				
☐ Y ☐ N				

4. Other Personal Property

Copy Provided?	Document	Description and Location / Value
☐ Y ☐ N	Household furniture and appliances	
☐ Y ☐ N	Collections, art, antiques, valuable jewelry	
☐ Y ☐ N	Personal equipment and tools	
☐ Y ☐ N	Other	

5. Personal Debt of the decedent (Did decedent owe any money before death)?

Creditor / Collection Agency:	Type of Debt:	Amount Owed:	Notes or additional information:

CONTESTS / SETTLEMENT:

Provide an account of contested issues and / or what the beneficiaries / heirs / legatees have agreed to or what they want (Please be specific):

Ensure that potential client provides copies of the below items within a week's time if he or she did not already provided the same by the intake interview:

- Death certificate(s)
- Marriage certificates(s) (if applicable)
- Divorce Decree(s) (if applicable)
- Will (if applicable)
- Deed to any real estate (if applicable)
- Most recent mortgage statement (if applicable)
- Missing contact information (names, addresses, and phone numbers) for all remaining heirs
- Recent water bill
- Paystubs or any other proof of income (e.g. Social Security award letter, rental agreement and bank statements showing deposits of monthly rent, etc.) for all persons living in the home (if applicable)