



CLIENT QUESTIONNAIRE

GRANT OF PROBATE

Full name of deceased: _____

Last Fixed Address: _____

Occupation of deceased: _____

Date of death

Place of death: _____

Date and place of burial: _____

Present address of Executors, if different on Will: _____

Full name, occupation and address of one person who saw the body of the deceased,
was present at the funeral and saw the body buried.

State size, value and location of each parcel of land which form's a part of the decease's
estate and supply diagram **or** Certificate of Title.

State other assets of the deceased-insurance, stocks, bank accounts, motorcar, etc.

State whether any of the attesting witnesses is known and can be located.

DOCUMENTS SUBMITTED: *(Document Receipts to be given to client)*

<i>(Tick the appropriate box)</i>	ORIGINAL	COPY
Diagram		
Certificate of Title		
Common Law Title for land		
Insurance policies		
Death Certificate		
Detail of bank account		
Share certificate (s)		
Motor Vehicle Title (s)		
Will		
Funeral Receipts		
Burial Certificate		