

LAW OFFICE OF KIMBERLY L. KELLY, LLC

92 Montvale Avenue, Suite 2700

Stoneham, MA 02180

Kimberly L. Kelly *

Dayna E. DelMastro

Amanda C. Hsiao **

David Aptaker *of Counsel*

*Admitted in MA and CT

**Admitted in NY and MA

Kimberly@kimberlykellylaw.com

Dayna@kimberlykellylaw.com

Amanda@kimberlykellylaw.com

Telephone: (781) 438-5222

Facsimile: (781) 438-0556

www.kimberlykellylaw.com

**QUESTIONNAIRE: PETITION FOR APPOINTMENT
OF PERSONAL REPRESENTATIVE**

GENERAL QUESTIONS: If any of the questions below do not apply, please put "N/A" or leave blank. If space is insufficient, please attach separate sheets with additional information. Note that "Decedent" is the person who has passed away.

Decedent's name (include AKA, if any): _____

Decedent's date of birth _____

Decedent's age at death _____

Decedent's address at time of death: _____

Decedent's length of residence at last address: _____

Do you have an original death certificate? If so, please provide to us:

Your name: _____

Your address: _____

Your telephone number(s): _____

Your e-mail address: _____

Your relationship to Decedent: _____

Name/address/telephone of person to be appointed Personal Rep (if other than you):

HEIRS OF DECEDENT:

Does Decedent have a spouse and/or children?

**** Note: Decedent must have been legally married to spouse, and children must be biological or adopted by Decedent.*

Name	Address/Telephone	Relationship
------	-------------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If applicable, are all of Decedent's children also children of Decedent's spouse?

Are any of Decedent's children deceased? If yes, did any of them have children that are still living?

Name	Address/Telephone	Relationship
------	-------------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Only complete the following sections regarding information about relatives if there is no spouse and there are no children or grandchildren.

Living parents of Decedent

Name	Address/Telephone	Relationship
------	-------------------	--------------

_____	_____	_____
_____	_____	_____

Living sisters/ brothers of Decedent

Name	Address/Telephone	Relationship
------	-------------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Deceased sisters/brothers and children of deceased siblings

Name	Address/Telephone	Relationship
------	-------------------	--------------

_____	_____	_____
_____	_____	_____

If none of the above, Decedent's closest relative(s):

Are any of the relatives listed above minors, incapacitated, or actively in the military? If yes, Who?

Does the Decedent have any assets in a Bank Account?

____ Yes ____ No ____ Uncertain

If yes, how much?

Did Decedent own any property? If yes, please provide the address/description of the property and estimated value, if known:

Please describe any other assets that you are aware of that Decedent owned (whether individually or jointly) at the time of death and that will become part of the estate once a Personal Representative is appointed:

Asset	Individual/Joint	Amount
-------	------------------	--------

DOCUMENTS NEEDED :

1. Please provide an original death certificate of the Decedent
2. If the Decedent had a Last Will & Testament – Please provide the original document
3. If the Decedent had a Trust – Please provide a copy of the Trust
4. If the Decedent has a predeceased spouse or children, please provide a copy of the death certificate (or date of death).

If the Decedent had a Last Will & Testament, please provide the current contact information for each person named in that document to either receive assets or serve as a Personal Representative or Trustee (if not previously provided above).

Name	Address/Telephone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____