BELMONT OFFICE 217 Glenway Street P.O. Box 1646 Belmont, NC 28012

KINGS MOUNTAIN OFFICE

304 E. King Street Kings Mountain, NC 28086

GAFFNEY OFFICE 917 N. Limestone St Gaffney, SC 29340



SHELBY OFFICE 201 S. Washington Street Suite 104 Shelby, NC 28150

CHERRYVILLE OFFICE 106 N Cherry St

Cherryville, NC 28021

LINCOLNTON OFFICE 212 E Water St Lincolnton, NC 28092

PHONE NUMBER: 704-461-8785 FAX NUMBER: 980-990-2001

ATTORNEY YANSEA H. TAYLOR ATTORNEY MEGAN L. MALLAMAS* ATTORNEY MEGHAN D. FRANCIS*
ATTORNEY ALEXANDRIA J. NEAL ATTONREY MADELINE E. HARRISON*

PROBATE QUESTIONNAIRE

Decedent's name and any version of their name:		
Decedent's date of death:		
Was the decedent married? Yes □ No □ Spouse's name:		
Do you have a death certificate: Yes \square No \square		
Is there a will? Yes \square No \square		
Do you have the original will? Yes \square No \square		
Who is acting as the Executor/Administrator?		
Executor/Administrator phone number:		
Paid in full funeral bill? Yes □ No □		
Legal names, relationship and addresses of all heirs (living and deceased):		
Legal names, relationship and addresses of all heirs (living and deceased): Name:		
Name:Address:		
Name: Address: Relationship: Name: Address:		

Na	me:
Ad	dress:
Re	lationship:
	me:
Ad	dress:
Re	lationship:
Na	me:
Ad	dress:
Re	lationship:
Please list	all assets and their estimated values of the decedent to the best of your knowledge:
Please list	all debts of the decedent to the best of your knowledge:
*P	lease note that if there are bank accounts, vehicles or anything else that has a title, you will be
responsib	le for presenting those supporting documents such as statements, account numbers and titles.*
-	