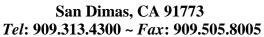
MYRNA J. SHOMALI

Shomali Legal Services P.O. Box 808







LEGAL DOCUMENT ASSISTANT [LDA Reg. #2019320398 ~ L.A. County]

QUESTIONNAIRE

Petitioner:			
Name:			
Home Address:			
Work Address:			
Tel No.(s): Home:	Cell:	Work:	
Email Address:	I	D.L.:	
DOB:	S.S #:		
Relationship to Decedent:		_ Publication:	
Decedent:			
Name:			
Address:			
DOB			
DOD:	Place of De	Place of Death:	
County of Death:	Marital Status:		
Spouse's name:			
If divorce: Date of Divorce:	If die	If died, DOD:	
Will/Estate Plan/Trust:	Bond: Yes/No		
Received Medical:	Tax Debts:		

909.313.4300







Children & Grandchildren:

en, include adopted, Names, Addresses, Ages, living
es and relationships to decedent, living or deceased:
ships to decedent mentioned in the Will, living or

909.313.4300







REQUIRED DCTS:

Death Certificate

Wills and/or Trust, if applicable

Deed(s)

