# PROBATE INFORMATION FORM

**OFFICE USE ONLY**

Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

File No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Letters Testamentary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **basic PERSONAL information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Decedent |  | | | |
| Known Under Any Other Name |  | | | |
| Social Security Number |  | | Date of Death |  |
| Address at Time of Death | Street |  | | |
| City/State/Zip |  | | |
| Place of Death |  | | | |
| County Domicile at Time of Death |  | | | |
| Marital Status |  | | | |

### **ESTATE REPRESENTATION / EXECUTOR / ADMINISTRATOR**

Person(s) Representing Deceased during the Probate Process (does not necessarily have to be family).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Personal Representative** |  | | | | |
| Address | Street | |  | | |
| City/State/Zip | |  | | |
| Social Security Number |  | | | Relationship |  |
| Home Phone |  | | | Cell / Work Phone |  |
| Email Address |  | | | | |
|  |  | | | | |
| **Name of Personal Representative** |  | | | | |
| Address | Street |  | | | |
| City/State/Zip |  | | | |
| Social Security Number |  | | | Relationship |  |
| Home Phone |  | | | Cell / Work Phone |  |
| Email Address |  | | | | |

### **FAMILY / HEIRS**

Names of Spouse / Children / Grandchildren / Next of Kin. Use additional paper if necessary.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Full Name | Social Security Number | Address  (Include City/State/Zip) | Email  Address | Date of Birth | Relationship |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |

### **OTHER BENEFICIARIES**

Names of Friends / Charities / Churches / Other Organizations to be included in Probating of the Estate.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Full Name | Social Security Number | Address | Date of Birth | Email  Address | Relationship |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |

### **TRUST**

|  |  |  |  |
| --- | --- | --- | --- |
| Did the Decedent have a Trust? |  | If so, please name |  |
| Name of Trustee |  | | |
| What assets funded the Trust? |  | | |

### **MINOR CHILDREN**

|  |  |  |
| --- | --- | --- |
| Was a guardian appointed in the Will for minor children? |  | |
| Name and Address of Guardian | Name |  |
| Street |  |
| City/State/Zip |  |
| What assets funded the Trust? |  | |

### **names and dates of death of predeceased spouse or children**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  | Description | Amount/Value |
| **REAL ESTATE** |  |  |
|  |  |
|  |  |
| **CASH & BANK ACCOUNTS** |  |  |
|  |  |
|  |  |
| **STOCKS & BONDS** |  |  |
|  |  |
|  |  |
| **RETIREMENT PROGRAMS TYPE** |  |  |
|  |  |
|  |  |
| **INSURANCE** |  |  |
|  |  |
|  |  |
| **BUSINESS INTERESTS** Businesses in which the Decedent had a vested interest (owner, partner, or stockholder). |  |  |
|  |  |
|  |  |
| **PERSONAL PROPERTY** Miscellaneous items of value owned by the Decedent (automobiles – include year/make/model, jewelry, boats, furniture, paintings, collections, etc. |  |  |
|  |  |
|  |  |

### **Asset Inventory**

The Decedent’s assets need to be itemized so we may provide proper notice to creditors or people the Decedent owed money to. This also determines the steps needed in probating the Estate. Please fill out the below form to the best of your ability. Supplemental asset forms are welcome. Please just be sure all the categories below are addressed in their entirety.

**MEDICAL EXPENSES** Expenses accrued during last illness (doctors, nursing home, hospital, etc.) or unpaid medical expenses

|  |  |
| --- | --- |
|  | |
|  | |
|  | |
|  | |
| Was the Decedent receiving Medicaid? |  |

**OTHER DEBTS** Credit cards, utilities, loans, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| Creditor | Address  (Please include City/State/Zip) | Account Number | Amount Owed  (if known) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Did the Decedent have a safety deposit box? |  |
| Location of safety deposit box / depository |  |

**NOTE: It is important that we be notified of any creditors or outstanding debts held by the Decedent so we can notify them in the appropriate manner. Please be sure the asset inventory is completed to the best of your knowledge with the documentation you have obtained.**

### **DOCUMENTATION NEEDED**

Please provide the following documents. Any originals you provide will be returned to you once the Probate process is complete. If you have additional asset documents you think are relevant, please bring those to your consultation meeting as well.

|  |  |
| --- | --- |
| □ | Certified copy of Death Certificate (obtain from funeral home) |
| □ | Original Wills |
| □ | Original Codicils (updates/changes made to Original Will) |
| □ | Copy of Deed |
| □ | Copy of Tax Bill |
| □ | Last Bank Statements |
| □ | Copies of Titles to Automobiles, Boats, Motorcycles, etc. |
| □ | Copies of Stock Certificates |
| □ | Copies of Bonds |
| □ | Other (please list): |