



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

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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.

	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.		

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):