



PROBATE INTAKE WORKSHEET

PERSONAL INFORMATION

Decedent's Full Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____
(Other names used to title property and accounts)

Date of Death _____ Birth date _____ SS# _____ US Citizen? _____

Legal Residence _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

Business Telephone _____

Divorced Widowed Single

Decedent's Spouse's Information

Name	Date of Marriage
_____	_____
_____	_____
_____	_____

Comments	Phone
_____	_____
_____	_____

PERSONAL INFORMATION - CLIENT

Full Legal Name _____
(Name most often used to title property and accounts)

Address _____ City _____ State _____ ZIP _____

Email _____

DECEDENT'S CHILDREN

Use full legal name. Please indicate whether the children are natural, adopted, or step-children:

Name, Address & Phone	Birth date	Relationship
_____	_____	_____

Comments: _____

Name, Address & Phone	Birth date	Relationship
_____	_____	_____

Comments: _____

Name, Address & Phone	Birth date	Relationship
_____	_____	_____

Comments: _____

Name, Address & Phone	Birth date	Relationship
_____	_____	_____

Comments: _____

Name, Address & Phone	Birth date	Relationship
_____	_____	_____

Comments: _____

DEWISEES (THOSE NAMED IN THE WILL)

Use full legal name:

Name, Address & Phone	Birth date	Relationship
_____	_____	_____

Comments: _____

Name, Address & Phone	Birth date	Relationship
_____	_____	_____

Comments: _____

Name, Address & Phone

Birth date

Relationship

Comments: _____

Name, Address & Phone

Birth date

Relationship

Comments: _____

Name, Address & Phone

Birth date

Relationship

Comments: _____

Name, Address & Phone

Birth date

Relationship

Comments: _____

Name, Address & Phone

Birth date

Relationship

Comments: _____

HEIRS AT LAW/OTHER FAMILY MEMBERS NOT MENTIONED IN THE WILL

Use full legal name:

Name, Address & Phone

Birth date

Relationship

Comments: _____

Name, Address & Phone

Birth date

Relationship

Comments: _____

Name, Address & Phone

Birth date

Relationship

Comments: _____

DECEDENT'S ADVISORS AND OTHERS

Name & Contact Information	Telephone
Funeral Home _____	_____
Personal Attorney _____	_____
Accountant _____ Will the Accountant be preparing any final taxes for the decedent and/or estate?	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____
Banker _____	_____
Other _____	_____

IMPORTANT QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Was the decedent receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Did the decedent have a Will?		
If so, are you in possession of the original Will?		
Did the Decedent have a trust, or other known estate planning? <i>Please furnish copies of these documents</i>		
Was the Decedent a recipient of Medicare/Medicaid benefits?		
Was the Decedent a beneficiary of anyone else's trust? <i>If so, please explain below</i>		

Owner of Property	Yes	No
Did the Decedent own property in their own name?		
Joint Tenancy with someone?		
Tenants By The Entirety?		

REAL PROPERTY

INSTRUCTIONS: Include any interest in real estate – i.e. family residence, vacation home, time-share, vacant land, etc. Please indicate the deed reference if known (Book and Page).

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Total	_____	_____

Tangible Personal Property

TYPE: List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total) _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total	_____

AUTOMOBILES, BOATS AND RVS

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*). Please indicate whether you have the original passbook for the savings account if applicable. Do not include IRAs or 401(k)s here

Name of Institution and account number	Type	Owner	Date of Death	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
		Total		_____

STOCKS AND BONDS

TYPE: List any and all stocks and bonds the Decedent owned. If held in a brokerage account, lump them together under each account. (Indicate type below)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total				_____

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Total	_____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Total	_____

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, the Decedent's ownership in the interests, and the estimated value of the interests.

Total _____

MONEY OWED TO THE DECEDENT

TYPE: Mortgages or promissory notes payable to the Decedent, or other moneys owed to the decedent.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

OTHER ASSETS AND SAFETY DEPOSIT BOXES

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>		_____

