

PROBATE INTAKE FORM
[Strictly Confidential]

Today's Date: ____/____/____

Your Name: _____ (First, Middle, Last)

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Home Address: _____ (Street)

_____ (Apt, Suite #)

_____ (City, State, Zip Code)

E-Mail: _____ (primary) _____ (work)

Telephone: (home) _____ (work) _____ (cell) _____

Date of Birth: ____/____/____ Sex: ___ M ___ F

Social Security No.: _____

Your relationship to the decedent: _____

Occupation: _____ Employer: _____

Decedent's Legal Name: _____

Decedent's Date of Birth: ____/____/____

Decedent's Date of Death: ____/____/____

Other Names used by Decedent: _____

Decedent's Social Security No.: _____

Decedent's Last Known Address: _____ (Street)

_____ (Apt, Suite #)

_____ (City, State, Zip Code)

Decedent's Marital Status: Never Married Married Widowed Divorced

Spouse or Domestic Partner's Name (if applicable): _____

CHILDREN OF THE DECEDENT: None

NAMES	AGE or DOB	LOCATION (City/State/Country)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of grandchildren: _____ Range of Ages: _____

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| • Did the decedent have a will executed? | <input type="checkbox"/> | <input type="checkbox"/> |
| -If yes, do you have a copy? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did the decedent have life insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did the decedent have any bank accounts? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Please name the name of the bank(s) at which this/these
account(s) are held: _____
_____ | | |
| • Did the decedent have a retirement account? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did the decedent have a reverse mortgage? | <input type="checkbox"/> | <input type="checkbox"/> |

Please list any real property owned by the decedent:

Primary Residence:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Other Residence:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Other Residence:

Street Address: _____

City: _____ State: _____ Zip Code: _____

ESTIMATED ^{*} VALUE OF ESTATE

TYPE OF ASSET:

- REAL ESTATE: \$ _____
(fair market value, less loans)
- SECURITIES: \$ _____
(stocks, bonds, mutual funds)
- CASH TYPE ASSETS: \$ _____
(cash, annuities, notes due you)
- BUSINESS INTERESTS: \$ _____
(sole proprietorship, partnerships,
closely held corporation, etc.)
- RETIREMENT PLANS: \$ _____
(IRA, 401k, etc. †)
- VEHICLES: \$ _____
(autos, R.V., boat)
- PERSONAL PROPERTY: \$ _____
(jewelry, furniture, antiques)

- TOTAL:** \$ _____

* Use best guess; this can be a “ballpark” estimate.

† Do not show benefits which terminate at death (e.g., pension, social security, etc.).

- State any specific concerns (not already mentioned) that you have regarding the distribution of the descendant’s estate:
