



PROBATE INTAKE WORKSHEET

Probate, Estate and Trust Administration



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ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

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 (Number of marriages _____) ☐ Widowed (Date of Death _____) ☐ Single

Decedent's Spouse's Information

Name _____ Date of Marriage _____

Birth date _____ SS# _____ US Citizen? _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Telephone _____ E-mail Address _____

Primary Contact - Client

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

Birth date _____ SS# _____ US Citizen? _____

Legal Residence _____ City _____ State _____ Zip _____

Mailing address, if different _____ Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

Business Telephone _____

E-mail address: _____ ☐ It is okay to communicate with me via my E-mail address.

DECEDENT'S CHILDREN

Use full legal name. Please include deceased children and indicate whether the children are natural, adopted, or step-children. Please note: for any deceased children we will need to know their date of death, and if they had children, indicate the children's names and addresses.

Full Legal Name _____ Birth date _____ US Citizen? _____

Legal Residence _____ City _____ State _____ Zip _____

Mailing address, if different _____ Telephone _____ Relationship _____

SS No. and Comments: _____

Full Legal Name _____ Birth date _____ US Citizen? _____

Legal Residence _____ City _____ State _____ Zip _____

Mailing address, if different _____ Telephone _____ Relationship _____

SS No. and Comments: _____

Full Legal Name _____ Birth date _____ US Citizen? _____

Legal Residence _____ City _____ State _____ Zip _____

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Full Legal Name _____ Birth date _____ US Citizen? _____

Legal Residence _____ City _____ State _____ Zip _____

Mailing address, if different _____ Telephone _____ Relationship _____

SS No. and Comments: _____

BENEFICIARIES (THOSE NAMED IN THE WILL)

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

Full Legal Name _____ Birth date _____ US Citizen? _____

Legal Residence _____ City _____ State _____ Zip _____

Mailing address, if different _____ Telephone _____ Relationship _____

SS No. and Comments: _____

Full Legal Name _____ Birth date _____ US Citizen? _____

Legal Residence _____ City _____ State _____ Zip _____

Mailing address, if different _____ Telephone _____ Relationship _____

SS No. and Comments: _____

Full Legal Name _____ Birth date _____ US Citizen? _____

Legal Residence _____ City _____ State _____ Zip _____

Mailing address, if different _____ Telephone _____ Relationship _____

SS No. and Comments: _____

Full Legal Name _____ Birth date _____ US Citizen? _____

Legal Residence _____ City _____ State _____ Zip _____

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Full Legal Name _____ Birth date _____ US Citizen? _____

Legal Residence _____ City _____ State _____ Zip _____

Mailing address, if different _____ Telephone _____ Relationship _____

SS No. and Comments: _____

Full Legal Name _____ Birth date _____ US Citizen? _____

Legal Residence _____ City _____ State _____ Zip _____

Mailing address, if different _____ Telephone _____ Relationship _____

SS No. and Comments: _____

HEIRS/OTHER FAMILY MEMBERS NOT MENTIONED IN THE WILL

Full Legal Name _____ Birth date _____ US Citizen? _____

Legal Residence _____ City _____ State _____ Zip _____

Mailing address, if different _____ Telephone _____ Relationship _____

SS No. and Comments: _____

Full Legal Name _____ Birth date _____ US Citizen? _____

Legal Residence _____ City _____ State _____ Zip _____

Mailing address, if different _____ Telephone _____ Relationship _____

SS No. and Comments: _____

Full Legal Name _____ Birth date _____ US Citizen? _____

Legal Residence _____ City _____ State _____ Zip _____

Mailing address, if different _____ Telephone _____ Relationship _____

SS No. and 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> _____		
Was the Decedent a Veteran? If so, will the Funeral Home apply for Veteran benefits?		
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>		
Are any of the interested parties or heirs-at-law in the Military service of the U.S. or any of its allies?		
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>		
Did the Decedent have any children have special educational, medical, or physical needs? <i>Describe</i> _____		
Did the any of the Decedent's children receive governmental support or benefits? <i>Describe</i> _____		
Is any heir or beneficiary under a Conservatorship or Guardianship? <i>Please provide name and docket no.</i> _____		
Are there any living parents of the decedent?		

PROPERTY INFORMATION

INSTRUCTIONS FOR COMPLETING THE *PROPERTY INFORMATION* CHECKLIST

General Headings: This *Property Information* checklist is designed to help you list all the property the Decedent owned and what it is worth. Use **extra sheets** of paper to list your additional property.

"Owner" of Property: Knowing how the Decedent owned the property is extremely important. For each property, please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If property is in the Decedent's name only	I
Joint Tenancy with someone	JTO
Tenants By The Entirety	TBE
If you cannot determine how the property is owned	?

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). Also note the name and address of the insurance agent providing fire/utility insurance. When do these policies come up for renewal?

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

FURNITURE AND PERSONAL EFFECTS

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
			Total	

OTHER ASSETS AND SAFETY DEPOSIT BOXES

Type	Owner	Value
Total		

ESTATE LIABILITIES

INSTRUCTIONS: List all Credit cards to be canceled including the issuer and account number, any mortgages including the lending institution, location, and account number, any additional loans and any miscellaneous bills.

[illegible]

Please list the items noted in the Will and whether the location of the item(s) is known.

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ADDITIONAL RELEVANT INFORMATION & EXPLANATION

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.