

PROBATE INTAKE SHEET

I. GENERAL INFORMATION

Name of Decedent				
Citizenship Status				
Date of Death		Your relationship to Decedent		
Residence at the time of death	City:	County:	Country:	
Did the decedent have a Will and/or Living Trust?		Yes () <input type="checkbox"/> Will <input type="checkbox"/> Living Trust		No ()
What was the marital status of the decedent	Married : ()	Single ()	Divorced ()	Widowed ()

- PROVIDE A CERTIFIED COPY OF THE DEATH CERTIFICATE
- PROVIDE THE ORIGINAL WILL OR A COPY OF THE LIVING TRUST (including "**Schedule A, B and/or C**")
- Have you retained any other attorney(s) regarding this matter? If so, please provide the name of such attorney(s)

Who wishes to serve as Personal Representative?

Name			
Address			
Home Phone		Cell Phone	
Social Security No.		Driver's License No.	
Citizenship Status		State where DL was issued	
Work Phone		Email Address	
Relationship to Decedent			
Named in a will as Personal Representative?		Yes ()	No ()

(If there is an additional personal representative, please use the attachment A to insert his or her information)

Please provide in the box below, information regarding the person(s) named in the Will as Personal Representative(s) and others with equal right to be Personal Representative

Name	Address	Phone Number	Relationship to Decedent

II. INTERESTED PERSONS

Heirs - Spouse, children, issue of any deceased children, and others; If the decedent was not married or never had any children, then the heirs would be his/her parents, if there is a surviving parent; If none of the parents are living, the heirs would be the decedent's brothers and sisters and if any of the decedent's brothers and sisters predeceased decedent, the issue of any deceased brothers and sisters (i.e. the nieces and nephews from that deceased brother or sister).

Name	Address	Relationship	Date of Birth

Devisee(s) - Those parties named in the Will who are not heirs (e.g. charitable organization or non-relatives)

Name	Address

III. ASSETS (to be probated)

PERSONAL PROPERTY: Provide a copy of statement for each account or appraisal information at the date of death

(Please use the Attachment A for additional information)

Item	Account Number	Value
Stocks		
Bonds		
CDs		
Checking Accounts		
Saving Accounts		
Automobiles		
Household Goods and Furniture		
Investments		
IRA		
401(K)		

Other Asset		
Other Asset		
Other Asset		

REAL ESTATE (to be probated): Please provide copies of deed(s) and property tax statement(s) as of date of death.

Address	Owner(s)	Market Value (as of date of death)	Outstanding mortgage or lien amount

List the address of each and every real property to be sold:

- 1) _____
- 2) _____
- 3) _____

List the address of each and every real property to be distributed to heirs:

- 1) _____
- 2) _____
- 3) _____

If real property is to be distributed, to whom/which heirs:

Name	Address

IV. DEBTS

KNOWN CREDITOR(S)

Name	Address	Amount	Type of Debt

V. TRUSTS

If the decedent had a trust, please provide the trust administrator (co/successor trustee's information)

Name	Address	Phone Number

VI. IF ANY KNOWN PROBLEMS OR DISPUTES REGARDING THE ESTATE OF THE DECEDENT,
PLEASE PROVIDE DETAILS:

Attachment A

Who else wishes to serve as Personal Representative?

Name			
Address			
Home Phone		Cell Phone	
Social Security No.		Driver's License No.	
Citizenship Status		State where DL was issued	
Work Phone		Email Address	
Relationship to Decedent			
Named in a will as Personal Representative?		Yes ()	No ()
