



**PROBATE INTAKE FORM**

*We are sorry for your loss. Please provide the following information to the best of your ability. Thank you.*

- 1. 2 Original Death Certificates**
- 2. Copy of paid funeral bills**
  
- 3. If Death Certificate is NOT attached, fill out the following section:**

NAME OF DECEDENT: \_\_\_\_\_

LAST KNOWN ADDRESS OF DECEDENT: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

COUNTY OF DEATH: \_\_\_\_\_

COUNTY WHERE DECEDENT LIVED AT TIME OF DEATH: \_\_\_\_\_

**4. Information Regarding the Proposed Personal Representative**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

RELATIONSHIP TO DECEDENT: \_\_\_\_\_

HAS THE PROPOSED PERSONAL REPRESENTATIVE EVER BEEN CONVICTED OF A FELONY:

YES \_\_\_\_\_ NO \_\_\_\_\_

**5. Did the Decedent die with a will or trust? If so, please provide a copy of their Last Will, Trust and the following:**

LOCATION OF WILL: \_\_\_\_\_

DATE OF WILL: \_\_\_\_\_

LOCATION OF CODICIL, IF ANY: \_\_\_\_\_

DATE OF CODICIL: \_\_\_\_\_

**6. Please list the decedent's living relatives:**

**LIVING SPOUSE, if any:**

Please provide copies of the marriage certificate and the following (if applicable):

DECEDENT'S SPOUSE: \_\_\_\_\_ SSN: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**DECEDENT'S CHILDREN:**

CHILD # 1: \_\_\_\_\_

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CHILD # 2: \_\_\_\_\_

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CHILD # 3: \_\_\_\_\_

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CHILD # 4: \_\_\_\_\_

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**OTHER BENEFICIARIES** (to include parents, brothers, sisters, and so on):

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**RELATIONSHIP TO THE DECEDENT:** \_\_\_\_\_

**DATE OF BIRTH, IF MINOR:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**RELATIONSHIP TO THE DECEDENT:** \_\_\_\_\_

**DATE OF BIRTH, IF MINOR:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**RELATIONSHIP TO THE DECEDENT:** \_\_\_\_\_

**DATE OF BIRTH, IF MINOR:** \_\_\_\_\_

**7. Please list the decedent's assets:**

**ROUGH ESTIMATE OF TOTAL ESTATE:**

**Real Property:** \_\_\_\_\_ **Bank Accounts:** \_\_\_\_\_

**Investments:** \_\_\_\_\_ **Life Insurance:** \_\_\_\_\_

**Other:** \_\_\_\_\_ **Total:** \_\_\_\_\_

**SAFE DEPOSIT BOX: YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

PERSON(S) OTHER THAN DECEDENT WITH RIGHT OF ACCESS

**NAME:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**REAL ESTATE:**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ DOD VALUE: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

HOMESTEAD: YES: \_\_\_\_\_ NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ DOD VALUE: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

HOMESTEAD: YES: \_\_\_\_\_ NO: \_\_\_\_\_

**BANK ACCOUNTS:**

BANK NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**MONEY MARKET ACCOUNTS, CDs, IRAs, OR 401K ACCOUNTS:**

NAME OF INSTITUTION: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**STOCKS AND BONDS:**

NAME OF COMPANY: \_\_\_\_\_

TYPE OF SECURITY: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF CERTIFICATE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

TYPE OF SECURITY: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF CERTIFICATE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**INSURANCE ON DECEDENT'S LIFE:**

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARIES NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARIES NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**ANNUITIES:**

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARY NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARY NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**U.S. GOVERNMENT SAVINGS BONDS (E, EE, H):**

HOW TITLED: \_\_\_\_\_

LOCATION OF BONDS: \_\_\_\_\_

TO BE CASHED: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, NAME OF TRANSFEREE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF BONDS: \_\_\_\_\_

TO BE CASHED: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, NAME OF TRANSFEREE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**MORTGAGES AND NOTES (RECEIVABLE):**

MORTGAGOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TERMS OF OBLIGATION: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

MORTGAGOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TERMS OF OBLIGATION: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**VEHICLES:**

MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF TITLE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF TITLE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**MISCELLANEOUS PERSONAL PROPERTY:**

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**8. PLEASE PROVIDE A BRIEF DESCRIPTION OF CLAIM/LAWSUIT, IF IN SUIT, PLEASE ATTACH A COPY OF THE COMPLAINT WITH THIS CHECKLIST:**

- a. HAS THE CLAIM OR LAWSUIT BEEN SETTLED? IF YES, WAS THE SETTLEMENT PRE-SUIT? ALSO, PLEASE NOTE THE GROSS AMOUNT OF THE SETTLEMENT AND NAME OF SETTLING DEFENDANT(S) (INCLUDING NAME OF INSURANCE CARRIER). ARE THERE ANY REMAINING DEFENDANTS OR WAS THIS A FULL/FINAL SETTLEMENT? IF DEFENDANT(S) REMAIN, PLEASE PROVIDE THE NAME OF THE PENDING DEFENDANT.
- b. LIST ANY SPECIAL CIRCUMSTANCES ABOUT THIS CASE/FAMILY:
- c. PROVIDE NAME AND EMAIL ADDRESS OF ATTORNEY AND ATTORNEY'S ASSISTANT HANDLING THIS FILE.

**9. HAS THE CLIENT BEEN ADVISED OF OUR INVOLVEMENT:**

Yes \_\_\_ No \_\_\_

**10. NAME AND POLICY NUMBER OF ANY HEALTH INSURANCE PROVIDING INSURANCE FOR THE DECEDENT. PLEASE INCLUDE MEDICARE AND/OR MEDICAID IF APPLICABLE.**