

PROBATE ADMINISTRATION INTAKE INFORMATION

Date of Intake: _____

Staff Members present: _____

Names of all parties present: _____

DECEDENT'S NAME	
DECEDENT aka NAME if any	
Address	
City State Zip	
Social Security No.	
County of Domicile	
U.S. Citizen?	
Age at time of death	
Date of Death	
Place of Death	
Date of Decedent's Will	
Is there a Separate Writing?	

Obtain Original Will & Codicil(s) _____
Obtain Certified Death Certificate _____

Check to be sure Will & Codicils, if any, are originals, that they are valid and self proven.

If not, are clients familiar with witnesses or is there information to lead us to the witnesses?

Notes Regarding original Will and witnesses:

CLIENT/PETITIONER/PERSONAL REPRESENTATIVE DATA

CLIENT'S NAME	
Client's Address	
City, State, Zip	
Telephone Numbers	
E-mail address	
Who referred client to us?	
PERSONAL REPRESENTATIVE	
PR Street Address	
PR City, State, Zip	
PR Social Security Number	
Telephone Number	
E-mail address	
2ND PERSONAL REPRESENTATIVE	
2 ND PR Street Address	
2 ND PR City, State, Zip	
2nd PR Social Security Number	
Telephone Numbers	
E-mail address	

ASSET INFORMATION

REAL ESTATE - Obtain a copy of deed for all real estate being probated

Type	Brief Description	Type of Ownership: Individual., joint w/out survivorship; joint w/survivorship	Value
Primary Residence			
Second Residence			
Rental Property			
Vacation			
Vacant Land			
Commercial			
Other			

BANK ACCOUNTS - Obtain copy of most recent bank statement for each probate asset

Type	Name of Institution and Account Number	Type of Ownership: Indiv., joint, POD	Value
Checking			
Savings			
Savings			
CD's			
Money Market			
Other			
Other			
Other			

INVESTMENTS - Obtain copy of most recent investment statement for each probate asset

Type	Description: Company Name, account number, total shares, etc.	Type of Ownership: Individual, joint, POD	Value
Stocks			
Stocks			
Bonds			
Bonds			
Brokerage Accts. (not IRA)			
Brokerage Accts. (not IRA)			
Other			
Other			
Other			

LIFE INSURANCE & RETIREMENT ASSETS - Obtain copy of each that is a probate asset

Type	Description	Type of wnership: Indiv., joint, POD	Beneficiary & Contingent Beneficiary	Face Value or Asset Value
Life Insurance				
Life Insurance				
IRA				
IRA				
Pension				
Pension				
401(k)				
401(k)				
Other				

OTHER ASSETS - Obtain copy of title for any motor vehicles being probate. Be sure to indicate if there is a loan against any vehicle and include the creditor information in the Creditor Section

Type	Description:	Type of Ownership: Indiv., joint	Value
Car			
Boat			
Misc. Personal Property			
art & antiques			
jewelry			
Other			

TRUST INFORMATION

Name of Trust	Trustee Name and Address	Date of Trust	Value

BENEFICIARY INFORMATION

BENEFICIARY 1	
<input type="checkbox"/> Specific <input type="checkbox"/> Residuary	
Street Address	
City State Zip	
Relationship to Decedent	
DOB (if minor):	Social Security No. (If available):
BENEFICIARY 2	
<input type="checkbox"/> Specific <input type="checkbox"/> Residuary	
Street Address	
City State Zip	
Relationship to Decedent	
DOB (if minor):	Social Security No. (If available):
BENEFICIARY 3 _____	
<input type="checkbox"/> Specific <input type="checkbox"/> Residuary	
Street Address	
City State Zip	
Relationship to Decedent	
DOB (if minor):	Social Security No. (If available):

BENEFICIARY 4 _____ <input type="checkbox"/> Specific <input type="checkbox"/> Residuary	
Street Address	
City State Zip	
Relationship to Decedent	
DOB (if minor):	Social Security No. (If available):
BENEFICIARY 5 _____ <input type="checkbox"/> Specific <input type="checkbox"/> Residuary	
Street Address	
City State Zip	
Relationship to Decedent	
DOB (if minor):	Social Security No. (If available):

CREDITOR INFORMATION

If Yes is answered to any of the questions below, list the information in the chart below.

Did decedent have any unpaid medical bills? Yes_____ No_____.

Did decedent have any credit cards? Yes_____ No_____.

Did decedent have a car loan? Yes_____ No_____.

Did decedent have a mortgage or line of credit against any real estate? Yes_____ No_____.

Did decedent have any judgments against him/her? Yes_____ No_____.

Are there any pending lawsuits or claims against decedent? Yes_____ No_____.

Is decedent a personal guarantor on any loan? Yes_____ No_____.

Did decedent have any unpaid alimony or child support obligations? Yes_____ No_____.

Please provide details of all creditors below: **OR obtain copies of most recent bills (front and back)**

<i>CREDITOR 1</i> Name	
Mailing Address for correspondence	
Telephone Number	
Amount Due	
Account Number	
Nature of Debt (i.e. car loan, medical bill, credit card, etc)	
<i>CREDITOR 2</i> Name	
Mailing Address for correspondence	
Telephone Number	
Amount Due	
Account Number	
Nature of Debt (i.e. car loan, medical bill, credit card, etc)	
<i>CREDITOR 3</i> Name	
Mailing Address for correspondence	
Telephone Number	
Amount Due	
Account Number	
Nature of Debt (i.e. car loan, medical bill, credit card, etc)	
<i>CREDITOR 4</i> Name	
Mailing Address for correspondence	
Telephone Number	
Amount Due	
Account Number	
Nature of Debt (i.e. car loan, medical bill, credit card, etc)	

<i>CREDITOR 5</i> Name	
Mailing Address for correspondence	
Telephone Number	
Amount Due	
Account Number	
Nature of Debt (i.e. car loan, medical bill, credit card, etc)	
<i>CREDITOR 6</i> Name	
Mailing Address for correspondence	
Telephone Number	
Amount Due	
Account Number	
Nature of Debt (i.e. car loan, medical bill, credit card, etc)	
<i>CREDITOR 7</i> Name	
Mailing Address for correspondence	
Telephone Number	
Amount Due	
Account Number	
Nature of Debt (i.e. car loan, medical bill, credit card, etc)	