

PROBATE INFORMATION FORM

Date: _____

PETITIONER/CLIENT

Name: _____

Address: _____

Home phone: _____ Other phone: _____ Employment: _____

Date of Birth: _____ SSN: _____ Driver's License: _____

Relationship to deceased: _____

Email address: _____

DECEASED

Name: _____ SSN: _____

Residence address: _____

Residence at death: _____

Date of birth: _____ Marital status: _____

Date of death: _____ Age at death: _____

Place of death: _____

Spouse: _____ Date of spouse's death: _____

Decedent's occupation: _____

Decedent's employer & address (if any): _____

Are employee death benefits provided by employer?: Y / N

If yes, what are they? _____

HEIR/DEVISEE INFORMATION

HEIR 1: M/F Relationship to Deceased: _____

Name: _____ Date of Birth: _____

Address: _____ Children? (name/age):

Phone: _____
1. _____
2. _____
3. _____

HEIR 2: M/F Relationship to Deceased: _____

Name: _____ Date of Birth: _____

Address: _____ Children? (name/age):

Phone: _____
1. _____
2. _____
3. _____

HEIR 3: M/F Relationship to Deceased: _____

Name: _____ Date of Birth: _____

Address: _____ Children? (name/age):

Phone: _____
1. _____
2. _____
3. _____

HEIR 4: M/F Relationship to Deceased: _____

Name: _____ Date of Birth: _____

Address: _____ Children? (name/age):

Phone: _____
1. _____
2. _____
3. _____

Do any of the people listed above have any disabilities? Y / N

If so, please explain: _____

WILL INFORMATION

Did deceased have a will? Y / N Date of Will: _____

❖ Please provide the original will and a certified copy of the death certificate.

ADVISORS:

Accountant: _____

Agent (Power of Attorney): _____

Trustee: _____

Other: _____

ASSETS

Home: Address _____

Owned by: _____ Value: _____

Mortgage balance: _____ Furniture Value: _____

Other Real Property:

1. Address (location) _____

Owned by: _____ Value: _____

Value: _____ Mortgage Value: _____

2. Address (location) _____

Owned by: _____ Value: _____

Value: _____ Mortgage Value: _____

Stocks, Bonds, Mutual Funds or other financial investments:

Name/Location	Account No.	Owner(s)	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank Accounts:

Bank/Branch	Account No.	Owner(s)	Amount
Money Market _____	_____	_____	_____
CD's _____	_____	_____	_____
Checking _____	_____	_____	_____
_____	_____	_____	_____
Savings _____	_____	_____	_____
Other _____	_____	_____	_____

Retirement Benefits (Including IRA's):

Name of Investment	Owner	Beneficiary	Present Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Safe Deposit Box:

Number: _____ Name of Institution: _____

Branch: _____ Box No. _____

Others listed on box:

Name: _____ Relationship: _____

Address: _____

Phone: _____

Business Interests (how held and controlled):

Partnership: _____

Corporation: _____

Sole Proprietorship: _____

LLC: _____

Other: _____

Collections (coins, stamps, etc.):

Value:

Life Insurance:

Company	Owner	Beneficiary	Alternate	Death Benefit
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Automobiles and machinery:

Value:

Items of Personal Property: (list anything worth \$300 or more)

Value:

Other Assets Not Listed Above:

Description	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

DEBTS

Expenses of last illness: _____

Funeral expenses: _____

Prior State Assistance: _____

Taxes (specify type): _____

Credit cards: _____

Mortgage: _____

Notes: _____

Contracts: _____

Other: _____

Additional Notes:
