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***PROBATE INFORMATION FORM***

Date: \_\_\_\_\_ Estate of \_\_\_\_\_  
Our File No.: \_\_\_\_\_

**PERSONAL REPRESENTATIVE**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: (Home) \_\_\_\_\_ Email: \_\_\_\_\_  
(Cell) \_\_\_\_\_ Relationship to decedent: \_\_\_\_\_

Email Address \_\_\_\_\_  
I prefer billing by email: yes  no

Co-personal representative (if applicable):  
Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: (Home) \_\_\_\_\_ Email: \_\_\_\_\_  
(Cell) \_\_\_\_\_ Relationship to decedent: \_\_\_\_\_

**DECEDENT INFORMATION**

Name of Decedent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date and Age of Death: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Where did decedent pass away? (City, State): \_\_\_\_\_

**Marital Status: SINGLE / MARRIED / DIVORCED / WIDOWED**

If married, spouse's name and date of birth: \_\_\_\_\_  
Spouse's Address: \_\_\_\_\_

**WILL**

**Did decedent have a Will? YES / NO**

**If yes, where is it located?:** \_\_\_\_\_

**Who is named as personal representative/executor of the Will?** \_\_\_\_\_

**Who is named as alternate PR?:** \_\_\_\_\_

**HEIRS**

(Closest living relatives)

<b>Name</b>	<b>Address</b>	<b>DOB</b>	<b>Telephone No.</b>	<b>Relationship</b>

**Any children deceased?:** \_\_\_\_\_

**Any children adopted?:** \_\_\_\_\_

**Any additional family information?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEVISEES**

(Persons receiving under the Will)

<b>Name</b>	<b>Address</b>	<b>Relationship</b>	<b>DOB</b>	<b>Telephone No.</b>

**ASSETS**

Real Estate:

<b>Type</b>	<b>Location</b>	<b>Joint/Sole</b>	<b>Joint with whom?</b>	<b>Value?</b>

Bank Accounts (Checking, Savings, Money Market, etc.):

<b>Type</b>	<b>Acct. No.</b>	<b>Bank Name and Address</b>	<b>Joint/Sole</b>	<b>With whom?</b>	<b>Amount</b>

Stocks, Bonds, CDs, Mutual Funds, Other Securities:

<b>Company Name and Address</b>	<b># of shares</b>	<b>Certificate No.</b>	<b>Joint/Sole</b>	<b>With whom?</b>	<b>Value</b>

Pensions, Annuities, IRAs, etc.:

<b>Company Name and Address</b>	<b>Amount</b>	<b>Death Benefits</b>	<b>Other Info</b>

Life Insurance Policies:

<b>Company Name and Address</b>	<b>Policy No.</b>	<b>Type</b>	<b>Beneficiary</b>	<b>Face Value</b>

**TANGIBLE PROPERTY**

Car/Boat (Make, Model, Year, Mileage, Estimated Value: \_\_\_\_\_  
\_\_\_\_\_

Other Significant Tangible Property (estimated value): \_\_\_\_\_

Total Estimated Value of all other Tangible Property: \_\_\_\_\_

**DEBTS**

Funeral Expenses:

<b>Funeral Home</b>	<b>Address</b>	<b>Amount</b>

Mortgages:

<b>Bank/Financial Institution</b>	<b>Address</b>	<b>Amount</b>

Credit Cards/Revolving accounts:

<b>Company Name</b>	<b>Address</b>	<b>Current Balance</b>	<b>Monthly Payment</b>

**ADDITIONAL INFORMATION**

**DEATH CERTIFICATE:**

Have you obtained original death certificate? \_\_\_\_\_

\*\*Please bring at least 1 original to your meeting with the attorney.\*\*

**ORIGINAL WILL:**

If we are not already storing the original Will, please bring the original Will and any original Codicils to your meeting with the attorney. If there is an existing bequest form or list of tangible property bequests, please bring the list to your meeting also.

**Check if complete:**

Will: \_\_\_\_\_

Codicils: \_\_\_\_\_

Death Certificate: \_\_\_\_\_

Bequest Form: \_\_\_\_\_

Questions or Concerns you would like to discuss at your meeting with the attorney: \_\_\_\_\_

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