

Nelson-Reade Law Office, P.C.  
Elder Law, Estate & Special Needs Planning

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**PROBATE INFORMATION FORM**

Date: \_\_\_\_\_

Estate of \_\_\_\_\_

Our File No.: \_\_\_\_\_

**PERSONAL REPRESENTATIVE**

For office use only:  
PR to be paid Yes  No

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different from mailing 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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different from mailing address): \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ Email: \_\_\_\_\_

(Cell) \_\_\_\_\_ Relationship to decedent: \_\_\_\_\_

**DECEDENT INFORMATION**

Name of Decedent: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date and Age at Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Where did decedent pass away? (City, State): \_\_\_\_\_

Marital Status: SINGLE / MARRIED / DIVORCED / WIDOWED

If married, spouse's name \_\_\_\_\_

Spouse's Address: \_\_\_\_\_

If spouse is deceased, date of death \_\_\_\_\_

**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)

**Name**                      **Address**                      **DOB**                      **Telephone No.**                      **Relationship**  
**Must include 4 digit postal code**

Name	Address Must include 4 digit postal code	DOB	Telephone No.	Relationship

Any children deceased?: yes   no If yes, date of death: \_\_\_\_\_

Did deceased children leave any issue (children)? yes   no If yes, names: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

**DEVISEES**

(Persons receiving under the Will)

**Name**                      **Address**  
**Must include 4 digit**  
**postal code**                      **Relationship**      **DOB**      **Telephone No.**


**ASSETS**

Real Estate:

**Type**      **Location**                      **Joint/Sole**      **Joint with whom?**      **Value?**


Real estate to be sold? Yes  No  Unsure

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

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

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

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

Pensions, Annuities, IRAs, etc.:      **Is IRA named as beneficiary of Trust?**    Yes     No

Company Name and Address	Amount	Death Benefits	Other Info

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**

Cars: **(Please include for each car listed the make, model, year, mileage and estimated value)**

Car #1 \_\_\_\_\_

Car #2 \_\_\_\_\_

Other Significant Tangible Property (boats, RVs, jewelry, coins, etc.) and estimated value:

\_\_\_\_\_

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

**UNCLAIMED PROPERTY:** Have you checked for unclaimed property in states where the decedent lived? \_\_\_\_ Yes \_\_\_\_ No If no, do you want us to do this for you? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only:**

**Elective Share?** Yes  No

**Taxable estate?** Yes  No

Do we have the deed? Yes  No

Type of appraisal needed: Certified  Realtor  Tax value  No appraisal

**706 needed?** Yes  No

Us to prepare inventory? Yes  No

Type of accounting: Formal  Informal  No accounting  Unsure

Accountant: \_\_\_\_\_

Other special circumstances: