

Confidential Probate Information Sheet

DATE: _____

DECEDENT

Name of Decedent: _____

Did the decedent have any alternative name(s)? _____

Address: _____ County: _____

Was the decedent residing in an assisted living facility or skilled nursing facility at the date of death? YES NO If so, please provide the name of the facility and the length of time residing there:

Date of Birth of Decedent: _____ Date of Death: _____

Decedent's Social Security Number: _____

What was the marital status of the Decedent at the date of death? Married Single Widowed Divorced

If married, what is the name of the spouse? _____

If married, on what date were the decedent and his/her spouse married? _____

If married, was the decedent a part to a pre-nuptial or post-nuptial agreement? YES NO

Was the decedent ever divorced before? YES NO If so, please provide the name of the ex-spouse(s) and the dates of the divorce(s): _____ DATE: _____

_____ DATE: _____

Was the decedent ever widowed before? YES NO If so, please provide the name of the deceased spouse(s) and the dates of the death(s): _____ DATE: _____

_____ DATE: _____

Was the decedent employed at the date of death? YES NO If so, please provide the name of the company: _____

Was the Decedent a beneficiary under any retirement or pension plan? YES NO

Was the decedent partner or shareholder in a business at the date of death? YES NO If so, please provide the name of the company: _____

Is there a Buy-Sell Agreement regarding any of the business interests? YES NO

If yes, do you have a copy of the Agreement? YES NO

Was the decedent veteran? YES NO If so, which branch of service: _____

Was the decedent receiving any veteran' benefits? YES NO

Was the decedent ever on Medicaid? YES NO

Has Social Security been notified of Decedent's passing (if applicable)? YES NO

Has retirement been notified of Decedent's passing (if applicable)? YES NO

Did the Decedent have a Will YES NO Date of Will: _____

If yes, do you have the original? YES NO

What is your relationship to Decedent? Spouse Child Will Beneficiary Other

If you seek appointment as Personal Representative, are you nominated by the decedent's will as a primary or alternate executor?

YES NO

Are you willing and able to serve? YES NO

Is there another person or entity named as the Primary Executor/Personal Representative in the Will before you? YES NO

Is that person named as the Primary Executor/Personal Representative deceased or have they declined to serve? YES NO

If yes to the question above, please complete the following: Named Executor's Date of Death, if deceased. Provide certified copy of Death Certificate.

If Named Executor is declining to serve, will he/she sign a formal resignation? If yes, please provide such person's name, address and phone number(s).

Name: _____

Address: _____

Phone Number: _____

Email: _____

Are there any other proceedings with respect to this estate pending in any other probate court in this state? YES NO

Do you feel that the probate of this estate will be contested by any heir or beneficiary? YES NO

Was the decedent involved in any pending litigation? YES NO

Are you aware of the decedent right to sue on any cause of action? YES NO

If the Decedent had a will, does the will relieve the executor from filing an inventory? YES NO

If the Decedent had a will, does the will relieve the executor from filing a return? YES NO

If the Decedent had a will, does the will relieve the executor from filing a bond? YES NO

If the Decedent had a will, does the will contain a self-proving affidavit? YES NO

If the will does not contain a self-proving affidavit, who are the witnesses to the will and how can they be contacted:

Witness _____

Address _____

Phone Number _____

Witness _____

Address _____

Phone Number _____

If the Decedent did not have a will, we will need an estimated value of all of Decedent's real property and personal property.

Value of Real Property: _____

Value of Personal Property: _____

PERSONAL REPRESENTATIVE

Name _____

Address: _____ Apt. # _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Other Phone: (_____) _____

E-Mail Address: _____

Social Security Number (this is needed because the Estate will need to secure a federal tax identification number): _____

HEIRS AND WILL BENEFICIARIES

Spouse's Name: _____ Date of Birth _____

Address: _____ Phone: _____

E-mail: _____

Alive Deceased If deceased, please list their date of death: _____

Is the spouse disabled, incapacitated or incompetent? YES NO

Decedent's Children: (please use full legal names and attach additional pages as necessary)

1. Name: _____ Date of Birth _____

Address: _____ Phone: _____

E-mail: _____

Is this child alive or deceased If deceased, please list their date of death: _____

Is this child married? Yes No If yes, spouse's name _____

Does decedent have any grandchildren from this child? If yes, include names and date of birth:

1. _____ 2. _____

3. _____ 4. _____

Is this child or any member of his or her family disabled, incapacitated or incompetent? YES NO If so, please asterisk name above.

2. Name: _____ Date of Birth _____

Address: _____ Phone: _____

E-mail: _____

Is this child alive or deceased If deceased, please list their date of death: _____

Is this child married? Yes No If yes, spouse's name _____

Does decedent have any grandchildren from this child? If yes, include names and date of birth:

1. _____ 2. _____

3. _____ 4. _____

Is this child or any member of his or her family disabled, incapacitated or incompetent? YES NO If so, please asterisk name above.

3. Name: _____ Date of Birth _____

Address: _____ Phone: _____

E-mail: _____

Is this child alive or deceased If deceased, please list their date of death: _____

Is this child married? Yes No If yes, spouse's name _____

Does decedent have any grandchildren from this child? If yes, include names and date of birth:

1. _____ 2. _____

3. _____ 4. _____

Is this child or any member of his or her family disabled, incapacitated or incompetent? YES NO If so, please asterisk name above.

4 Name: _____ Date of Birth _____

Address: _____ Phone: _____

E-mail: _____

Is this child alive or deceased If deceased, please list their date of death: _____

Is this child married? Yes No If yes, spouse's name _____

Does decedent have any grandchildren from this child? If yes, include names and date of birth:

1. _____ 2. _____

3. _____ 4. _____

Is this child or any member of his or her family disabled, incapacitated or incompetent? YES NO If so, please asterisk name above.

5. Name: _____ Date of Birth _____

Address: _____ Phone: _____

E-mail: _____

Is this child alive or deceased If deceased, please list their date of death: _____

Is this child married? Yes No If yes, spouse's name _____

Does decedent have any grandchildren from this child? If yes, include names and date of birth:

1. _____ 2. _____

3. _____ 4. _____

Is this child or any member of his or her family disabled, incapacitated or incompetent? YES NO If so, please asterisk name above.

If there are additional children, please attach additional pages as necessary.

Decedent's Parents:

Father's Name: _____ Date of Birth _____

Address: _____ Phone: _____

E-mail: _____

Is this beneficiary alive or deceased If deceased, please list their date of death: _____

Mother's Name: _____ Date of Birth _____

Address: _____ Phone: _____

E-mail: _____

Is this beneficiary alive or deceased If deceased, please list their date of death: _____

Decedent's Siblings:

1. Name: _____ Date of Birth _____

Address: _____ Phone: _____

E-mail: _____

Is this beneficiary alive or deceased If deceased, please list their date of death: _____

2. Name: _____ Date of Birth _____

Address: _____ Phone: _____

E-mail: _____

Is this beneficiary alive or deceased If deceased, please list their date of death: _____

3. Name: _____ Date of Birth _____

Address: _____ Phone: _____

E-mail: _____

Is this beneficiary alive or deceased If deceased, please list their date of death: _____

4. Name: _____ Date of Birth _____

Address: _____ Phone: _____

E-mail: _____

Is this beneficiary alive or deceased If deceased, please list their date of death: _____

5. Name: _____ Date of Birth _____

Address: _____ Phone: _____

E-mail: _____

Is this beneficiary alive or deceased If deceased, please list their date of death: _____

If there are additional siblings, please attach additional pages as necessary.

Other Beneficiaries: Those who may inherit under the will but are not an heir at law (Attach Additional Paper If Necessary)

1. Name: _____ Date of Birth _____
Address: _____ Phone: _____
E-mail: _____

Relationship to Decedent: _____

Is this beneficiary alive or deceased If deceased, please list their date of death: _____

2. Name: _____ Date of Birth _____
Address: _____ Phone: _____
E-mail: _____

Relationship to Decedent: _____

Is this beneficiary alive or deceased If deceased, please list their date of death: _____

3. Name: _____ Date of Birth _____
Address: _____ Phone: _____
E-mail: _____

Relationship to Decedent: _____

Is this beneficiary alive or deceased If deceased, please list their date of death: _____

4. Name: _____ Date of Birth _____
Address: _____ Phone: _____
E-mail: _____

Relationship to Decedent: _____

Is this beneficiary alive or deceased If deceased, please list their date of death: _____

5. Name: _____ Date of Birth _____
Address: _____ Phone: _____
E-mail: _____

Relationship to Decedent: _____

Is this beneficiary alive or deceased If deceased, please list their date of death: _____

6. Name: _____ Date of Birth _____
Address: _____ Phone: _____
E-mail: _____

Relationship to Decedent: _____

Is this beneficiary alive or deceased If deceased, please list their date of death: _____

ASSETS: If there is insufficient space, please attach additional pages as necessary

SAFE DEPOSIT BOX: YES: _____ NO: _____

LOCATION: _____

REAL ESTATE:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

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: _____

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

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 OR CERTIFICATES OF DEPOSIT:

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

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: _____

MORTGAGES AND NOTES (RECEIVABLE):

MORTGAGOR 1: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

DATE OF DEATH VALUE: _____

MORTGAGOR 2: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

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: _____

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: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

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: _____

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

DEBTS Please list ALL debts owed by the decedent, including the amount owed, at the time of their death. (Example of debts would be credit cards, automobile loans, home loans, doctor's bills, unpaid funeral expenses etc.)

If there is insufficient space, please attach additional pages as necessary.

CREDITOR: _____

CREDITOR'S ADDRESS: _____

CREDITOR'S PHONE NUMBER: _____

ACCOUNT NUMBER: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____

CREDITOR'S ADDRESS: _____

CREDITOR'S PHONE NUMBER: _____

ACCOUNT NUMBER: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____

CREDITOR'S ADDRESS: _____

CREDITOR'S PHONE NUMBER: _____

ACCOUNT NUMBER: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____

CREDITOR'S ADDRESS: _____

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ACCOUNT NUMBER: _____

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TYPE OF DEBT: _____ AMOUNT OWED: \$ _____