

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

Did the Decedent have a trust? YES NO Date of Trust: _____

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 the 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's 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 _____

Email Address _____

Witness _____

Address _____

Phone Number _____

Email Address _____

If the Decedent did not have a will, we 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

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: _____ Age / 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 age or 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: _____ Age / 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 age or 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: _____ Age / 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 age or 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: _____ Age / 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 age / 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: _____ Age / 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 age or 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.

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

Decedent's Parents:

Father's Name: _____ Age / Date of Birth _____

Address: _____ Phone: _____

E-mail: _____

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

Mother's Name: _____ Age / 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: _____ Age / Date of Birth _____

Address: _____ Phone: _____

E-mail: _____

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

2. Name: _____ Age / Date of Birth _____

Address: _____ Phone: _____

E-mail: _____

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

3. Name: _____ Age / Date of Birth _____

Address: _____ Phone: _____

E-mail: _____

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

4. Name: _____ Age / Date of Birth _____

Address: _____ Phone: _____

E-mail: _____

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

5. Name: _____ Age / Date of Birth _____

Address: _____ Phone: _____

E-mail: _____

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

NOTE: 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: _____ Age / 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: _____ Age / 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: _____ Age / 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: _____ Age / 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: _____ Age / 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: _____ Age / Date of Birth _____

Address: _____ Phone: _____

E-mail: _____

Relationship to Decedent: _____

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



ASSET INFORMATION CHECKLIST

This Asset Information checklist is designed to help you list all the property that the deceased owned and what it is worth. If the deceased did not own property under a particular heading, just leave that section blank. Under certain headings the deceased may have more property than can be listed on this checklist. If so, use extra sheets of paper to list the deceased's additional property.

SAFE DEPOSIT BOX: YES: _____ NO: _____

LOCATION: _____

SAFE DEPOSIT BOX IS ACCESSIBLE BY: _____

KEY IS KEPT AT: _____

BANK ACCOUNTS:

❶ BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

CURRENT VALUE: _____

❷ BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

CURRENT VALUE: _____

❸ BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

CURRENT VALUE: _____

❹ BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

CURRENT VALUE: _____

❺ BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

CURRENT VALUE: _____

❻ BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

CURRENT VALUE: _____

❼ BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

CURRENT VALUE: _____

REAL ESTATE: Any interest in real estate including the decedent's family residence, vacation home, time share, vacant land, etc.

➊ ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
COUNTY: _____ CURRENT FMV VALUE: _____
HOW TITLED: _____

➋ ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
COUNTY: _____ CURRENT FMV VALUE: _____
HOW TITLED: _____

➌ ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
COUNTY: _____ CURRENT FMV VALUE: _____
HOW TITLED: _____

➍ ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
COUNTY: _____ CURRENT FMV VALUE: _____
HOW TITLED: _____

➎ ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
COUNTY: _____ CURRENT FMV VALUE: _____
HOW TITLED: _____

FURNITURE AND PERSONAL EFFECTS: List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (indicate type below and give a lump sum value for miscellaneous, less valuable items.)

TYPE: _____ CURRENT FMV VALUE: _____

TYPE: _____ CURRENT FMV VALUE: _____

TYPE: _____ CURRENT FMV VALUE: _____

TYPE: _____ CURRENT FMV VALUE: _____

TYPE: _____ CURRENT FMV VALUE: _____

TYPE: _____ CURRENT FMV VALUE: _____

TYPE: _____ CURRENT FMV VALUE: _____

TYPE: _____ CURRENT FMV VALUE: _____

TYPE: _____ CURRENT FMV VALUE: _____

TYPE: _____ CURRENT FMV VALUE: _____

TYPE: _____ CURRENT FMV VALUE: _____

STOCKS AND BONDS: List any and all stocks and bonds that the decedent owned. If held in a brokerage account, lump them together under each account.

① NAME OF COMPANY: _____
TYPE OF SECURITY: _____
HOW TITLED: _____
LOCATION OF CERTIFICATE: _____
CURRENT VALUE: _____

② NAME OF COMPANY: _____
TYPE OF SECURITY: _____
HOW TITLED: _____
LOCATION OF CERTIFICATE: _____
CURRENT VALUE: _____

③ NAME OF COMPANY: _____
TYPE OF SECURITY: _____
HOW TITLED: _____
LOCATION OF CERTIFICATE: _____
CURRENT VALUE: _____

RETIREMENT ACCOUNTS, INVESTMENT PLANS, MONEY MARKET ACCOUNTS, CERTIFICATES OF DEPOSIT or ANNUITIES:

① NAME OF INSTITUTION: _____
ACCOUNT NUMBER: _____
HOW TITLED: _____
CURRENT VALUE: _____

② NAME OF INSTITUTION: _____
ACCOUNT NUMBER: _____
HOW TITLED: _____
CURRENT VALUE: _____

③ NAME OF INSTITUTION: _____
ACCOUNT NUMBER: _____
HOW TITLED: _____
CURRENT VALUE: _____

④ NAME OF INSTITUTION: _____
ACCOUNT NUMBER: _____
HOW TITLED: _____
CURRENT VALUE: _____

⑤ COMPANY NAME: _____ POLICY #: _____
BENEFICIARY NAMED: _____
LOCATION OF POLICY: _____
FACE AMOUNT VALUE: _____

⑥ COMPANY NAME: _____ POLICY #: _____
BENEFICIARY NAMED: _____
LOCATION OF POLICY: _____
FACE AMOUNT VALUE: _____

U.S. GOVERNMENT SAVINGS BONDS (E, EE, H):

HOW TITLED: _____
LOCATION OF BONDS: _____
TO BE CASHED: YES _____ NO _____
IF YES, NAME OF TRANSFEREE: _____
CURRENT VALUE: _____

HOW TITLED: _____
LOCATION OF BONDS: _____
TO BE CASHED: YES _____ NO _____
IF YES, NAME OF TRANSFEREE: _____
CURRENT VALUE: _____

MORTGAGES AND NOTES (RECEIVABLE): This only applies if someone is required to make payments to the decedent typically regarding real estate.

MORTGAGOR 1: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TERMS OF OBLIGATION: _____
CURRENT VALUE: _____

MORTGAGOR 2: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TERMS OF OBLIGATION: _____
CURRENT VALUE: _____

INSURANCE ON DECEDENT'S LIFE:

❶ COMPANY NAME: _____ POLICY #: _____
BENEFICIARIES NAMED: _____
LOCATION OF POLICY: _____
FACE AMOUNT: _____

❷ COMPANY NAME: _____ POLICY #: _____
BENEFICIARIES NAMED: _____
LOCATION OF POLICY: _____
FACE AMOUNT: _____

❸ COMPANY NAME: _____ POLICY #: _____
BENEFICIARIES NAMED: _____
LOCATION OF POLICY: _____
FACE AMOUNT VALUE: _____

❹ COMPANY NAME: _____ POLICY #: _____
BENEFICIARIES NAMED: _____
LOCATION OF POLICY: _____
FACE AMOUNT VALUE: _____

VEHICLES: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance.

① MODEL: _____ YEAR: _____
HOW TITLED: _____
LOCATION OF TITLE: _____
CURRENT VALUE: _____

② MODEL: _____ YEAR: _____
HOW TITLED: _____
LOCATION OF TITLE: _____
CURRENT VALUE: _____

③ MODEL: _____ YEAR: _____
HOW TITLED: _____
LOCATION OF TITLE: _____
CURRENT VALUE: _____

④ MODEL: _____ YEAR: _____
HOW TITLED: _____
LOCATION OF TITLE: _____
CURRENT VALUE: _____

BUSINESS INTERESTS: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit.

INTELLECTUAL PROPERTY INTERESTS: Please list all REGISTERED copyright, trademark, patent & royalty interests. (Type: Registered Copyright (C), Registered Trademark (T), Registered Patent (P), or Royalty Agreement (R).)

BURIAL PLOTS: Please list all burial plots or contracts with cemeteries for burial, and include the address to which to change ownership should you be directed. If you have a deed to the actual land, please provide us with a copy. (Type: Owns the actual land (O), Contract with cemetery (C))

OTHER ASSETS: Other property is any property that you have that does not fit into any listed category.

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.

❶ CREDITOR: _____
CREDITOR'S ADDRESS: _____
CREDITOR'S PHONE NUMBER: _____
ACCOUNT NUMBER: _____
TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

❷ CREDITOR: _____
CREDITOR'S ADDRESS: _____
CREDITOR'S PHONE NUMBER: _____
ACCOUNT NUMBER: _____
TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

❸ CREDITOR: _____
CREDITOR'S ADDRESS: _____
CREDITOR'S PHONE NUMBER: _____
ACCOUNT NUMBER: _____
TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

❹ CREDITOR: _____
CREDITOR'S ADDRESS: _____
CREDITOR'S PHONE NUMBER: _____
ACCOUNT NUMBER: _____
TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

❺ CREDITOR: _____
CREDITOR'S ADDRESS: _____
CREDITOR'S PHONE NUMBER: _____
ACCOUNT NUMBER: _____
TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

❻ CREDITOR: _____
CREDITOR'S ADDRESS: _____
CREDITOR'S PHONE NUMBER: _____
ACCOUNT NUMBER: _____
TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

❼ CREDITOR: _____
CREDITOR'S ADDRESS: _____
CREDITOR'S PHONE NUMBER: _____
ACCOUNT NUMBER: _____
TYPE OF DEBT: _____ AMOUNT OWED: \$ _____