

PROBATE / ESTATE INFORMATION FORM

CLIENT

Full Name: _____ Race: _____ Gender: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Employer: _____ Occupation: _____

Employer's Address: _____

Resident Citizen of: State of _____, _____ County for _____ years

Date of Birth: _____ State of Birth: _____ Social Security Number: _____

DECEASED

Full Name: _____ Race: _____ Gender: _____

At time of death, deceased was a resident of the following:

City: _____ State: _____ County: _____ for _____ years _____ months

Date of Birth: _____ State of Birth: _____ Social Security Number: _____

Date of Death: _____ Place of Death: _____

At time of death, was the decedent married? Yes or No

If No, was decedent predeceased by his/her spouse, divorced or never married?

Did the deceased person have a Will at the time of his or her death? Yes or No

If Yes, please secure the original Will and return it with this information. (MAKE A COPY OF THE WILL PRIOR TO MAILING THE ORIGINAL)

If Yes, do you believe the Will was properly executed by the decedent? Yes or No

Have you received the death certificate? Yes or No

If Yes, please include an original copy with this information.

GENERAL

(for each of the following, please provide full names, age, mailing address and state whether any of those listed are deceased. If any children of the deceased person died prior to the deceased person, please state the name, age, and mailing address for any children of the deceased child. Any children by adoption must be listed)

Spouse of the deceased: _____

Children of the deceased:

Number of Children: _____ (State the Gender and Age of each child beside name)

Name & Address: _____

Name & Address: _____

Name & Address: _____

Name & Address: _____

Parents of the deceased: (state if either parent predeceased the decedent)

Mother (name & address): _____

Father (name & address): _____

Siblings of the deceased: (include full and half-siblings)

Name & Address: _____

Name & Address: _____

Name & Address: _____

Name & Address: _____

Assets of the Deceased: (homes, vehicles, personal property, artwork, etc.)

Please provide location and estimated value of each. If the asset is encumbered by a mortgage or note, please provide the approximate amount of the indebtedness and the monthly payment for said indebtedness. If the asset is a "titled" asset (i.e. has a deed or title), please state how the name on the title instrument is listed.

Bank Accounts: (checking, savings, investments, etc.)

Please provide names of financial institutions, account numbers, approximate value of account and whether or not the account is a joint account.

Retirement Accounts: (pensions, IRA's, 401k's, etc.)

Please provide names of financial institutions, account numbers, approximate value of account and whether or not the account is a joint account and the length of time the account has been in existence.

Debts: (credit cards, personal loans, etc.)

Please provide names of financial institutions, account numbers, approximate value of account and whether or not the account is a joint account.

Other Information:

Provide any other information that might become useful or relevant.