

PROBATE INFORMATION FORM

1. DECEDENT INFORMATION:

Name(s): _____

Date of Birth (DOB): _____ Date of Death (DOD): _____

Residence Address at Death: _____

Place of Death: _____

Cause of Death: _____

2. DECEDENT’S FAMILY INFORMATION: (indicate with “D” for deceased)

Spouse: _____ DOB: _____ DOD: _____

Child(ren): _____ DOB: _____ Age: _____

_____ DOB: _____ Age: _____

_____ DOB: _____ Age: _____

_____ DOB: _____ Age: _____

_____ DOB: _____ Age: _____

Grandchild(ren): (give parent’s name)

_____ DOB: _____ Age: _____

_____ DOB: _____ Age: _____

_____ DOB: _____ Age: _____

_____ DOB: _____ Age: _____

_____ DOB: _____ Age: _____

_____ DOB: _____ Age: _____

_____ DOB: _____ Age: _____

_____ DOB: _____ Age: _____

3. Did Decedent have a LAST WILL AND TESTAMENT ?: Yes _____ No _____

- If “Yes”, furnish the **original** will for probate.

Did Decedent have a **LIVING TRUST ?:** Yes _____ No _____

- If so, furnish the **original** for review.

Type trust(s): _____

4. If Decedent leaves a widow(er), will the widow(er) need one year’s support from the estate?

Yes _____ No _____ Not applicable _____

5. If Decedent leaves dependent children, will the children need one year’s support from the estate?

Yes _____ No _____ Not applicable _____

6. PERSONAL REPRESENTATIVE INFORMATION:

The Personal Representative who will carry out the probate of Decedent's estate is: (1) the **Executor** named in a Last Will and Testament or (2) the **Administrator** appointed by the Court if there is no will.

Type of Personal Representative: _____ Executor _____ Administrator

Name: _____ Relationship to Decedent: _____

Address: _____ Phone: _____

Successor: _____ Relationship to Decedent: _____

Address: _____ Phone: _____

7. CREDITORS OF DECEDENT AT DEATH (indicate whether debt secured or unsecured):

<u>Name and Address</u>	<u>Type Debt and Account No.</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

8. Is any real property (land and/or buildings) to be sold immediately? Yes _____ No _____

• If "Yes", is there a listing or contract for sale? Yes _____ No _____

FOR ATTORNEY USE ONLY:

Will Waives: ___ Bond ___ Inventory ___ Accounting

Disclaimer ? Yes _____ No _____ Deadline: _____

NOTES: _____

PROBATE INVENTORY INFORMATION

File No. _____

DECEDENT : _____

ASSETS: Please supply the following information regarding assets and values for the named decedent. Where "Value" requested, give date of death value (or date of value if date of death value information not available).

1. Home: (attach copy of deed)

Market Value	Assessed Value	Date Purchased	Cost	Owner(s) Names
\$ _____	\$ _____	_____	\$ _____	_____

2. Other Real Estate: (attach copies of deeds)

Description	Value	Date Purch'd	Cost	Owner(s) Names
_____	\$ _____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

3. Checking Accounts:

Bank (Branch)	Account Number	All Names on Account	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. Savings Accounts and Certificates of Deposit:

Bank (Branch)	Account Number	All Names on Account	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

5. Stocks / Mutual Funds: (attach schedule if necessary)

Company or issuer	Owner(s)	No. Shares	Price/Share	Total Value
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

6. Bonds (Savings, Treasury or Municipal): (attach schedule if necessary)

Type Bond	Face Amount	Present Value	Owners
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

7. Retirement Plans (Ira, Keogh, Other):

Where Held	In Whose Name(s)	Balance	Beneficiary(ies)
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

8. Life Insurance: (continue on separate sheet if necessary)

Company: _____ Policy No. _____
 Insured: _____ Primary Beneficiary: _____
 Secondary Beneficiary: _____ Type: term / whole life / variable
 Death Benefit: \$ _____ Cash Value: \$ _____

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 Insured: _____ Primary Beneficiary: _____
 Secondary Beneficiary: _____ Type: term / whole life / variable
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 Insured: _____ Primary Beneficiary: _____
 Secondary Beneficiary: _____ Type: term / whole life / variable
 Death Benefit: \$ _____ Cash Value: \$ _____

9. Annuities:

Company: _____ Account No. _____
 Annuitant: _____ Beneficiary: _____
 Secondary Beneficiary: _____ Type: single premium / variable
 Death Benefit: \$ _____ Cash Value: \$ _____

Company: _____ Account No. _____
 Annuitant: _____ Beneficiary: _____
 Secondary Beneficiary: _____ Type: single premium / variable
 Death Benefit: \$ _____ Cash Value: \$ _____

10. Employee Benefits: (Profit Sharing or Pension Plan; Stock Options)

Employer and Address: _____
 Type Benefit: _____ Present Value: \$ _____
 Death Benefit: \$ _____ Beneficiary: _____
 Payment of Death Benefit: Lump Sum Annuity To be elected

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 Type Benefit: _____ Present Value: _____
 Death Benefit: \$ _____ Beneficiary: _____
 Payment of Death Benefit: Lump Sum Annuity To be elected

11. Oil, Gas, or Other Minerals:

Description	Value	Owner(s)
_____	\$ _____	_____
_____	\$ _____	_____

12. Accounts / Notes Receivable / Rents Receivable:

Description & Debtor Name	Balance	Owed to:
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

13. Property Income:

Description: _____ Gross Income: \$ _____
 Annual Taxes & Maintenance: \$ _____ Lease costs: \$ _____ Ann. Net Income: \$ _____

14. Personal Property: (Indicate how ownership is held)

<u>Description</u>	<u>Value</u>	<u>Owner(s) Names</u>
Vehicles: _____	\$ _____	_____
(make/model/ _____	\$ _____	_____
type) _____	\$ _____	_____
Boats / RV's _____	\$ _____	_____
_____	\$ _____	_____
Home Furnishings _____	\$ _____	_____
Jewels and/or furs _____	\$ _____	_____
Tools and/or Firearms _____	\$ _____	_____
Other (collections, etc.) _____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

15. Business Interests:

Please give name, location, percentage owned by decedent, names and relationship of co-owners, the form (e.g., sole proprietorship, partnership, closely held corporation, etc.) of business; if there is a buy-sell agreement (bring a copy), or any agreements relating to death, disability or retirement of a partner or shareholder; its present value (appraisal or your estimate).

16. Rights or Interests in Trusts, Estates, or Prospective Inheritance:

Was decedent a beneficiary of any trust? Yes ____ No ____ If so, please describe and furnish copy of trust: _____

17. Miscellaneous:

Did decedent own an interest in any other assets (such as a franchise, hunting club membership, interest in a lawsuit, etc.)? Describe below and on separate sheet:

18. DECEDENT'S DEBTS (at date of death)

Description	Name of Creditor	Name of Debtor(s)	Balance Due	When Due
Home Mortgage	_____	_____	\$ _____	_____
Other Mortgage	_____	_____	\$ _____	_____
Secured loan(s)	_____	_____	\$ _____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Unsecured Loan(s)	_____	_____	\$ _____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Notes and Accnts payable (including credit cards)	_____	_____	\$ _____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Loans on insurance policies	_____	_____	\$ _____	_____
	_____	_____	_____	_____
Medical and Other Expenses	_____	_____	\$ _____	_____
	_____	_____	_____	_____
Contingent Liabilities	_____	_____	\$ _____	_____
Other Debts	_____	_____	\$ _____	_____
	_____	_____	_____	_____

19. Gifts decedent has made

[Include all gifts of money or property by decedent to anyone during the last six (6) years.]

Donor (giver)	Donee (recipient)	Date Given	Value/Amt.	Return Filed?
_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SURVIVING SPOUSE'S INCOME / EXPENSES (if applicable)
20. Monthly Income (convert other periodic income to monthly)

Wages, Salary	_____
Other Compensation	_____
Social Security	_____
Disability Compensation	_____
Annuity	_____
Pensions	_____
IRA/Retirement income	_____
Interest & Dividends	_____
Business Income	_____
Rental Income	_____
Other (describe)	_____
 TOTALS	 \$_____

21. Monthly Expenses

	Amount	Notes:
Mortgage or Rent	\$_____	_____
Property Taxes	_____	_____
Utilities	_____	_____
Telephone	_____	_____
Repairs and Maintenance	_____	_____
Food	_____	_____
Clothing	_____	_____
Automobile (gas, maintenance)	_____	_____
Medical and Dental	_____	_____
Prescription Drugs	_____	_____
Services (describe)	_____	_____
Insurance – Homeowners	_____	_____
Insurance – Life	_____	_____
Insurance – Medical	_____	_____
Insurance – Disability	_____	_____
Insurance – Automobile	_____	_____
Insurance – LongTermCare	_____	_____
Insurance – Other	_____	_____
Loan Payments – Auto	_____	_____
Loan Payments – Credit Cards	_____	_____
Children's Education	_____	_____
Entertainment/Travel	_____	_____
Contributions	_____	_____
Gifts	_____	_____
Child Support	_____	_____
Income Taxes	_____	_____
 TOTAL EXPENSES	 \$_____	