

## PROBATE INFORMATION SHEET

WHEN YOU HAVE COMPLETED THIS FORM, please bring it to your next scheduled appointment along with a certified copy of the decedent's death certificate. Please be sure to provide information that is accurate and complete in all respects. If extra space is needed please provide additional sheets.

1.

Name of Decedent (incl. a/k/a) \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date & Place of Birth: \_\_\_\_\_

Date and Place of Death: \_\_\_\_\_

Date of Will: \_\_\_\_\_ Date of Codicil: \_\_\_\_\_

Separate Writing Found: Yes \_\_\_ No \_\_\_

Name of Bank Where Safe Deposit Box Was Held: \_\_\_\_\_

Spouse's Full Name (incl. a/k/a): \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

### If Applicable:

Predeceased Spouse Full Name (incl. a/k/a): \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Former Spouse(s) Full Name (incl. a/k/a) and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Nominated Personal Representative \_\_\_\_\_  
\_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_  
\_\_\_\_\_

Social Security No.: \_\_\_\_\_

The PID No. is (if applicable): \_\_\_\_\_.

Relationship to Decedent: \_\_\_\_\_  
\_\_\_\_\_

Home No.: \_\_\_\_\_ Work No.: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Children of Decedent (biological, step or adopted, please specify):**

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

3. Name: \_\_\_\_\_ 4. Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

5. Name: \_\_\_\_\_ 6. Name: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

Social Security No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

**3. List any predeceased children:**

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

Social Security No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

**4. Other Beneficiaries:**

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

Social Security No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

3. Name: \_\_\_\_\_

4. Name: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

Social Security No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

**5. Homestead Information (provide copy of deed if possible):**

Legal Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exact Name(s) on Title: \_\_\_\_\_

County: \_\_\_\_\_ Abstract or Torrens: \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_ Amount of Mortgage: \_\_\_\_\_

Assessor's Est. Market Value: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

**6. Additional Real Estate Information (provide copy of deed if possible):**

Legal Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exact Name(s) on Title: \_\_\_\_\_

County: \_\_\_\_\_ Abstract or Torrens: \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_ Amount of Mortgage: \_\_\_\_\_

Assessor's Est. Market Value: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

**7. Business and Farm Assets:**

Name of Business: \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Approximate Value of Business: \_\_\_\_\_

Name of Person Operating Business: \_\_\_\_\_

\_\_\_\_\_

*If farm property, please provide a list of machinery (with approximate value) livestock, crops, leases, etc.*

**8. Cash, Bank and/or Investment Accounts (provide latest statement):**

1. Bank/Company: \_\_\_\_\_ 2. Bank/Company: \_\_\_\_\_  
Account No. \_\_\_\_\_ Account No. \_\_\_\_\_

\_\_\_\_\_  
Type of Account: \_\_\_\_\_ Type of Account: \_\_\_\_\_

\_\_\_\_\_  
Value as of DoD: \_\_\_\_\_ Value as of DoD: \_\_\_\_\_

\_\_\_\_\_  
Name of Joint Owner or POD: \_\_\_\_\_ Name of Joint Owner or POD: \_\_\_\_\_

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

3. Bank/Company: \_\_\_\_\_ 4. Bank/Company: \_\_\_\_\_  
Account No. \_\_\_\_\_ Account No. \_\_\_\_\_

\_\_\_\_\_  
Type of Account: \_\_\_\_\_ Type of Account: \_\_\_\_\_

\_\_\_\_\_  
Value as of DoD: \_\_\_\_\_ Value as of DoD: \_\_\_\_\_

\_\_\_\_\_  
Name of Joint Owner or POD: \_\_\_\_\_ Name of Joint Owner or POD: \_\_\_\_\_

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

**9. Securities, Stocks and Bonds (provide latest statements):**

1. Company: \_\_\_\_\_ 2. Company: \_\_\_\_\_  
Type of Investment: \_\_\_\_\_ Type of Investment: \_\_\_\_\_

\_\_\_\_\_  
Value per share as of DoD: \_\_\_\_\_ Value as of DoD: \_\_\_\_\_

\_\_\_\_\_  
Name of Joint Owner or POD: \_\_\_\_\_ Name of Joint Owner or POD: \_\_\_\_\_

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

\_\_\_\_\_

3. Company: \_\_\_\_\_ 4. Company: \_\_\_\_\_  
Type of Investment: \_\_\_\_\_ Type of Investment: \_\_\_\_\_

\_\_\_\_\_

Value per share as of DoD: \_\_\_\_\_ Value as of DoD: \_\_\_\_\_

\_\_\_\_\_

Name of Joint Owner or POD: \_\_\_\_\_ Name of Joint Owner or POD: \_\_\_\_\_

\_\_\_\_\_

**12. Insurance (provide policy or latest statement):**

1. Name of Company: \_\_\_\_\_  
Value of Policy: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

2. Name of Company: \_\_\_\_\_  
Value of Policy: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**13. Annuities/IRAs (provide latest statements):**

1. Company: \_\_\_\_\_ 2. Company: \_\_\_\_\_  
Account No. \_\_\_\_\_ Account No. \_\_\_\_\_

\_\_\_\_\_

Type of Account: \_\_\_\_\_ Type of Account: \_\_\_\_\_

\_\_\_\_\_

Value as of DoD: \_\_\_\_\_ Value as of DoD: \_\_\_\_\_

\_\_\_\_\_

Name of Joint Owner or POD: \_\_\_\_\_ Name of Joint Owner or POD: \_\_\_\_\_

\_\_\_\_\_

3. Company: \_\_\_\_\_ 4. Company: \_\_\_\_\_  
Account No. \_\_\_\_\_ Account No. \_\_\_\_\_

\_\_\_\_\_

Type of Account: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Value as of DoD: \_\_\_\_\_

Value as of DoD: \_\_\_\_\_

\_\_\_\_\_  
Name of Joint Owner or POD: \_\_\_\_\_

\_\_\_\_\_  
Name of Joint Owner or POD: \_\_\_\_\_

**Personal Property:**

Auto Make and Model: \_\_\_\_\_ Value: \_\_\_\_\_

Joint Owner: \_\_\_\_\_

Value of Furniture and Household Goods: \_\_\_\_\_

Value of Wearing Apparel and Jewelry: \_\_\_\_\_

Value of Other Personal Property: \_\_\_\_\_

**14. Funeral Expenses:**

Name of Funeral Home: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

\_\_\_\_\_  
List anyone who advances funds for funeral expenses:

Name: \_\_\_\_\_ Amount Advances: \_\_\_\_\_

Name: \_\_\_\_\_ Amount Advances: \_\_\_\_\_

Name: \_\_\_\_\_ Amount Advances: \_\_\_\_\_

**15. Did Decedent receive Medal Assistance benefits? \_\_\_\_\_**

**16. If Decedent's spouse died first, did he/she receive Medical Assistance benefits? \_\_\_\_\_**

**17. Other Debts and Claims:**

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

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

\_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Amount of Claim: \_\_\_\_\_ Amount of Claim: \_\_\_\_\_

Reason for Claim: \_\_\_\_\_ Reason for Claim: \_\_\_\_\_

**18. Taxes:**

Date real estate taxes are next due: \_\_\_\_\_ Amount Due: \_\_\_\_\_  
\_\_\_\_\_

When did Decedent last file income tax returns? \_\_\_\_\_

Did Decedent file gift tax returns for gifts made during lifetime? \_\_\_\_\_  
\_\_\_\_\_

**Checklist of Documents to  
Bring to the First Meeting**

- Original Will, all Codicils, and written Lists
- List of names and addresses of heirs and/or Will beneficiaries (and family tree if applicable)
- Death Certificate (if available)
- Title papers for real estate (deeds, certificates of title, etc.)
- All available information about Decedent's assets and their value
- All available bills and other evidence of Decedent's outstanding obligations
- Decedent's last income tax return
- List of questions you may have