

Probate Information Sheet

WHEN YOU HAVE COMPLETED THIS FORM, please bring it to your scheduled meeting 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.

Name of Decedent: _____

Street Address, City, State, Zip: _____

County of Residence: _____ **Social Security No.:** _____

Date & Place of Birth: _____

Date of Will: _____ **Date of Codicil:** _____

Separate Writing Found: Yes No

Name of Bank Where Safe Deposit Box Was Held: _____

Spouse's Name: _____

Street Address, City, State, Zip: _____

Date & Place of Birth: _____

Date & Place of Death: _____

Social Security Number: _____

Name of Personal Representative: _____

Street Address, City, State, Zip: _____

Social Security No.: _____ **Home Phone:** _____

Relationship to Decedent: _____ **Work Phone:** _____

Children of Decedent and Spouse:

1. Name: _____

Street Address: _____

City, State, Zip: _____

Date of Birth: _____

Social Security No.: _____

2. Name: _____

Street Address: _____

City, State, Zip: _____

Date of Birth: _____

Social Security No.: _____

3. Name: _____

Street Address: _____

City, State, Zip: _____

Date of Birth: _____

Social Security No.: _____

4. Name: _____

Street Address: _____

City, State, Zip: _____

Date of Birth: _____

Social Security No.: _____

List any children of the Decedent who are not also children of the above-named spouse:

- | | |
|--|--|
| 1. Name: _____
Street Address: _____
City, State, Zip: _____
Date of Birth: _____
Social Security No.: _____ | 2. Name: _____
Street Address: _____
City, State, Zip: _____
Date of Birth: _____
Social Security No.: _____ |
| 3. Name: _____
Street Address: _____
City, State, Zip: _____
Date of Birth: _____
Social Security No.: _____ | 4. Name: _____
Street Address: _____
City, State, Zip: _____
Date of Birth: _____
Social Security No.: _____ |

List children of any children who died before the Decedent:

- | | |
|--|--|
| 1. Name: _____
Street Address: _____
City, State, Zip: _____
Date of Birth: _____
Social Security No.: _____ | 2. Name: _____
Street Address: _____
City, State, Zip: _____
Date of Birth: _____
Social Security No.: _____ |
| 3. Name: _____
Street Address: _____
City, State, Zip: _____
Date of Birth: _____
Social Security No.: _____ | 4. Name: _____
Street Address: _____
City, State, Zip: _____
Date of Birth: _____
Social Security No.: _____ |

Other beneficiaries:

- | | |
|--|--|
| 1. Name: _____
Street Address: _____
City, State, Zip: _____
Date of Birth: _____
Social Security No.: _____ | 2. Name: _____
Street Address: _____
City, State, Zip: _____
Date of Birth: _____
Social Security No.: _____ |
| 3. Name: _____
Street Address: _____
City, State, Zip: _____
Date of Birth: _____
Social Security No.: _____ | 4. Name: _____
Street Address: _____
City, State, Zip: _____
Date of Birth: _____
Social Security No.: _____ |

Homestead Information:

Legal Description: _____

Exact Name(s) on Title: _____

County: _____ Abstract or Torrens: _____

Mortgage Holder: _____ Assessor's Est. Market Value: _____

Amount of Mortgage: _____ Fair Market Value: _____

Additional Real Estate Information:

Legal Description: _____

Exact Name(s) on Title: _____

County: _____ Abstract or Torrens: _____

Mortgage Holder: _____ Assessor's Est. Market Value: _____

Amount of Mortgage: _____ Fair Market Value: _____

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.

Cash and Bank Accounts:

1. Name: _____

Name of Bank: _____

Account No.: _____

Type of Account: _____

Name of Joint Owner or POD: _____

2. Name: _____

Name of Bank: _____

Account No.: _____

Type of Account: _____

Name of Joint Owner or POD: _____

3. Name: _____

Name of Bank: _____

Account No.: _____

Type of Account: _____

Name of Joint Owner or POD: _____

4. Name: _____

Name of Bank: _____

Account No.: _____

Type of Account: _____

Name of Joint Owner or POD: _____

Securities, Stocks and Bonds:

- 1. Name of Company: _____
Type of Investment: _____ Total No. of Shares: _____
Name of Joint Owner or POD: _____ Value per Share on Date of Death: _____
- 2. Name of Company: _____
Type of Investment: _____ Total No. of Shares: _____
Name of Joint Owner or POD: _____ Value per Share on Date of Death: _____
- 3. Name of Company: _____
Type of Investment: _____ Total No. of Shares: _____
Name of Joint Owner or POD: _____ Value per Share on Date of Death: _____

Insurance:

- 1. Name of Company: _____
Value of Policy: _____ Payable to Whom: _____
- 2. Name of Company: _____
Value of Policy: _____ Payable to Whom: _____

Automobiles:

- | | |
|--------------------------|--------------------------|
| 1. Make and Model: _____ | 2. Make and Model: _____ |
| Joint Owner: _____ | Joint Owner: _____ |
| Year: _____ | Year: _____ |
| Miles: _____ | Miles: _____ |
| Value: _____ | Value: _____ |
| VIN: _____ | VIN: _____ |

Personal Property:

Value of Furniture and Household Goods: _____
Value of Wearing Apparel and Jewelry: _____
Value of Other Personal Property: _____

Funeral Expenses:

Name of Funeral Home: _____ Amount Owed: _____

List anyone who advanced funds for funeral expenses:

Name: _____	Amount Advanced: _____
Name: _____	Amount Advanced: _____
Name: _____	Amount Advanced: _____

Did Decedent receive Medical Assistance benefits? _____

If Decedent's spouse died first, did he/she receive Medical Assistance benefits? _____

Other Debts and Claims:

1. Name: _____

Street Address: _____

City, State, Zip: _____

Amount of Claim: _____

Reason for Claim: _____

2. Name: _____

Street Address: _____

City, State, Zip: _____

Amount of Claim: _____

Reason for Claim: _____

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? _____