



## PROBATE ADMINISTRATION INTAKE FORM

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### SECTION ONE

Decedent's Name: \_\_\_\_\_

Decedent's SSN: \_\_\_\_\_

Decedent's Residence: \_\_\_\_\_

Decedent's  
Place of Death: \_\_\_\_\_

Decedent's  
Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Did the Decedent have a Will?  Yes  No If yes, your attorney will need the original Will.

Spouse's Name: \_\_\_\_\_

Spouse's SSN: \_\_\_\_\_

Spouse's Residence: \_\_\_\_\_

Spouse's Home #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Spouse's  
Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Decedent's Children: \_\_\_\_\_ Address: \_\_\_\_\_

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

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

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

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

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

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

Did any of Decedent's children pre-decease the Decedent?  Yes  No

If yes, list the names of those children and list the names and complete address of the children of each pre-deceased child:

_____	Address: _____
_____	Address: _____
_____	Address: _____
_____	Address: _____
_____	Address: _____
_____	Address: _____
_____	Address: _____
_____	Address: _____
_____	Address: _____
_____	Address: _____

Name and complete address of each person/entity receiving property under the Will:

1. _____	Address: _____
2. _____	Address: _____
3. _____	Address: _____
4. _____	Address: _____
5. _____	Address: _____
6. _____	Address: _____
7. _____	Address: _____
8. _____	Address: _____

**SECTION TWO**

**Decedent's Liabilities:**

Include all known or potential debts or household expenses, including mortgage, auto, personal loans, doctors, hospital, and credit cards. This includes all of the Decedent's liabilities whether the debts are the Decedent's alone or joint debts with another person.

<u>Description</u>	<u>Creditor</u>	<u>Complete Address</u>	<u>Amount Owed:</u>	<u>Joint Debts With Who?</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

**SECTION THREE**

**Decedent's Assets:**

I. ACCOUNTS (BANK, INVESTMENT, RETIREMENT PLANS, CD'S, NOTES RECEIVABLES, ETC.)

	<u>Name of Institution</u>	<u>Account No.</u>	<u>Value on Date of Death</u>	<u>Co-Owned With Who?</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

II. REAL ESTATE (RESIDENCE, RENTAL PROPERTIES, COMMERCIAL PROPERTIES, RAW LAND)

	<u>Address</u>	<u>Value</u>	<u>Co-Owned With Who?</u>	<u>Date of Purchase</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

III. PERSONAL TANGIBLE PROPERTY (AUTOS, JEWELRY, COLLECTIONS, HOUSEHOLD GOODS, ETC.)

	<u>Description</u>	<u>Location</u>	<u>Value</u>	<u>Co-Owned With Who?</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

IV. INSURANCE POLICIES

	<u>Insurance Company</u>	<u>Face Amount</u>	<u>Policy Number</u>	<u>Agent</u>	<u>Beneficiary</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

V. TAX RETURNS

**IMPORTANT:** Please bring with you to your appointment the Decedent's past two years of income tax returns and any 1099's or W-2s received in the past two years.

This form has been completed by: \_\_\_\_\_