

**PROBATE INFORMATION**

How were you referred to our office? \_\_\_\_\_

**NAME OF DECEASED**

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Death \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Death Certificate \_\_\_\_\_

Yes: \_\_\_\_ / No: \_\_\_\_

**Will** - Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Codicil** - Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NAME OF ALL SPOUSE(S) (LIVING OR DECEASED)**

**(Add additional as needed - use separate page or back of form)**

Name: \_\_\_\_\_

Married at time of death \_\_\_\_

Divorced \_\_\_\_ (Date of divorce) \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Death (If deceased) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number \_\_\_\_\_

Death Certificate \_\_\_\_\_

Yes: \_\_\_\_ / No: \_\_\_\_

Has **deceased** ever received:

\_\_\_\_ Medical Assistance/Medicaid

\_\_\_\_ Family Care/Partner benefits

\_\_\_\_ Community Options Program

\_\_\_\_ Chronic Disease Program

\_\_\_\_ Lived in state institution

Has **spouse of deceased** received:

\_\_\_\_ Medical Assistance/Medicaid

\_\_\_\_ Family Care/Partner benefits

\_\_\_\_ Community Options Program

\_\_\_\_ Chronic Disease Program

\_\_\_\_ Lived in state institution

**PERSONAL REPRESENTATIVE**

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Social Security Number \_\_\_\_\_

**CO-PERSONAL REP**

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Social Security Number \_\_\_\_\_

**CHILDREN - LIVING**

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**Child #1**

Address

City, State, Zip

Phone Number

E-mail

Social Security Number

**Child #2**

Address

City, State, Zip

Phone Number

E-mail

Social Security Number

**Child #3**

Address

City, State, Zip

Phone Number

E-mail

Social Security Number

**Child #4**

Address

City, State, Zip

Phone Number

E-mail

Social Security Number

**Child #5**

Address

City, State, Zip

Phone Number

E-mail

Social Security Number

(Add additional names on separate page or on back of form)

**CHILDREN - DECEASED**

(Add additional on back or separate page)

**Child #1**

Date of Death \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Descendant of deceased child**

Address

City, State, Zip

Phone Number

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Descendant of deceased child**

Address

City, State, Zip

Phone Number

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Descendant of deceased child**

Address

City, State, Zip

Phone Number

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**OTHER INVOLVED PARTIES/ADDITIONAL NAMES**

Name

Relationship

DOB

Address

Phone

Name

Relationship

DOB

Address

Phone

Name

Relationship

DOB

Address

Phone

Name

Relationship

DOB

Address

Phone

**ASSETS****VALUE**

House	Yes: _____ / No: _____	_____
	<u>Address</u>	_____
Other Real Estate	Yes: _____ / No: _____	_____
	<u>Address</u>	_____
Vehicle	Yes: _____ / No: _____	_____
	<u>Year/Make/Model</u>	_____
Vehicle	Yes: _____ / No: _____	_____
	<u>Year/Make/Model</u>	_____
Checking Account	Yes: _____ / No: _____	_____
	<u>Account #</u>	_____
Savings Account	Yes: _____ / No: _____	_____
	<u>Account #</u>	_____
<u>Other</u>		_____
	<u>Account #</u>	_____
<u>Other</u>		_____
	<u>Account #</u>	_____
<u>Other</u>		_____
	<u>Account #</u>	_____

**DEBTS****VALUE**

Mortgage	Yes: _____ / No: _____	_____
Vehicle Loan	Yes: _____ / No: _____	_____
Credit Card	Yes: _____ / No: _____	_____
Medical Debt	Yes: _____ / No: _____	_____
Other	Yes: _____ / No: _____	_____
Other	Yes: _____ / No: _____	_____
Other	Yes: _____ / No: _____	_____
Other	Yes: _____ / No: _____	_____
		_____
		_____

Things to bring to the appointment (if you have them)

Death Certificate(s) (for both parents if second parent has just passed)  
SSN and Contact information for spouse, each child or grandchild and/or beneficiary

Marital information about decedent - married? Divorced? Single?

Original Will if one exists

Marital Property Agreement if one exists

Copy of latest income tax return

Copy of real estate deed if property is owned

Copy of real estate property taxes if property is owned

Statement of all financial assets including:

Bank Accounts

Stocks

Life Insurance

\* include financial institution, account number, DOD value

Titles for any vehicles