



Probate/Administration Intake Sheet

Date: _____

PERSONAL INFORMATION

CLIENT

Full Legal Name: _____
First Middle Last

Full Address: _____
House No. Street Name Apt. No.

City County State Zip Code

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ E-mail: _____

Date of Birth: _____ Social Security No. _____ *(If required for Estate Tax ID)*

Your Relationship to Decedent: Spouse Child Personal Representative None

DECEDENT

Full Legal Name: _____
First Middle Last

Date of Death: _____ Date of Birth: _____ Social Security No. _____

Address at time of Death: _____
House No. Street Name Apt. No.

City County State Zip Code

Marital Status at time of Death: Single Married Separated Divorced Widowed

Did Decedent have a Will? Yes No If yes, Date of Will _____

PROPOSED PERSONAL REPRESENTATIVE

(If other than Client)

Full Legal Name: _____
First Middle Last

Full Address: _____
House No. Street Name Apt. No.

City County State Zip Code

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ E-mail: _____

Date of Birth: _____ Social Security No. _____ (If required for Estate Tax ID)

DECEDENT'S SPOUSE

(If other than Client)

Full Legal Name: _____
First Middle Last

Full Address: _____
House No. Street Name Apt. No.

City County State Zip Code

If Deceased: Date of Death: _____ Was Estate Probated? Yes No

DECEDENT'S CHILDREN

Child 1: Full Legal Name: _____
First Middle Last

Full Address: _____
House No. Street Name Apt. No.

City County State Zip Code

Date of Birth (if minor): _____ Relationship Son Daughter
 Natural Adopted Step

Will Child Sign Acknowledgement of Service? Yes No

Child 2: Full Legal Name: _____
First Middle Last

Full Address: _____
House No. Street Name Apt. No.

_____ *City County State Zip Code*

Date of Birth (*if minor*): _____ Relationship Son Daughter
 Natural Adopted Step

Will Child Sign Acknowledgement of Service? Yes No

Child 3: Full Legal Name: _____
First Middle Last

Full Address: _____
House No. Street Name Apt. No.

_____ *City County State Zip Code*

Date of Birth (*if minor*): _____ Relationship Son Daughter
 Natural Adopted Step

Will Child Sign Acknowledgement of Service? Yes No

Child 4: Full Legal Name: _____
First Middle Last

Full Address: _____
House No. Street Name Apt. No.

_____ *City County State Zip Code*

Date of Birth (*if minor*): _____ Relationship Son Daughter
 Natural Adopted Step

Will Child Sign Acknowledgement of Service? Yes No

----If there are more than 4 children, attach additional sheets----

OTHER BENEFICIARIES NAMED IN THE WILL

(If there is no Will, skip this section)

Other 1: Full Legal Name: _____
First
Middle
Last

Full Address: _____
House No.
Street Name
Apt. No.

City
County
State
Zip Code

Date of Birth *(if minor)*: _____ Relationship to Decedent *(if any)*: _____

Will Beneficiary Sign Acknowledgement of Service? Yes No

Other 2: Full Legal Name: _____
First
Middle
Last

Full Address: _____
House No.
Street Name
Apt. No.

City
County
State
Zip Code

Date of Birth *(if minor)*: _____ Relationship to Decedent *(if any)*: _____

Will Beneficiary Sign Acknowledgement of Service? Yes No

----If there are more than 2 other beneficiaries, attach additional sheets----

DECEDENT'S PROPERTY INFORMATION

REAL PROPERTY *(Include any interest in real estate – i.e. family residence, vacation home, time-share, vacant land, etc. Indicate ownership as Individual "I", Joint Tenants "JT", Joint Tenants with Right of Survivorship "JTWS", Tenants in Common "TIC")*

Full Address of Real Property	Ownership	Fair Market Value	Mortgage Balance <i>(if any)</i>
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Real Property Totals		\$	\$

FURNITURE AND PERSONAL EFFECTS (List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property. Indicate type below and give a lump sum value for miscellaneous, less valuable items.)

Type or Description	Ownership	Fair Market Value
Miscellaneous Furniture and Household Effects (Total)		\$
		\$
		\$
		\$
Furniture and Personal Effects Total		\$

AUTOMOBILES, BOATS AND RVs

Make, Model, and Year	Ownership	Fair Market Value	Loan Balance (if any)
		\$	\$
		\$	\$
		\$	\$
Automobiles, Boats and RVs Totals		\$	\$

BANK AND SAVINGS ACCOUNTS (Indicate Type - Checking Account "CA", Savings Account "SA", Certificate of Deposit "CD", Money Market "MM". Do not include IRAs or 401(k)s here.)

Name of Institution and Account No.	Ownership	Type	Value
			\$
			\$
			\$
Bank and Savings Accounts Total			\$

STOCKS AND BONDS (If held in a brokerage account, lump them together under each account)

Stock, Bond or Investment Entity and Account No.	Ownership	Type	Value
			\$
			\$
			\$
Stocks and Bonds Total			\$

LIFE INSURANCE POLICIES AND ANNUITIES (Indicate Type – Term “T”, Whole Life “WL”, Group Life “GL”, Annuity “A”.)

Insurance Company	Beneficiary	Type	Value
			\$
			\$
Life Insurance Policies and Annuities Total			\$

RETIREMENT PLANS (Indicate Type – Pension “P”, Profit Sharing “PS”, “IRA”, “SEP”, “401(k)”.)

Company	Beneficiary	Type	Value
			\$
			\$
Retirement Plans Total			\$

OTHER ASSETS (Not already listed.)

Type or Description	Ownership	Value
		\$
		\$
		\$
Other Assets Total		\$

DECEDENT’S DEBTS OR KNOWN CREDITORS

Creditor Name and Address	Account No.	Security	Balance
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Decedent’s Debt Total			\$

