

Probate/Administration Intake Sheet

PERSONAL INFORMATION

CLIENT

Full Legal Name	First		Middle	Last		
Full Address: _						
	House No.	Street Na			Apt. No.	
	City		County	State		Zip Code
Home Phone:	()			_ Work Phone:	()	
Cell Phone:	()			E-mail:		
Date of Birth: _			Social S	Security No.		(If required for Estate Tax ID)
Your Relationsh	nip to Deced	ent: 🛚 Spo	use 🛭 Child	☐ Personal Re	epresentative	□ None
DECEDENT						
Full Legal Name	e:					
				Last	Social Socur	itu No
Date of Death		Da	ile oi birtii		Social Secur	ity No
Address at time	of Death:					
		House No.	Street Name		Apt.	No.
		City		County	State	Zip Code
Marital Status a	t time of De	ath: 🛚 Singl	e 🛚 Marrie	d □ Separated	☐ Divorced	☐ Widowed
Did Decedent h	ave a Will?	□ Vec 「	J. No. If s	es Date of Will		

PROPOSED PERSONAL REPRESENTATIVE

(If other than Client)

Full Legal N	lame:						
		First	Middle	Last			
Full Address	s: House No	. Street	Name	Apt. I	Vo.		
	City		County	State	Zi	ip Code	
Home Phon	ne: ()		_ Work Phone: ()		
Cell Phone:	(E-mail:			
Date of Birtl	h:		Social S	Security No.		_ (If required for Es	state Tax ID)
			DECEDEN	IT'S SPOUSE			
			(If other	than Client)			
Full Legal N	lame:	First	Middle	Last			
			,,,,,,,,,,				
	House No	. Street	Name	Apt. I	No.		
	City		County	State	Zi	p Code	
If Deceased	l: Date of	Death:		Was Estate Probate	ed? □ Yes	□ No	
			DECEDENT	'S CHILDREN			
 -			52 5 2	o omedical			
Child 1: Fi	ull Legal Naı	me: <i>Fir</i> st	Middle	Last			
F	ull Address:						
		House No.	Street Name		Apt. No.		
		City	Co	ounty	State	Zip Co	de
D	ate of Birth ((if minor):		Relationship	☐ Son	☐ Daughter	
					□ Natural	□ Adopted	☐ Step
W	/ill Child Sigi	n Acknowledge	ment of Service?	□ Yes □ No			

Child 2:	Full Legal Nan	ne:						
		First		Middle	Las	st		
	Full Address:		O			A . A.		
		House No.	Street Name			Apt. No.		
		City		County		State	Zip Co	ode
	Date of Birth (ii	f minor):			Relationship	□ Son	□ Daughter	
						□ Natural	□ Adopted	□ Step
	Will Child Sign	Acknowledgem	ent of Service?	☐ Yes	□ No			
Child 3:	Full Legal Nan	ne:	M					
	Full Address:	House No.	Street Name			Apt. No.		
		City		County		State	Zip Co	ode
	Date of Birth (ii	f minor):			Relationship	☐ Son	□ Daughter	
						□ Natural	□ Adopted	□ Step
	Will Child Sign	Acknowledgem	ent of Service?	☐ Yes	□ No			
Child 4:	Full Legal Nan	ne:	Mido	110	Last			
			ivilde					
	r un muuroos.	House No.	Street Name			Apt. No.		
	-	City		County		State	Zip Co	ode
	Date of Birth (if minor):			Relationship	□ Son	☐ Daughter	
						□ Natural	□ Adopted	☐ Step
	Will Child Sign	ı Acknowledgen	nent 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 Nar	ne:			
	Ü	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 Acknowle	edgement of Service?	☐ Yes ☐ No	
<u>Other 2</u> :	Full Legal Nar	ne:	Middle		
				Last	
	Full Address:				
		House No.	Street Name	Apt. No.	
		City	County	State	Zip Code
	Date of Birth (I	if minor):		Relationship to Decedent (if any):	
	Will Beneficiar	y Sign Acknowl	edgement of Service?	□ Yes □ No	
		-If there are mo	re than 2 other benefic	iaries, attach additional sheets	

DECEDENT'S PROPERTY INFORMATION

<u>REAL PROPERTY</u> (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 "JTWRS", Tenants in Common "TIC")

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

FURNITURE AND PERSONAL EFFECTS (List separately only <u>major</u> 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 includeIRAs or 401(k)s here.)

Name of Institution and Account No.	Ownership	Туре	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	Туре	Value
			\$
			\$
			\$
Stocks and Bonds Total			\$

<u>LIFE INSURANCE POLICIES AND ANNUITIES</u> (Indicate Type – Term "T", Whole Life "WL", Group Life "GL", Annuity "A".)

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

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

Company	Beneficiary	Туре	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			\$

ADDITIONAL RELEVANT INFORMATION & EXPLANATION

DOCUMENTS NEEDED BY THIS OFFICE:	 □ Death Certificate □ Original Last Will & Testament □ Real Estate Deeds □ Vehicle Titles □ Copies of Bills/Creditor Addresses 	
FOR OFFICE USE ONLY		
FEE BASIS	Probate County	
Attorney Fees \$ Court Costs \$ Recording Fees \$	_	
Recording Fees \$ Total \$		
<u>TERMS</u>	Clerk's Phone Number	
Down \$Balance Due:		