



# 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

If Child is Deceased: Date of Death: \_\_\_\_\_

Was Estate Probated?  Yes  No

If yes, provide the following:

Full name of Personal Representative: \_\_\_\_\_

Full address of Personal Representative: \_\_\_\_\_

Probate Court and Estate No (if known): \_\_\_\_\_

Did the Child have children?  Yes  No

If yes, provide the following for each child:

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

----If the Child had more than 2 children, attach additional sheets----

**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

If Child is Deceased: Date of Death: \_\_\_\_\_

Was Estate Probated?  Yes  No

If yes, provide the following:

Full name of Personal Representative: \_\_\_\_\_

Full address of Personal Representative: \_\_\_\_\_  
\_\_\_\_\_

Probate Court and Estate No (if known): \_\_\_\_\_

Did the Child have children?  Yes  No

If yes, provide the following for each child:

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

----If the Child had more than 2 children, attach additional sheets----

### **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

If Child is Deceased: Date of Death: \_\_\_\_\_

Was Estate Probated?  Yes  No

If yes, provide the following:

Full name of Personal Representative: \_\_\_\_\_

Full address of Personal Representative: \_\_\_\_\_  
\_\_\_\_\_

Probate Court and Estate No (if known): \_\_\_\_\_

Did the Child have children?  Yes  No

If yes, provide the following for each child:

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

----If the Child had more than 2 children, attach additional sheets----

### **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 Child is Deceased: Date of Death: \_\_\_\_\_

Was Estate Probated?  Yes  No

If yes, provide the following:

Full name of Personal Representative: \_\_\_\_\_

Full address of Personal Representative: \_\_\_\_\_

Probate Court and Estate No (if known): \_\_\_\_\_

Did the Child have children?  Yes  No

If yes, provide the following for each child:

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

----If the Child had more than 2 children, attach additional sheets----

----If the Decedent had 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 "JTWRS", Tenants in Common "TIC"*)

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

**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 ( <i>Total</i> )		\$
		\$
		\$
		\$
<b>Furniture and Personal Effects Total</b>		<b>\$</b>



**AUTOMOBILES, BOATS AND RVS**

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

**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
			\$
			\$
			\$
<b>Bank and Savings Accounts Total</b>			<b>\$</b>

**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
			\$
			\$
			\$
<b>Stocks and Bonds Total</b>			<b>\$</b>

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

Insurance Company	Beneficiary	Type	Value
			\$
			\$
<b>Life Insurance Policies and Annuities Total</b>			<b>\$</b>

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

Company	Beneficiary	Type	Value
			\$
			\$
<b>Retirement Plans Total</b>			<b>\$</b>

**OTHER ASSETS** (Not already listed.)

Type or Description	Ownership	Value
		\$
		\$
		\$
<b>Other Assets Total</b>		<b>\$</b>

**DECEDENT’S DEBTS OR KNOWN CREDITORS**

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

## ADDITIONAL RELEVANT INFORMATION & EXPLANATION

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**DOCUMENTS NEEDED BY THIS OFFICE:**

- Death Certificate
- Original Last Will & Testament
- Real Estate Deeds
- Vehicle Titles
- Copies of Bills/Creditor Addresses

<b><u>FOR OFFICE USE ONLY</u></b>			
<b><u>FEE BASIS</u></b>		Probate County _____	
Attorney Fees	\$ _____	Judge's Name _____	
Court Costs	\$ _____	Clerk's Name _____	
Recording Fees	\$ _____	Clerk's Address _____	
Total	\$ _____	Clerk's Phone Number _____	
<b><u>TERMS</u></b>			
Down	\$ _____		
Balance Due:	_____		