

# Probate/Administration Intake Sheet

Date: \_\_\_\_\_

# **PERSONAL INFORMATION**

### <u>CLIENT</u>

Full Legal Nam	ne:					
-	First	Mida	lle	Last		
Full Address:						
	House No.	Street Name			Apt. No.	
	City	Cour	nty	State	,	Zip Code
Home Phone:	()			Work Phone:	()	
Cell Phone:	()			E-mail:		
Date of Birth:			Social Sec	urity No		(If required for Estate Tax ID)
Your Relations	hip to Decedent:	Spouse	Child	Personal R	epresentative	□ None
DECEDENT						
Full Legal Nam	le.					
i an Logai Han	ne:	M	iddle	Last		
Date of Death:		Date of E	Sirth:		Social Secu	rity No
Address at time	e of Death:					
	Hou	se No. Si	treet Name		Ар	t. No.
	City		Сог	inty	State	Zip Code
Marital Status	at time of Death:	□ Single	☐ Married	Separated	Divorced	Widowed
Did Decedent I	have a Will? 🛛	Yes 🛛 No	If yes	, Date of Will _		

# PROPOSED PERSONAL REPRESENTATIVE

(If other than Client)

Full Legal Nan	ne:							
	First	Middl	е	Last				
Full Address:	House No.				Apt. No.			
	City	Cour	ty	State		Zij	o Code	
Home Phone:	()			Work Phone: (_	)			
Cell Phone:	()			E-mail:				
Date of Birth:			Social Sec	urity No			_ (If required for E	state Tax ID)
		DEC	EDENT'	S SPOUSE				
			(If other the	an Client)				
Full Legal Nan	ne:	_						
Full Address:		First	Middle	Last				
	House No.	Street Name			Apt. No.			
	City	Coun	ty	State		Zip	o Code	
If Deceased:	Date of Death	:		Was Estate Pro	bated?	Yes	🛛 No	
		DECE	DENT'S	CHILDREN				
<u>CHILD 1</u>								
Full Legal Nan	ne:	First	Middle	Loot				
Full Address:		FIISL	Middle	Last				
	Hous	e No. Stree	t Name			Apt. No.		
	City		County		State		Zip Coo	le
Date	e of Birth <i>(if mind</i>	or):		Relations	ship 🗆	Son	Daughter	
						Natural	Adopted	🗅 Step
Will	Child Sign Ackn	owledgement of S	ervice?	Yes 🛛 No				

If Child is Deceased:	Date of Death:	<u>.</u>
	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?	
	If yes, provide the following for each child:	
	Child 1: Full Legal Name:	
	First Middle	Last
	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	l 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	l No
	If the Child had more than 2 children, attach additional shee	ts

# <u>CHILD 2</u>

dress:							
House	No.	Street Name			Apt. No.		
City		Cou	nty	St	ate	Zip Coo	de
Date of Birth (if mino	r):			Relationship	Son	Daughter	
					Natural	Adopted	Step
Will Child Sign Ackno	owledgem	ent of Service?	Yes	D No			
If Child is Deceased:	Date c	f Death:					
	Was E	state Probated?	Yes	🗆 No			
	lf yes,	provide the follo	wing:				
	Full na	me of Personal	Representa	ative:			
	Full ac	ldress of Person	al Represe				
	Probat	e Court and Esta	ate No (if k				
	Did the	Child have child	dren? 🔲	Yes 🗆 No			
	lf yes,	e Child have child provide the follo L: Full Legal Nar	wing for ea me:	ch child:	Middle		Last
	lf yes,	provide the follo	wing for ea me:	ch child:	Middle		Last Apt. No
	lf yes,	provide the follo <sup>,</sup> <u>l</u> : Full Legal Nar	wing for ea me: 	ch child:	<i>Middle</i> Name	State	
	lf yes,	provide the follo <sup>,</sup> <u>l</u> : Full Legal Nar	wing for ea me:	ch child: st Street f County	Middle Name		Apt. No
	lf yes,	provide the follo L: Full Legal Nar Full Address:	wing for ea me:	ch child: st Street I County	Middle Name		Apt. No
	lf yes,	provide the follo L: Full Legal Nar Full Address: Date of Birth (	wing for ea me: <i>House No.</i> <i>City</i> ( <i>if minor</i> ): Son	ch child: st Street I County	Middle Name		Apt. No
	lf yes,	provide the follo L: Full Legal Nar Full Address: Date of Birth (	wing for ea me: <i>House No.</i> <i>City</i> ( <i>if minor</i> ): Son Son Natural	ch child: st Street I County	Middle Name		Apt. No
	lf yes, <u>Child ^</u>	provide the follo L: Full Legal Nar Full Address: Date of Birth ( Relationship	wing for ea me:	ch child: st Street I County Daughter Adopted dgement of Se	Middle		Apt. No Zip Coo
	lf yes, <u>Child ^</u>	provide the follo : Full Legal Nar Full Address: Date of Birth ( Relationship Will Child Sigr	wing for ea me:	ch child: st Street I County Daughter Daughter Adopted dgement of Se	Middle Name		Apt. No
	lf yes, <u>Child ^</u>	provide the follo : Full Legal Nar Full Address: Date of Birth ( Relationship Will Child Sigr 2: Full Legal Nar	wing for ea me:	ch child: st Street I County Daughter Daughter Adopted dgement of Se	Middle		Apt. No Zip Coo

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

### CHILD 3

Full Legal Name:							
	First	Middle	I	Last			
Full Address:	House No.				Apt. No.		
	City	Cou	inty	Si	tate	Zip Cod	le
Date of Birth	(if minor): _		Relati	onship	Son	Daughter	
					Natural	Adopted	Step
Will Child Sig	gn Acknowle	edgement of Service?	□ Yes □ No	D			
If Child is De	eceased:	Date of Death:					
		Was Estate Probated?	🗆 Yes 🗖 N	No			
		If yes, provide the follo	wing:				
		Full name of Personal	Representative:				
		Full address of Person	al Representative	:			
		Probate Court and Esta	ate No (if known):				
		Did the Child have child	dren? 🛛 Yes	🗆 No	)		
		If yes, provide the follo	wing for each chil	d:			
		Child 1: Full Legal Nar	me:				
			First		Middle		Last
		Full Address:	House No.	Street I	Name		Apt. No
			City	County	,	State	Zip Code
		Date of Birth (	íf minor):				
		Relationship	-	aughter			
		·		-	Step		
			□ Natural □	Adopted	🛛 🖵 Step		

Child 2:	Full Legal Nar	ne:				
	U	First	Midd	lle	La	ast
	Full Address:					
		House No.	Street Name			Apt. No.
		City	County	State		Zip Code
	Date of Birth (	if minor):				
	Relationship	Son	Daughter			
		Natural	Adopted Ste	ер		
	Will Child Sigr	n Acknowlec	dgement of Service?	Yes	🗆 No	
-	If the Child h	ad more tha	an 2 children, attach a	additional sh	eets	

# <u>CHILD 4</u>

Full Legal Nam	ne:					
			Last			
Full Address:	House No	o. Street Name		Apt. No.		
	City	County	Si	tate	Zip Cod	9
Date	e of Birth <i>(if minor)</i> :		Relationship	Son	Daughter	
				Natural	Adopted	🛛 Step
Will	Child Sign Acknowl	edgement of Service? 🛛 Yes	D No			
lf Ch	nild is Deceased:	Date of Death:				
		Was Estate Probated?  Yes If yes, provide the following:	🖵 No			
		Full name of Personal Represer	ntative:			
		Full address of Personal Repres				
		Probate Court and Estate No (if				
		Did the Child have children?	Yes 🗖 No	)		
		If yes, provide the following for e	each child:			

Child 1:	Full Legal Nar	ne:					
	U U	First	•	Middle			Last
	Full Address:						
		House No.	Street Na				Apt. No.
		City	County		State		Zip Code
	Date of Birth (	if minor):					
	Relationship	Son	Daughter				
		Natural	Adopted	Step			
	Will Child Sigr	n Acknowled	dgement of Ser	vice? 🛛	Yes	🛛 No	
Child 2:	Full Legal Nar	ne:					
	-	First	•	Middle			Last
	Full Address:						
		House No.	Street Na	ame			Apt. No.
		City	County		State		Zip Code
	Date of Birth (	if minor):					
	Relationship	Son	Daughter				
		Natural	Adopted	Step			
	Will Child Sigr	n Acknowled	dgement of Ser	vice? 🛛	Yes	🛛 No	
-	If the Child h	ad more tha	an 2 children, a	ittach addi	tional sh	eets	

----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 Nam	ne:			
	Ū	First	Middle	Last	
	Full Address:				
		House No.	Street Name	Apt. No.	
	-				
		City	County	State	Zip Code
	Date of Birth (if	minor):	Re	elationship to Decedent (if any): _	
		<b>.</b>			
	Will Beneficiary	Sign Acknowled	Igement of Service?	Yes 🛛 No	

Other 2:	Full Legal Nam	ne:			
	-	First	Middle	Last	
	Full Address:				
		House No.	Street Name	Apt. No.	
	-	City	County	State	Zip Code
	Date of Birth (it	f minor):	Rela	ationship to Decedent (if any):	
	Will Beneficiary	/ Sign Acknowle	dgement of Service?	Yes 🗅 No	

---- If there are more than 2 other beneficiaries, 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			\$

#### LIFE INSURANCE POLICIES AND ANNUITIES (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	\$ \$	Judge's Name	
Recording Fees	\$	Clerk's Name	
Total	\$	Clerk's Address	
<u>TERMS</u>		Clerk's Phone Number	
Down Balance Due:	\$		