

## PROBATE / TRUST ADMINISTRATION INTAKE INFORMATION

### CLIENT / PERSONAL REPRESENTATIVE / TRUSTEE

Client's Name	
Client's Address	
City, State, Zip	
Telephone Numbers (home/cell)	Home: _____ Cell: _____
E-mail address	
Who referred client to us?	

Personal Representative / Trustee	
Personal Representative Street Address	
Personal Representative City, State, Zip	
Personal Representative Social Security Number	
Telephone Number	
E-mail address	
2 <sup>nd</sup> Personal Representative / Trustee	
2 <sup>ND</sup> Personal Representative Street Address	
2 <sup>ND</sup> Personal Representative City, State, Zip	
2 <sup>nd</sup> Personal Representative Social Security Number	
Telephone Numbers	
E-mail address	

### DECEDENT'S INFORMATION SECTION

Decedent's Name	
Decedent aka Name if any	
Address	
City, State, Zip	
County	
Social Security No.	
U.S. Citizen?	Yes_____ No_____ If no, where_____
Age at time of death	
Date of Death	
Place of Death	
Date of Decedent's Will, if any	
Is there a Separate Writing?	

**ASSET INFORMATION AND LAST TAX BILL**  
***REAL ESTATE - Obtain a copy of deed for all real estate being probated***

Type	Address in City, State, Zip, County	Type of Ownership: Individual., Joint W/Out Survivorship; Joint W/Survivorship	Value
Primary Residence			
Second Residence			
Rental Property			
Vacation Property			
Vacant Land			
Commercial			
Timeshare			
Other			

**BANK ACCOUNTS - Obtain copy of most recent bank statement for each account**

Type	Name of Institution and Account Number	Type of Ownership: Indiv., Joint, POD/TOD	Value
Checking			
Savings			
Savings			
CD's			
Money Market			
Investments			
Other			
Other			

**INVESTMENTS - Obtain copy of most recent investment statement for each probate asset**

Type	Description: Company Name, account number, total shares, etc.	Type of Ownership: Individual, Joint, POD	Value
Stocks			
Stocks			
Bonds			
Bonds			
Brokerage Accts. (not IRA)			
Brokerage Accts. (not IRA)			
Other			
Other			
Other			

Safe Deposit Box	Yes____ No____ Key____	Bank Name, Address	Box Number
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**LIFE INSURANCE & RETIREMENT ASSETS**

Type	Description	Type of Ownership: Individ., Joint, POD, Trust	Beneficiary & Contingent Beneficiary	Face Value or Asset Value
Life Insurance				
Life Insurance				
IRA				
IRA				
Pension				
Pension				
401(k)				
401(k)				
Other				

**OTHER ASSETS - Obtain copy of title for any motor vehicles being probate. Be sure to indicate if there is a loan against any vehicle and include the creditor information in the Creditor Section**

Type	Description	Type of Ownership: Indiv., Joint	Value
Car			
Boat			
Misc. Personal Property			
Art & Antiques			
Jewelry			
Other – RV, Mobile Home			

#### TRUST INFORMATION

Name of Trust	Trustee Name and Address	Date of Trust	Value

<b>BENEFICIARY 1</b>	
Street Address	
City, State, Zip	
Relationship to Decedent	
DOB	Social Security No.:
Phone & Email	
<b>BENEFICIARY 2</b>	
Street Address	
City, State, Zip	
Relationship to Decedent	
DOB	Social Security No.:
Phone & Email	
<b>BENEFICIARY 3</b>	
Street Address	
City, State, Zip	
Relationship to Decedent	
DOB	Social Security No.:
Phone & Email	
<b>BENEFICIARY 4</b>	
Street Address	
City, State, Zip	
Relationship to Decedent	
DOB	Social Security No.:
Phone & Email	
<b>BENEFICIARY 5</b>	
Street Address	
City, State, Zip	
Relationship to Decedent	
DOB	Social Security No.:
Phone & Email	



### CREDITOR INFORMATION

If yes is answered to any of the questions below, list the information in the chart below.

Did decedent have any unpaid medical bills? Yes\_\_\_\_\_ No\_\_\_\_\_.

Did decedent have any credit cards? Yes\_\_\_\_\_ No\_\_\_\_\_.

Did decedent have a car loan? Yes\_\_\_\_\_ No\_\_\_\_\_.

Did decedent have a mortgage or line of credit against any real estate? Yes\_\_\_\_\_ No\_\_\_\_\_.

Did decedent have any judgments against him/her? Yes\_\_\_\_\_ No\_\_\_\_\_.

Are there any pending lawsuits or claims against decedent? Yes\_\_\_\_\_ No\_\_\_\_\_.

Is decedent a personal guarantor on any loan? Yes\_\_\_\_\_ No\_\_\_\_\_.

Did decedent have any unpaid alimony or child support obligations? Yes\_\_\_\_\_ No\_\_\_\_\_.

What was the funeral invoice? \_\_\_\_\_.

Who paid the invoice? \_\_\_\_\_.

Do they want reimbursement? Yes \_\_\_\_\_ No \_\_\_\_\_.

***Please provide details of all creditors below: OR obtain copies of most recent bills (front and back)***

<b>CREDITOR 1 Name</b>	
Mailing Address for correspondence	
Telephone Number	
Amount Due	
Account Number	
Nature of Debt (i.e. car loan, medical bill, credit card, etc)	
<b>CREDITOR 2 Name</b>	
Mailing Address for correspondence	
Telephone Number	
Amount Due	
Account Number	
Nature of Debt (i.e. car loan, medical bill, credit card, etc)	
<b>CREDITOR 3 Name</b>	
Mailing Address for correspondence	
Telephone Number	
Amount Due	
Account Number	
Nature of Debt (i.e. car loan, medical bill, credit card, etc)	
<b>CREDITOR 4 Name</b>	
Mailing Address for correspondence	
Telephone Number	
Amount Due	
Account Number	
Nature of Debt (i.e. car loan, medical bill, credit card, etc)	



<b>CREDITOR 5 Name</b>	
Mailing Address for correspondence	
Telephone Number	
Amount Due	
Account Number	
Nature of Debt (i.e. car loan, medical bill, credit card, etc)	
<b>CREDITOR 6 Name</b>	
Mailing Address for correspondence	
Telephone Number	
Amount Due	
Account Number	
Nature of Debt (i.e. car loan, medical bill, credit card, etc)	
<b>CREDITOR 7 Name</b>	
Mailing Address for correspondence	
Telephone Number	
Amount Due	
Account Number	
Nature of Debt (i.e. car loan, medical bill, credit card, etc)	

**For Office Use Only**

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**Obtain Original Will & Codicil(s)** \_\_\_\_\_

**Obtain Certified Death Certificate** \_\_\_\_\_

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☐ Check to be sure Will & Codicils, if any, are originals, that they are valid and self-proven.

If not, are clients familiar with witnesses or is there information to lead us to the witnesses?

Notes Regarding original Will and witnesses:

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