PROBATE/ESTATE ADMINISTRATION INTAKE FORM

Please complete the following questionnaire so that we may properly prepare for our initial conference. In addition, the information you supply will assist us in preparing the necessary legal paperwork to administer the estate of the decedent. If insufficient space is provided in the form, please attach additional pages as necessary.

I. DECEDENT (Deceased Loved One)

A. Name

Full Legal Name: _____
First Name Middle Name Last Name

Please list any other names used by the decedent in legal documents or former names (e.g., Maiden name)

_____

B. Death

Date of Death: _____ Place of Death: _____
Month/Day/Year city county state

(Please attach one certified copy of the death certificate if available)

C. Domicile

Decedent's Street Address: _____

City/County/State/Zip: _____
city county state zip

Years at above address: _____
years months

D. Vital Information

Date of Birth: _____ Social Security No.: _____
month/day/year

Marital Status (please circle one): single / married / divorced / widowed

If divorced, did the decedent have any obligations under a divorce decree? Yes__ No__
If married, was the decedent a party to a prenuptial or postnuptial agreement? Yes__ No__

Name of Decedent: _____

E. Testamentary Documents

Location of original Will: _____ Date of Will: _____

- If you are in possession of the original Will and any Codicils, please provide those documents to us.

- Please provide us copies of any irrevocable trust, revocable trust, personal property list, or other document which may direct the disposition of the decedent's assets or reference the decedent's wishes upon his death.

II. DECEDENT'S HEIRS

A. Spouse

_____ _____

Spouse's Full Legal Name Date of Birth

_____

Street Address City State Zip

Is the decedent's spouse (if living) a United States citizen? Yes ☐ No ☐

B. Children (If no living children, list parents; if no living parent(s), list siblings)

1. _____ _____ _____

Full Legal Name (first/Middle/Last) Relationship to Decedent Deceased? Yes/No

_____ _____

Birthdate (mm/dd/yyyy) Mailing Address City State Zip

2. _____ _____ _____

Full Legal Name (first/Middle/Last) Relationship to Decedent Deceased? Yes/No

_____ _____

Birthdate (mm/dd/yyyy) Mailing Address City State Zip

3. _____ _____ _____

Full Legal Name (first/Middle/Last) Relationship to Decedent Deceased? Yes/No

_____ _____

Birthdate (mm/dd/yyyy) Mailing Address City State Zip

Name of Decedent: _____

4. _____ _____ _____
Full Legal Name (first/Middle/Last) Relationship to Decedent Deceased? Yes/No

_____ _____
Birthdate (mm/dd/yyyy) Mailing Address City State Zip

5. _____ _____ _____
Full Legal Name (first/Middle/Last) Relationship to Decedent Deceased? Yes/No

_____ _____
Birthdate (mm/dd/yyyy) Mailing Address City State Zip

6. _____ _____ _____
Full Legal Name (first/Middle/Last) Relationship to Decedent Deceased? Yes/No

_____ _____
Birthdate (mm/dd/yyyy) Mailing Address City State Zip

7. _____ _____ _____
Full Legal Name (first/Middle/Last) Relationship to Decedent Deceased? Yes/No

_____ _____
Birthdate (mm/dd/yyyy) Mailing Address City State Zip

8. _____ _____ _____
Full Legal Name (first/Middle/Last) Relationship to Decedent Deceased? Yes/No

_____ _____
Birthdate (mm/dd/yyyy) Mailing Address City State Zip

9. _____ _____ _____
Full Legal Name (first/Middle/Last) Relationship to Decedent Deceased? Yes/No

_____ _____
Birthdate (mm/dd/yyyy) Mailing Address City State Zip

Please note below whether any of the above-named persons has been declared incompetent or incapacitated (i.e., has a legal guardian appointed for them) and whether any minors have been emancipated. Please also include any additional information about any of the above heirs which may be relevant, such as whether a child is adopted, etc.

_____

_____

_____

Name of Decedent: _____

III. PERSONAL REPRESENTATIVE

A. Proposed Executor (Administrator if no will)

Name: _____
First Middle Last

Mailing Address: _____
Street City State Zip

Home Phone: _____ Business Phone: _____

Mobile Phone: _____ Email Address: _____

B. Co-Executor (if any)

Name: _____
First Middle Last

Mailing Address: _____
Street City State Zip

Home Phone: _____ Business Phone: _____

Mobile Phone: _____ Email Address: _____

IV. TAX RETURNS

A. Individual Income Tax Return (IRS Form 1040)

The last personal income tax return filed by decedent was for tax year: _____
(Please attach a copy of the return if available)
The date on which such return was filed: _____

B. Federal Gift Tax Return (IRS Form 709)
(Please attach any copies of Federal Gift Tax returns filed by the decedent.)

1. Did the decedent make gifts in excess of the annual exclusion during lifetime? Yes ☐ No ☐

Name of Decedent: _____

V. OTHER INFORMATION

1. Did the decedent receive Medicaid at any time during life? ..... Yes_ No _
2. Was the decedent the beneficiary of any trusts? ..... Yes_ No _
3. Was the decedent the grantor of any trusts? ..... Yes_ No _
4. Are any of decedent's assets:
    - subject to rapid or severe deterioration? ..... Yes_ No _
    - especially susceptible to theft, destruction, damage or injury ..... Yes_ No _
    - located in a storage unit? ..... Yes_ No _
5. Was the decedent required to file tax returns with any other state or country? ..... Yes_ No _
6. Was the decedent a veteran? ..... Yes_ No _
7. Do you anticipate that anyone is likely to contest decedent's will? ..... Yes_ No _
8. Was the decedent involved in any pending litigation? ..... Yes_ No _
9. Are you aware of the decedent right to sue on any cause of action? ..... Yes_ No _
10. Has any property listed on this form been formally appraised recently? ..... Yes_ No _
11. Did the decedent own any real property outside the state? ..... Yes_ No _
12. Did the decedent own any property outside the United States? ..... Yes_ No _

If the answers to any of the above questions are "yes" please provide details below.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Name of Decedent: _____

VI. ASSETS OF DECEDENT

A. Cash & Savings Accounts

Name of Institution	Address	Approximate value
1.		$
2.		$
3.		$
4.		$
5.		$
6.		$
7.		$

B. Life Insurance

Name of Insurance Company	Beneficiary	Face Value
1.		$
2.		$
3.		$
4.		$
5.		
6.		
7.		

Name of Decedent: _____

C. Stocks, Bonds & Mutual Fund Accounts

(Attach copies of statement for the month preceding date of death and the month containing date of death)

Name of Institution	Account Type	Approximate Value
1.		$
2.		$
3.		$
4.		$
5.		$
6.		$
7.		$
8.		$

D. Retirement Plans (not already listed above) (e.g., 401 (k), 403 (b), IRA, Roth IRA)

(Attach copies of statement for the month preceding date of death and the month containing date of death)

(In the case of a qualified plan, the summary plan document)

Name of Institution	Acct. Type	Beneficiary	Approximate Value
1.			$
2.			$
3.			$
4.			$
5.			$
6.			$

Name of Decedent: _____

E. Real Property (please provide copies of deeds and P&C insurance policies if available)

Name of Institution (if mortgage)	Property Address	Approximate Value
1.		$
2.		$
3.		$
4.		$
5.		$
6.		$

Please note if any real property was jointly held or not owned by decedent in fee simple:

_____

_____

F. Automobiles (please provide copies of title and P&C insurance policies if available)

Make, Model & Year	Property and Casualty Insurer	Approximate Value
1.		$
2.		$
3.		$
4.		$
5.		$
6.		$

Name of Decedent: _____

G. Other Vehicles (motorcycles, boats, personal watercraft, airplanes, etc.)

(please provide copies of title and P&C insurance policies if available)

Make, Model & Year	Property and Casulaty Insurer	Approximate Value
1.		$
2.		$
3.		$
4.		$
5.		$
6.		$

H. Valuable Personal Property (over $500.00 in value; e.g., jewelry, paintings, antiques, etc.)

(attach separate list if necessary)

Description	Approximate Value
1.	$
2.	$
3.	$
4.	$
5.	$
6.	$
7.	$
8.	$
9.	$
10.	$

Name of Decedent: _____

I. Business Interests

Name of Business	Share/Units/Membership Interest	Entity Type	Approximate Value
1.			$
2.			$
3.			$
4.			$
5.			$
6.			$

If any Business Interests listed above are corporations or LLCs, are any taxed as S Corporations? Yes __ No __
Do in-force buy/sell agreements apply to any Business Interests listed above? Yes __ No ___

J. Accounts over which Decedent was Custodian

Description	Approximate Value
1.	$
2.	$
3.	$
4.	$
5.	$
6.	$
7.	$
8.	$
9.	$
10.	$

Name of Decedent: _____

K. Other Assets Not Listed Above (cemetery lots, time shares, notes receivable, etc.)

Description	Approximate Value
1.	$
2.	$
3.	$
4.	$
5.	$
6.	$
7.	$
8.	$
9.	$
10.	$

L. Safe Deposit Box

Please attach a summary of the contents of any safe deposit boxes which have already been opened. Please list the institution and location of any additional boxes and whether or not you have the key.

_____

_____

_____

_____

_____

_____

_____

Name of Decedent: _____

VII. DEBTS OF THE DECEDENT

For each of the following categories, please note whether the obligations has been paid or not and note at the end of this section whether any of the listed debts are disputed.

A. Funeral Expenses

Creditor	Paid/Not Paid	Amount Owed/Paid
1.		$
2.		$
3.		$
4.		$
5.		$
6.		$

B. Expenses of Last Illness

Creditor	Paid/Not Paid	Amount Owed/Paid
1.		$
2.		$
3.		$
4.		$
5.		$
6.		$

Name of Decedent: _____

C. Taxes Owed

Creditor	Paid/Not Paid	Amount Owed/Paid
1.		$
2.		$
3.		$
4.		$
5.		$
6.		$

D. Secured Creditors (mortgages, car loans, etc.)

Creditor	Collateral Property	Amount Owed
1.		$
2.		$
3.		$
4.		$
5.		$
6.		$

Name of Decedent: _____

E. Unsecured Creditors (credit cards, loans, utilities)

Creditor	Amount Owed
1.	$
2.	$
3.	$
4.	$
5.	$
6.	$
7.	$
8.	$
9.	$
10.	$

F. Disputed Debts (please provide details regarding disputed debts)

_____

_____

_____

_____

_____

_____

_____

_____

Name of Decedent: _____

G. Other Important Information (please use the space below to provide any other important information)

Requested Documents for Estate Administration/Probate Matters

Below is a list of the documents that are needed in connection with
your estate administration/probate matter:

- Certified Copy of Death Certificate(s) for the decedent and predeceased spouse, if any
- Original Last Will & Testament for the decedent and surviving spouse, if any
- Personal Property List/Memorandum for the decedent and surviving spouse, if any
- Original Codicils (updates or changes made to the original Will)
- Original Amendments to the original Trust Agreement
- Trust Documents for the decedent and surviving spouse, if any
- For all real property: Deeds to Real Estate, Title Insurance Policy, most recent property tax statements, certified appraisal (if available), homeowners insurance information
- For all life insurance policies insuring the life of the decedent: Company name, address and phone number, policy numbers
- For all life insurance policies owned by the decedent insuring the life of another person: Company name, address and phone number, policy numbers
- Copy of the decedent's most recent Federal and State Income Tax Returns
- Copies of any Gift Tax Returns filed by the decedent
- Automobile Titles
- Divorce Decree(s), if applicable
- Prior Court Filings, Correspondence, etc.
- Written Notification to Social Security
- Copies of Bank Statements
- Copies of Stock Certificates
- Copies of Bonds
- Copies of Tax Bill(s)
- For interests in any partnership(s) or unincorporated business(es) owned by decedent: a statement of assets and liabilities for the date of dean and for the last five (5) years, statements of net earnings for the past five (5) years, contact information for the business' accountant
- Copies of all known debts owed by the decedent (credit card balances, car loans, mortgages, etc.), including outstanding amounts expended by family and friends for debts that should be reimbursed
- Copies of all bills and receipts for any expenses relating to the administration expenses for the estate (funeral, luncheon, obituary, etc.), as well as information regarding amounts expended by the family and friends for these types of expenses