

Probate Intake

CLIENT INFORMATION WORKSHEET

PART I - PERSONAL DATA

YOUR NAME: _____ **DATE:** _____
Name you preferred to be called: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
Preferred time/method of contact: _____
Home #: _____ Cell #: _____
Work #: _____ Fax #: _____
Email: _____ DL # and State: _____
SSN: _____ Relationship to Decedent: _____
Date of birth: _____ Ever been convicted of a felony? _____

NAME of DECEDENT: _____
Alias Names (if any): _____
Street Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
Date of birth: _____ Place of birth: _____
Drivers License No. _____
Date of death: _____ Place of death: _____
Social Security Number: _____ Was Decedent a U.S. citizen? _____
If naturalized U.S. citizen, Date and Place of Naturalization: _____
Did Decedent have a Will? _____ Date of Will: _____
Location of Will, if any: _____
Location of Codicils, if any: _____ Date of Codicil: _____

NAME of PERSONAL REPRESENTATIVE: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
Home #: _____ Cell #: _____
Work #: _____ Fax #: _____
Email: _____ DL # and State: _____
SSN: _____ Relationship to Decedent: _____
Date of birth: _____ Ever been convicted of a felony? _____

NAME of ALTERNATE REPRESENTATIVE: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
Home #: _____ Cell #: _____

Work #: _____ Fax #: _____
Email: _____ DL # and State: _____
SSN: _____ Relationship to Decedent: _____
Date of birth: _____ Ever been convicted of a felony? _____

**PART II –
DECEDENT’S BENEFICIARIES or HEIRS AT LAW**

NAME OF SPOUSE: _____
Status of Spouse: _____ Living _____ Deceased _____ Under Conservatorship
Street Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
Home #: _____ Cell #: _____
Work #: _____ Fax #: _____
Email: _____ Date of birth: _____
Social Security Number: _____
Date and place of marriage: _____

CHILDREN'S INFORMATION:

- 1. Name:** _____
Male or female _____ Age: _____ Date of Birth: _____ Living? _____
Complete address: _____
_____ County: _____
Home phone: _____ Cell phone: _____
Name of other parent: _____
- 2. Name:** _____
Male or female _____ Age: _____ Date of Birth: _____ Living? _____
Complete address: _____
_____ County: _____
Home phone: _____ Cell phone: _____
Name of other parent: _____
- 3. Name:** _____
Male or female _____ Age: _____ Date of Birth: _____ Living? _____
Complete address: _____
_____ County: _____
Home phone: _____ Cell phone: _____
Name of other parent: _____
- 4. Name:** _____
Male or female _____ Age: _____ Date of Birth: _____ Living? _____
Complete address: _____
_____ County: _____

Home phone: _____ Cell phone: _____

Name of other parent: _____

5. **Name:** _____

Male or female _____ Age: _____ Date of Birth: _____ Living? _____

Complete address: _____

_____ County: _____

Home phone: _____ Cell phone: _____

Name of other parent: _____

6. **Name:** _____

Male or female _____ Age: _____ Date of Birth: _____ Living? _____

Complete address: _____

_____ County: _____

Home phone: _____ Cell phone: _____

Name of other parent: _____

OTHER DEPENDENTS, IF ANY:

1. **Name:** _____ Age: _____

Male or female: _____ Relationship: _____

Address: _____

2. **Name:** _____ Age: _____

Male or female: _____ Relationship: _____

Address: _____

3. **Name:** _____ Age: _____

Male or female: _____ Relationship: _____

Address: _____

GRANDCHILDREN'S INFORMATION

1. **Name:** _____

Male or female _____ Age: _____ Date of Birth: _____ Living? _____

Complete address: _____

_____ County: _____

Home phone: _____ Cell phone: _____

Name of parent who is a child of decedent: _____

2. **Name:** _____

Male or female _____ Age: _____ Date of Birth: _____ Living? _____

Complete address: _____

_____ County: _____

Home phone: _____ Cell phone: _____

Name of parent who is a child of decedent: _____

3. **Name:** _____

Male or female _____ Age: _____ Date of Birth: _____ Living? _____

Complete address: _____

_____ County: _____

Home phone: _____ Cell phone: _____

Name of parent who is a child of decedent: _____

4. **Name:** _____

Male or female _____ Age: _____ Date of Birth: _____ Living? _____

Complete address: _____

_____ County: _____

Home phone: _____ Cell phone: _____

Name of parent who is a child of decedent: _____

5. **Name:** _____

Male or female _____ Age: _____ Date of Birth: _____ Living? _____

Complete address: _____

_____ County: _____

Home phone: _____ Cell phone: _____

Name of parent who is a child of decedent: _____

6. **Name:** _____

Male or female _____ Age: _____ Date of Birth: _____ Living? _____

Complete address: _____

_____ County: _____

Home phone: _____ Cell phone: _____

Name of parent who is a child of decedent: _____

7. **Name:** _____

Male or female _____ Age: _____ Date of Birth: _____ Living? _____

Complete address: _____

_____ County: _____

Home phone: _____ Cell phone: _____

Name of parent who is a child of decedent: _____

8. **Name:** _____

Male or female _____ Age: _____ Date of Birth: _____ Living? _____

Complete address: _____

_____ County: _____

Home phone: _____ Cell phone: _____

Name of parent who is a child of decedent: _____

OTHER RELATIVES: Please list the names of decedent's parents, brothers, and sisters, and state whether they are living, and if so, list their city and state of residence.

Name:	Relationship:	Living:		Residence:
		Yes	No	
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____

List, as well, the same information for the surviving spouse's/partner's parents and siblings.

Name:	Relationship:	Living		Residence:
		Yes	No	
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____

Please provide the following information regarding decedent's former marriages, if any:

1. Name: _____ Living? _____
 Date and place of marriage: _____
 Marriage ended by: divorce death of that spouse
 Date of divorce: _____ Date of death: _____
2. Name: _____ Living? _____
 Date and place of marriage: _____
 Marriage ended by: divorce death of that spouse
 Date of divorce: _____ Date of death: _____
3. Name: _____ Living? _____
 Date and place of marriage: _____
 Marriage ended by: divorce death of that spouse
 Date of divorce: _____ Date of death: _____

PART III - DECEDENT'S DESIGNEES

TRUSTEE (i.e., the person designated in the Will to be responsible for the long-term management of property for the surviving spouse, children, or other beneficiaries)

Name of Trustee: _____

Street Address: _____
City: _____ State: _____ Zip: _____ County: _____
Hm Phone No.: _____ Wk Phone No.: _____
1st Alternate Trustee: _____
2nd Alternate Trustee: _____
3rd Alternate Trustee: _____

GUARDIAN OF MINOR CHILDREN (i.e. the person designated in the Will to take physical care of any minor children should both parents die)

Name of Guardian: _____
Street Address: _____
City: _____ State: _____ Zip: _____ County: _____
Hm Phone No.: _____ Wk Phone No.: _____
1st Alternate Guardian: _____
2nd Alternate Guardian: _____
3rd Alternate Guardian: _____

PART IV - ASSETS

Describe decedent's property. If known, indicate whether the property is separate property, the surviving spouse's/partner's separate property, or community property. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS: (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.)

CASH

Cash on hand: _____
Traveler's checks: _____
Money orders: _____

ACCOUNTS

1. Name of financial institution: _____
Account title: _____
Account number: _____
Type of account: (checking/savings/money market/CD/Other _____)
Current account balance (as of _____): \$ _____

2. Name of financial institution: _____
Account title: _____
Account number: _____

Type of account: (checking/savings/money market/CD/Other _____)
Current account balance (as of _____): \$ _____

3. Name of financial institution: _____
Account title: _____
Account number: _____
Type of account: (checking/savings/money market/CD/Other _____)
Current account balance (as of _____): \$ _____

4. Name of financial institution: _____
Account title: _____
Account number: _____
Type of account: (checking/savings/money market/CD/Other _____)
Current account balance (as of _____): \$ _____

5. Name of financial institution: _____
Account title: _____
Account number: _____
Type of account: (checking/savings/money market/CD/Other _____)
Current account balance (as of _____): \$ _____

6. Name of financial institution: _____
Account title: _____
Account number: _____
Type of account: (checking/savings/money market/CD/Other _____)
Current account balance (as of _____): \$ _____

REAL ESTATE: (include any real property on which decedent and/or decedent's surviving spouse/partner are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

1. Street address: _____
State/County of location: _____
Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of _____): \$ _____
Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Current net equity in property:\$ _____

2. Street address: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of _____): \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Current net equity in property:\$ _____

3. Street address: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of _____): \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Current net equity in property:\$ _____

MINERAL INTERESTS: (include any property in which the parties own the mineral estate, separate and apart from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and non-producing oil and gas wells)

1. Name of mineral interest/lease/well: _____

Type of interest: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____
Current value (as of _____): \$ _____

2. Name of mineral interest/lease/well: _____
Type of interest: _____
State/County of location: _____
Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____
Current value (as of _____): \$ _____

3. Name of mineral interest/lease/well: _____
Type of interest: _____
State/County of location: _____
Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____
Current value (as of _____): \$ _____

4. Name of mineral interest/lease/well: _____
Type of interest: _____
State/County of location: _____
Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____
Current value (as of _____): \$ _____

BROKERAGE /MUTUAL FUND ACCOUNTS:

1. Name of brokerage firm/mutual fund: _____
Name of account (and subaccounts if any): _____

Account Title: _____
Account number (and numbers of subaccounts if any): _____

Value (as of _____)\$ _____

2. Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts if any): _____

Account Title: _____

Account number (and numbers of subaccounts if any): _____

Value (as of _____)\$ _____

3. Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts if any): _____

Account Title: _____

Account number (and numbers of subaccounts if any): _____

Value (as of _____)\$ _____

4. Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts if any): _____

Account Title: _____

Account number (and numbers of subaccounts if any): _____

Value (as of _____)\$ _____

5. Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts if any): _____

Account Title: _____

Account number (and numbers of subaccounts if any): _____

Value (as of _____)\$ _____

STOCKS, BONDS & OTHER SECURITIES: (include securities not in a brokerage account, mutual fund, or retirement fund)

1. Name of security: _____

Number of shares: _____

Type: (common stock/preferred stock/bond/other _____)

Certificate numbers: _____

In possession of: _____
Name of exchange on which listed: _____
Current market value (as of _____): \$ _____

2. Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other _____)
Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Current market value (as of _____): \$ _____

3. Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other _____)
Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Current market value (as of _____): \$ _____

4. Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other _____)
Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Current market value (as of _____): \$ _____

5. Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other _____)
Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Current market value (as of _____): \$ _____

CLOSELY HELD BUSINESS INTERESTS: (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other non-publicly traded business entities)

Name of business: _____
 Type of business organization: _____
 Percentage of ownership: _____
 Number of shares owned (if applicable): _____
 Value (as of _____): \$ _____

Name of business: _____
 Address: _____
 Type of business organization: _____
 Percentage of ownership: _____
 Number of shares owned (if applicable): _____
 Value (as of _____): \$ _____

Name of business: _____
 Address: _____
 Type of business organization: _____
 Percentage of ownership: _____
 Number of shares owned (if applicable): _____
 Value (as of _____): \$ _____

BUSINESS PERSONAL PROPERTY (i.e., patents, copyrights, trademarks, and royalties, etc.)

Item Identification	Location	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RETIREMENT BENEFITS: (including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state and local, etc.)

Name of plan: _____
 Name and address of plan administrator: _____

Type: IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT, OTHER _____

Employee: _____

Employer: _____

Starting date of creditable service: _____ Percent vested: _____

Account Title: _____
Account number: _____
Payee of survivor benefits: _____
Designated beneficiary: _____
Current account balance (as of ____): \$ _____

Name of plan: _____
Name and address of plan administrator: _____

Type: IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT
PLAN/GOVERNMENT BENEFIT, OTHER _____
Employee: _____
Employer: _____
Starting date of creditable service: ____ Percent vested: ____
Account Title: _____
Account number: _____
Payee of survivor benefits: _____
Designated beneficiary: _____
Current account balance (as of ____): \$ _____

LIFE INSURANCE:

Name of insurance company: _____
Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Date of issue: _____
Type of insurance: term whole universal Face amount: \$ _____
Amount of premiums: monthly quarterly semiannually: \$ _____
Cash surrender value: \$ _____

Name of insurance company: _____
Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Date of issue: _____
Type of insurance: term whole universal Face amount: \$ _____
Amount of premiums: monthly quarterly semiannually: \$ _____
Cash surrender value: \$ _____

ANNUITIES:

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Date of issue: _____
Type of annuity: _____ Face Amount: \$ _____
Amount of premiums monthly quarterly semiannually: \$ _____
Current value (as of _____): \$ _____

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Date of issue: _____
Type of annuity: _____ Face Amount: \$ _____
Amount of premiums monthly quarterly semiannually: \$ _____
Current value (as of _____): \$ _____

MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC. (including mobile homes, trailers, and recreational vehicles)

Year: _____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____

OTHER MISCELLANEOUS PROPERTY: (including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.)

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

SAFE DEPOSIT BOXES:

Name of depository: _____

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

Name of depository: _____

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

PART V - DEBTS

MEDICAL BILLS

1. Name of doctor or institution: _____
Account number: _____ Amount Owed: _____
2. Name of doctor or institution: _____
Account number: _____ Amount Owed: _____
3. Name of doctor or institution: _____
Account number: _____ Amount Owed: _____
4. Name of doctor or institution: _____
Account number: _____ Amount Owed: _____
5. Name of doctor or institution: _____
Account number: _____ Amount Owed: _____
6. Name of doctor or institution: _____
Account number: _____ Amount Owed: _____
7. Name of doctor or institution: _____
Account number: _____ Amount Owed: _____
8. Name of doctor or institution: _____
Account number: _____ Amount Owed: _____

CREDIT CARDS

1. Creditor: _____
Account #: _____ Amount Owed: _____
2. Creditor: _____
Account #: _____ Amount Owed: _____

3. Creditor: _____
Account #: _____ Amount Owed: _____
4. Creditor: _____
Account #: _____ Amount Owed: _____
5. Creditor: _____
Account #: _____ Amount Owed: _____
6. Creditor: _____
Account #: _____ Amount Owed: _____
7. Creditor: _____
Account #: _____ Amount Owed: _____
8. Creditor: _____
Account #: _____ Amount Owed: _____

OTHER DEBTS NOT OTHERWISE LISTED HEREIN

1. Name of Creditor: _____
Description of debt: _____
Account or Loan #: _____ Amount Owed: _____
2. Name of Creditor: _____
Description of debt: _____
Account or Loan #: _____ Amount Owed: _____
3. Name of Creditor: _____
Description of debt: _____
Account or Loan #: _____ Amount Owed: _____

Printed name of person completing this intake sheet: _____

Date: _____ Signature: _____

ATTORNEY NOTES: