

**PROBATE ESTATE INTAKE FORM**

**DECEASED'S INFORMATION**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

State of Domicile \_\_\_\_\_ County of Domicile \_\_\_\_\_

DOB \_\_\_\_\_ DOD \_\_\_\_\_ County \_\_\_\_\_

Employer \_\_\_\_\_

Will    Y    N            Trust    Y    N    Type of Estate \_\_\_\_\_

**SURVIVING SPOUSE'S INFORMATION**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

State of Domicile \_\_\_\_\_ County of Domicile \_\_\_\_\_

DOB \_\_\_\_\_ County \_\_\_\_\_

Employer \_\_\_\_\_

**NEXT OF KIN**

**1.**  
Fiduciary/Executor/Administrator \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

2. Relative \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

3. Relative \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

4. Relative \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

5. Relative \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

6. Relative \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**ASSETS**

**Real Estate**

1. Address \_\_\_\_\_ Value \_\_\_\_\_

Joint and Survivorship    Y    N    Probate Asset    Y    N    Appraised    Y    N

2. Address \_\_\_\_\_ Value \_\_\_\_\_

Joint and Survivorship    Y    N    Probate Asset    Y    N    Appraised    Y    N

3. Address \_\_\_\_\_ Value \_\_\_\_\_

Joint and Survivorship    Y    N    Probate Asset    Y    N    Appraised    Y    N

**Motor vehicles (Include trailers and boats)**

1. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN \_\_\_\_\_ Value \_\_\_\_\_ Probate Asset    Y    N

2. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN \_\_\_\_\_ Value \_\_\_\_\_ Probate Asset    Y    N

3. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN \_\_\_\_\_ Value \_\_\_\_\_ Probate Asset    Y    N

**Bank Account Information**

1. Checking \_\_\_\_\_ Account Number \_\_\_\_\_

Beneficiary \_\_\_\_\_ Probate Asset    Y    N

2. Savings \_\_\_\_\_ Account Number \_\_\_\_\_

Beneficiary \_\_\_\_\_ Probate Asset    Y    N

3. Certificate of Deposit \_\_\_\_\_ Account Number \_\_\_\_\_

Beneficiary \_\_\_\_\_ Probate Asset    Y    N

4. Certificate of Deposit \_\_\_\_\_ Account Number \_\_\_\_\_

Beneficiary \_\_\_\_\_ Probate Asset    Y    N

5. Other \_\_\_\_\_ Account Number \_\_\_\_\_

Beneficiary \_\_\_\_\_ Probate Asset    Y    N

**Life Insurance**

1. Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Value \_\_\_\_\_ Beneficiary \_\_\_\_\_

Probate Asset    Y    N

2. Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Value \_\_\_\_\_ Beneficiary \_\_\_\_\_

Probate Asset    Y    N

3. Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Value \_\_\_\_\_ Beneficiary \_\_\_\_\_

Probate Asset    Y    N

**Stocks/Bonds/IRA's**

1. Company \_\_\_\_\_ Value \_\_\_\_\_

Probate    Y    N

2. Company \_\_\_\_\_ Value \_\_\_\_\_

Probate    Y    N

3. Company \_\_\_\_\_ Value \_\_\_\_\_

Probate    Y    N

**Safety Deposit Box**

1. Bank \_\_\_\_\_ Box Number \_\_\_\_\_

Deputies \_\_\_\_\_

**Household Goods and Furnishings**

1. \_\_\_\_\_ Value \_\_\_\_\_

2. \_\_\_\_\_ Value \_\_\_\_\_

**Other (Checks, Refunds, Taxes, Trusts)**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_

**DEBTS**

**Funeral Bill**

1. Name \_\_\_\_\_ Amount \_\_\_\_\_  
Paid    Y    N
2. Other \_\_\_\_\_
3. Other \_\_\_\_\_
4. Other \_\_\_\_\_
5. Other \_\_\_\_\_

**ESTATE INFORMATION**

**Estate Checking Account**

1. Bank \_\_\_\_\_ Account Number \_\_\_\_\_  
EIN \_\_\_\_\_

**Taxes/Medicaid**

1. Does a tax return need to be filed?    Y    N
2. Does an Estate Tax need to be filed?    Y    N
3. Does a tax release for a bank account need to be filed?    Y    N  
If yes, which accounts \_\_\_\_\_
4. Did the decedent receive any form of Medicaid benefits?    Y    N

**OTHER RELEVANT/IMPORTANT INFORMATION**

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOCUMENTS NEEDED BY OUR OFFICE:**

1. Will
2. Trust
3. Original Death Certificate (2) Copies
4. Deeds
5. Motor Vehicle Titles
6. Bank Account Statements
7. Insurance Policies
8. Stock Certificates
9. Checks
10. Funeral Bill