

# PROBATE INTAKE FORM

## I. GENERAL INFORMATION

Full Name of Decedent: \_\_\_\_\_

Date of Death: \_\_\_\_\_ County in which Decedent died: \_\_\_\_\_

Date of Birth of Decedent \_\_\_\_\_ Place of Birth of Decedent: \_\_\_\_\_

Decedent's Address at time of death \_\_\_\_\_

Decedent's Social Security No. \_\_\_\_\_ Decedent's Driver's License No. \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Applicant's Social Security No. \_\_\_\_\_ Applicant's Driver's License No. \_\_\_\_\_

Cell Phone : \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

## II. FAMILY HISTORY

Was Decedent married during his/her lifetime? \_\_\_\_\_

If "Yes," list each marriage of Decedent – including full name of each spouse, date of marriage, county of marriage, date of divorce (if divorced), county of divorce, date of death of spouse (if widowed)

\_\_\_\_\_  
\_\_\_\_\_

## III. CHILDREN OF DECEDENT **[you do not need to answer this section if there was a will]**

List each child born to or adopted by Decedent – including full name, name of other parent, date of birth, current address and telephone number.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birth date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Name of other parent: \_\_\_\_\_ Name of other parent: \_\_\_\_\_

Marital status: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Birth date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Name of other parent: \_\_\_\_\_

Name of other parent: \_\_\_\_\_

Marital status: \_\_\_\_\_

Marital Status: \_\_\_\_\_

If any of Decedent's children are deceased, list their names, date of birth, date of death, names of any and all children born to or adopted by them, their dates of birth, addresses and telephone numbers.

**IV. OTHER FAMILY INFORMATION [you do not need to answer this section if there was a will]**

If Decedent left no spouse or children or decedents of children, please identify the following:

Name of Parents: \_\_\_\_\_

Date of Death of Parents: \_\_\_\_\_

Name of Siblings: \_\_\_\_\_

Date of Death of Siblings, if applicable: \_\_\_\_\_

Decedents of Siblings if siblings are deceased: \_\_\_\_\_

Identify at least two disinterested parties to go to Court and testify to facts concerning the family history. Disinterested means that they would not inherit any portion of Decedent's estate.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

How long did they know the Decedent? \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

How long did they know the Decedent? \_\_\_\_\_

**V. WILL INFORMATION**

If Decedent died with a Will complete this section. Otherwise, skip this section and complete Section VI.

Date of Will \_\_\_\_\_

Name of Executor/Executrix in the Will? \_\_\_\_\_

If Executor/Executrix is not one and the same as applicant, provide address, telephone number, social security number and driver's license number.

\_\_\_\_\_  
\_\_\_\_\_

Names and addresses of witnesses to will:

Witness 1: \_\_\_\_\_

Witness 2: \_\_\_\_\_

If there were any children born to or adopted by Decedent **AFTER** the making of this will, provide their age and name:

\_\_\_\_\_

**VI. PROPERTY OF DECEDENT**

**Pending Claims / Lawsuits**

Was Decedent a party to any litigation before his or her death or is the estate in any pending litigation?

\_\_\_\_\_

If yes, please identify the following:

County where filed: \_\_\_\_\_

Cause Number: \_\_\_\_\_

Approximately value of lawsuit to the estate after fees and expenses (may be unknown): \$ \_\_\_\_\_

**Real Property/Real Estate**

Did Decedent own real property at the time of death? \_\_\_\_\_

If yes, give property address and legal description \_\_\_\_\_

\_\_\_\_\_

Is there a lien against real property? \_\_\_\_\_

If so, name and address of lien holder:

\_\_\_\_\_

\_\_\_\_\_

Was said property separate or community property (if known)? \_\_\_\_\_

**Bank Accounts**

List the style of account, account number, and name and location of bank, savings association, and credit union for each checking or savings account or certificate of deposit in the name of Decedent:

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If any of the accounts listed above are joint accounts, list them here:

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**Cash**

Amount of cash held by Decedent at time of death: \_\_\_\_\_

**Stocks/Bonds**

If Decedent owned stocks/bonds at the time of death that **did not** have a named beneficiary, or where the Estate of Decedent is named as beneficiary, please list:

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**Life Insurance**

If Decedent had a life insurance policy with either no named beneficiary or where the Estate of Decedent was named as beneficiary, please list:

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**Vehicles**

Identify the make, model, year, VIN and approximate value of any vehicles (cars, boats, trailers, etc.):

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General description and approximate value of all any other property owned by Decedent (jewelry, household goods, and personal effects). Itemize only those items of considerable value (\$1,000 or more):

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Estimated total estate: \$\_\_\_\_\_.

**VII. DEBTS**

List all debts owed **BY** Decedent and the amount of those debts as of the date of death – specifying secured and/or unsecured creditors:

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Are there any debts owed **TO** Decedent? If so list the name and address of the person or entity who owes the money, the amount of the debt. If there is a note receivable, list the date of the note and rate of interest.

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**VIII. CONTACT INFORMATION**

**If there was a will, please provide the phone number and mailing address for each beneficiary named in the will on a separate sheet.**

Witness One: \_\_\_\_\_

Witness Two: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_