

INFORMATION FOR PROBATE OF ESTATE

DATE \_\_\_\_-\_\_\_\_-\_\_\_\_  TESTATE  INTESTATE  ANCILLARY  SUMMARY ADMIN

NAME(S) OF DECEDENT \_\_\_\_\_ DOD \_\_\_\_\_

ADDRESS OF DECEDENT \_\_\_\_\_ COUNTY \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

DECEDENT'S SOCIAL SECURITY # \_\_\_\_\_ TAX I.D.# \_\_\_\_\_

LENGTH OF LAST ILLNESS \_\_\_\_\_ PLACE OF DEATH \_\_\_\_\_

TREATING PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

LAST ILLNESS DEBTS \_\_\_\_\_

FUNERAL EXPENSES \_\_\_\_\_

OTHER OUTSTANDING DEBTS \_\_\_\_\_

SUMMARY OF ESTATE PROPERTY

REAL ESTATE \_\_\_\_\_

PERSONAL PROPERTY \_\_\_\_\_

INCOME SOURCES  PENSION \$\_\_\_\_\_/MO  SOCIAL SECURITY \$\_\_\_\_\_/MO

OTHER \_\_\_\_\_ \$\_\_\_\_\_/MO  OTHER \_\_\_\_\_ \$\_\_\_\_\_/MO

LIFE INSURANCE AMOUNT(S) \_\_\_\_\_

BENEFICIARIES \_\_\_\_\_ COMPANIES \_\_\_\_\_

DECEDENT BANK ACCOUNT INFORMATION:

BANK: \_\_\_\_\_ TYPE OF ACCOUNT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ BALANCE \$\_\_\_\_\_

BANK: \_\_\_\_\_ TYPE OF ACCOUNT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ BALANCE \$\_\_\_\_\_

PERSONAL REPRESENTATIVE INFORMATION

NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # (H) \_\_\_\_\_ (W) \_\_\_\_\_ [ ] NAMED IN WILL [ ] STATUTORY

HEIR, DEVISEE & LEGATEE INFORMATION

NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ SOC SEC # \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ SOC SEC # \_\_\_\_\_

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ADDRESS \_\_\_\_\_ SOC SEC # \_\_\_\_\_

**SPECIAL INSTRUCTIONS OR NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SOURCE OF CLIENT: [ ] REPEAT CLIENT [ ] REFERRED BY \_\_\_\_\_ [ ] YELLOW PAGES

ATTORNEY FEES: \$ \_\_\_\_\_ /HR \$ \_\_\_\_\_ FEE RETAINER \$ \_\_\_\_\_ COST RETAINER