

PROBATE & ESTATE ADMINISTRATION FORM

Section 1

Decedent's Full Legal Name: _____

Decedent's SSN: _____

Decedent's Residence: _____

Decedent's Date Of Birth: _____ **Date Of Death:** _____

Decedent's Place Of Death: _____

Please bring a copy of the death certificate to our meeting.

Did the Decedent have a Will? Yes / No If yes, we will need the original Will.

Spouse's Name: _____

Spouse's SSN: _____

Spouse's Residence: _____

**Spouse's Date
Of Death:** _____

**Spouse's Date
Of Birth:** _____

Decedent's Children:

_____ Address: _____

_____ Address: _____

_____ Address: _____

_____ Address: _____

_____ Address: _____

_____ Address: _____

_____ Address: _____

_____ Address: _____

_____ Address: _____

_____ Address: _____

_____ Address: _____

_____ Address: _____

Did any of Decedent's children pre-decease the Decedent? Yes / No

If yes, list the names of those children and list the names and address of the children of each pre-deceased child:

_____ Address: _____

_____ Address: _____

_____ Address: _____

_____ Address: _____

_____ Address: _____

_____ Address: _____

_____ Address: _____

_____ Address: _____

_____ Address: _____

_____ Address: _____

Name and address of each person/entity receiving property under the Will:

1. _____ Address: _____

2. _____ Address: _____

3. _____ Address: _____

4. _____ Address: _____

5. _____ Address: _____

- 6. _____ Address: _____
- 7. _____ Address: _____
- 8. _____ Address: _____

Section 2

Decedent's Liabilities:

Include all known or potential debts or household expenses, including mortgage, auto, personal loans, doctors, hospital, and credit cards. This includes all of the Decedent's liabilities whether the debts are the Decedent's alone or joint debts with another person.

	<u>Description</u>	<u>Creditor</u>	<u>Address</u>	<u>Amount Owed:</u>	<u>Joint Debts With Who?</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____

13. _____

14. _____

15. _____

Section 3

Decedent's Assets:

I. Accounts (Bank, Investment, Retirement Plans, CD's, Notes , Etc.)

	<u>Name of Institution</u>	<u>Account No.</u>	<u>Value on Date of Death</u>	<u>Co-Owned With Who?</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

II. Real Estate

	<u>Address</u>	<u>Value</u>	<u>Co-Owned With Who?</u>	<u>Date of Purchase</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

III. Personal Tangible Property (Autos, Jewelry, Collections, Household Goods, etc.)

	<u>Description</u>	<u>Location</u>	<u>Value</u>	<u>Co-Owned With Who?</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

IV. Insurance Policies

	<u>Insurance Company</u>	<u>Face Amount</u>	<u>Policy Number</u>	<u>Agent</u>	<u>Beneficiary</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

This form completed by: _____

Address: _____

Phone Number & Email: _____