

PROBATE INFORMATION SHEET



PERSONAL REPRESENTATIVE

Please provide your full legal name as it appears on your driver's license and other IDs

Full legal name	
Date of birth	
Gender	
Social Security number	
Driver's license or Passport #	
Home address (incl. Apt#)	
City, ST Zip (& Country if not USA)	
Primary Phone	
Alternate Phone	
Email Address	
Are you named as the personal representative or executor of the estate in the decedent's will?	
Are you a relative of the decedent?	

DECEDENT

Please provide the full legal name of the deceased as it appeared on his/her IDs

Full legal name	
Nicknames or other names used	
Date of birth	
Gender	
Was decedent a US Citizen?	
Social Security number	
Driver's license or Passport #	
Home address (incl. Apt#)	
City, ST Zip	
Years at current address	

Death Information

Date of decedent's will
Date of Death
Place of Death (home, name of hospital or facility, etc.)
City, ST Zip (& Country if not USA)

DECEDENT'S SPOUSE or PARTNER (if applicable)

Full legal name
Nicknames or other names used
Date of birth
Date of death (if applicable)
Gender
Home Address (incl. Apt#)
City, ST Zip (& Country if not USA)
Years at current address
Primary Phone
Alternate Phone
Email Address

Relationship Information

Was there a prenup/postnup in place?
Total length of relationship
Marriage, if applicable
Civil Union, if applicable
Domestic Partnership Registry, if applicable
Was decedent previously in a registered relationship and then dissolved it? If so, please provide a copy of the Final Judgment of Dissolution, and any Settlement Agreement, if applicable.

Date	City, State/Country

Describe:

DECEDENT'S CHILDREN (if applicable)*Child #1:*

Full legal name

Gender

Date of Birth

Date of Death (if applicable)

Child #2:

Full legal name

Gender

Date of Birth

Date of Death (if applicable)

Child #3:

Full legal name

Gender

Date of Birth

Date of Death (if applicable)

Child #4:

Full legal name

Gender

Date of Birth

Date of Death (if applicable)

Child #5:

Full legal name

Gender

Date of Birth

Date of Death (if applicable)

Child #6:

Full legal name

Gender

Date of Birth

Date of Death (if applicable)

FAMILY MEMBERS/HEIRS-AT-LAW

*In some circumstances, the Court will request that we provide an affidavit regarding all potential legal next-of-kin. This includes the following categories: **Decedent's Parents; Grandparents; Siblings; Nieces and Nephews; Aunts and Uncles; and, if applicable, Decedent's Spouse's Parents; Grandparents; Siblings; Nieces and Nephews; Aunts and Uncles***

Full Legal Name	Relationship to the decedent	Gender	If they're deceased, please provide their date of death
	Mother	F	
	Father	M	
	Maternal Grandmother	F	
	Maternal Grandfather	M	
	Paternal Grandmother	F	
	Paternal Grandfather	M	

BENEFICIARIES

Please list any other individuals that are mentioned in the decedent's will

Full Legal Name	Relationship to the decedent	Gender	If they're deceased, please provide their date of death

ASSETS – REAL PROPERTY

Please list all properties that the decedent owned, individually or jointly

HOMESTEAD Property:

Address:

City, State, Zip:

Ownership:

Fair Market Value:

Mortgage(s):

Beneficiary(ies):

Real Property #2:

Address:

City, State, Zip:

Ownership:

Fair Market Value:

Mortgage(s):

Beneficiary(ies):

Real Property #3:

Address:

City, State, Zip:

Ownership:

Fair Market Value:

Mortgage(s):

Beneficiary(ies):

Real Property #4:

Address:

City, State, Zip:

Ownership:

Fair Market Value:

Mortgage(s):

Beneficiary(ies):

ASSETS – FINANCIAL & RETIREMENT ACCOUNTS

Account #1

Institution:

Type of Account:

Ownership:

Approx. Balance:

Designated beneficiary, if any:

Account #2:

Institution:

Type of Account:

Ownership:

Approx. Balance:

Designated beneficiary, if any:

Account #3:

Institution:

Type of Account:

Ownership:

Approx. Balance:

Designated beneficiary, if any:

Account #4:

Institution:

Type of Account:

Ownership:

Approx. Balance:

Designated beneficiary, if any:

Account #5:

Institution:

Type of Account:

Ownership:

Approx. Balance:

Designated beneficiary, if any:

ASSETS – BUSINESS OWNERSHIP

Please list all business entities that the decedent owned, individually or jointly. Please provide the name of the business' accountant, copies of any existing business agreements, current balance sheet & a P/L statement. Please specify whether partnership, corporation, LLC, etc.

Business #1:

Name of Business:

Address:

City, State, Zip:

Type of Business:

Ownership:

Amt Invested/Share:

Business #2:

Name of Business:

Address:

City, State, Zip:

Type of Business:

Ownership:

Amt Invested/Share:

Business #3:

Name of Business:

Address:

City, State, Zip:

Type of Business:

Ownership:

Amt Invested/Share:

Business #4:

Name of Business:

Address:

City, State, Zip:

Type of Business:

Ownership:

Amt Invested/Share:

ASSETS – LIFE INSURANCE

Life Insurance Policy #1

Company:

Type of Policy:

Face Value:

Designated beneficiary, if any:

Life Insurance Policy #2

Company:

Type of Policy:

Face Value:

Designated beneficiary, if any:

Life Insurance Policy #3

Company:

Type of Policy:

Face Value:

Designated beneficiary, if any:

STORED GENETIC MATERIAL

Did the decedent have any genetic material in storage? (Sperm, Ova, Embryos, etc.) If so, please provide contact information for company storage the genetic material.

Company:

Address:

City

State

Zip

Phone number

Type of Material stored

Account# , if known

ASSETS – PERSONALTY

This includes such items as cars, boats, artwork, jewelry, or other items with a value exceeding \$10,000.00. Please be specific (for example, year, make, model, etc) in your descriptions of the items.

Personalty Item #1

Description of Item:

Ownership:

Approximate Value:

Any liens, debts, financing?:

Designated beneficiary, if any:

Personalty Item #2

Description of Item:

Ownership:

Approximate Value:

Any liens, debts, financing?:

Designated beneficiary, if any:

Personalty Item #3

Description of Item:

Ownership:

Approximate Value:

Any liens, debts, financing?:

Designated beneficiary, if any:

Personalty Item #4

Description of Item:

Ownership:

Approximate Value:

Any liens, debts, financing?:

Designated beneficiary, if any:

Personalty Item #5

Description of Item:

Ownership:

Approximate Value:

Any liens, debts, financing?:

Designated beneficiary, if any:

LIABILITIES

Please list any liabilities, debts or encumbrances

Liability #1

Type of Liability:

Owed to:

Is this a shared debt? With whom?:

Amount of liability:

Liability #2

Type of Liability:

Owed to:

Is this a shared debt? With whom?:

Amount of liability:

Liability #3

Type of Liability:

Owed to:

Is this a shared debt? With whom?:

Amount of liability:

Liability #4

Type of Liability:

Owed to:

Is this a shared debt? With whom?:

Amount of liability:

Liability #5

Type of Liability:

Owed to:

Is this a shared debt? With whom?:

Amount of liability:

ESTATE VALUATION

TOTAL ESTIMATED ASSETS:

TOTAL ESTIMATED LIABILITIES:

NET ESTIMATED ESTATE VALUE: