

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 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 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

Date

City, State/Country

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.

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)

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: