

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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NAME _____ AGE _____ RELATION

ADDRESS _____ SOC SEC # _____

SPECIAL INSTRUCTIONS OR NOTES:

SOURCE OF CLIENT: [] REPEAT CLIENT [] REFERRED BY _____ [] YELLOW PAGES

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