PROBATE INTAKE FORM

*Please use separate sheet of paper if additional space is needed

** Please provide copies of titles, deeds, billing statements, decedent's Will and certified copy of death certificate etc

DECEDENT:

Name:		
Permanent Residenc		
(prior to Nursing ho	me or Hospital): _	
City:	Count	ty:
State:	Zip Co	ode:
Date of Birth:	Date of	of Death:
Social Security Num	ber:	
Was Decedent ever of	on Medicaid:	If so, state his Medicaid No
Was Decedent ever of	on Medicare:	If so, state his Medicare No
If none, check here _		
Date of Will:		
Location of Codicil,	If any:	
Date of Codicil:	<u> </u>	
Address:		Zip Code:
Date of Rirth:	State	Security #:
Telephone:	500141	E-Mail:
Relationship to Dece	edent:	L Willi.
		entative, please provide the same information a
Spouse:		
Address:		7' 0 1
City:	State:	Zip Code:
Date of Birth:		Security #:
Lalanhona		H 1\/1.011•

Children (biological, adopted, born out of wedlock (if legitimized):

Name	Address	Date of Birth	Social Security #	Telephone	E-mail

Are any of th	e decedent's children disable?	If yes, please list the	e child's name and
nature of disability:			

Other Beneficiaries (Including living/deceased siblings and living parents)

Name	Address	Date of Birth	Social Security #	Telephone	E-mail

Assets:

	s: No: _		
Location:		 	
Real Estate:			
Address:			
City:	State:	Zip Code:	
	No:		
Address:			
City:	State:	Zip Code:	
	No:		
Address:	- Cr		
City:	 _ State:	 Zip Code:	
How Titled: _	 	 	
Homestead:			

Stocks and Bonds:

Name of Company	Type of Security	How titled	Location of Certificate	Date of Death Value

Bank Accounts (joint accounts, POD accounts, sole name of decedent etc.):

Bank Name	Account Number	How titled	Date of Death Value
Money Market	Accounts or Certificate	es of Deposit:	
Name of Institution	Account Number	How titled	Date of Death Value
U.S. Governme	nt Savings Bonds: Yes	s No	
How titled:			
Location of Bone	ds:		
To Be Cashed:	Yes No		
Date of Death V	ame of Transferee:alue:		

Mortgages and Notes	s (Receivable):
Mortgagor: Address: Terms of Obligation: Date of Death Value:	
Insurance on Decede	nt's Life:
Company Name:	
Policy No.:	
Beneficiary Named:	
Location of Policy:	
Date of Death Value:	
Annuities:	
Company Name:	
Contract No.:	
Beneficiary Named:	
Location of Policy:	
Date of Death Value:	

Vehicles/Boats/Trailers:

Model	Make	Year	How Titled	Location of Title	Date of Death Value

Debts:

Please list all debts owed by decedent, including the amount owed at the time of their death. (e.g. credit cards, automobile loans, home loans, doctor's bills, etc.)

CREDITOR	ACCOUNT#	CREDITOR'S ADDRESS	TYPE OF DEBT	AMOUNT OWED

List of documents you need to submit to our office:

Certified copy of Death Certificate
Copy of paid funeral bill with \$0.00 balance or proof of payment
Copies of any real estate deeds
Copies of any vehicle titles
Copy of any bills (credit card, medical bills, utilities ect.)
Last Will and Testament, if any - Original needed unless already filed with the Clerk- if so,
a filed copy