



CLIENT DATA FOR PROBATE ESTATE

DECEASED'S INFORMATION

Name _____ SSN _____

Address _____

DOB _____ DOD _____ County _____

Employer _____

Will Y N Type of Estate _____

NEXT OF KIN

1. Fiduciary _____

Address _____

DOB _____ SSN _____ Relationship _____

Home Phone _____ Cell Phone _____

2. Relative _____ Relationship _____

Address _____

DOB _____ Phone _____ SSN _____

3. Relative _____ Relationship _____

Address _____

DOB _____ Phone _____ SSN _____

4. Relative _____ Relationship _____

Address _____

DOB _____ Phone _____ SSN _____

5. Relative _____ Relationship _____

Address _____

DOB _____ Phone _____ SSN _____

ASSETS

Real Estate

1. Address _____ Value _____

Joint and Survivorship Y N Probate Asset Y N Appraised Y N

2. Address _____ Value _____

Joint and Survivorship Y N Probate Asset Y N Appraised Y N

3. Address _____ Value _____

Joint and Survivorship Y N Probate Asset Y N Appraised Y N

Motor vehicles (Include trailers and boats)

1. Year _____ Make _____ Model _____

Serial Number _____ Value _____ Probate Asset Y N

2. Year _____ Make _____ Model _____

Serial Number _____ Value _____ Probate Asset Y N

Bank Account Information

1. Checking _____ Account Number _____

Beneficiary _____ Probate Asset Y N

2. Savings _____ Account Number _____

Beneficiary _____ Probate Asset Y N

3. Certificate of Deposit _____ Account Number _____

Beneficiary _____ Probate Asset Y N

4. Certificate of Deposit _____ Account Number _____

Beneficiary _____ Probate Asset Y N

5. Other _____ Account Number _____

Beneficiary _____ Probate Asset Y N

Life Insurance

1. Company _____ Policy Number _____

Value _____ Beneficiary _____

Probate Asset Y N

2. Company _____ Policy Number _____

Value _____ Beneficiary _____

Probate Asset Y N

3. Company _____ Policy Number _____

Value _____ Beneficiary _____

Probate Asset Y N

Stocks/Bonds/IRA's

1. Company _____ Value _____

Probate Y N

2. Company _____ Value _____

Probate Y N

3. Company _____ Value _____

Probate Y N

Safety Deposit Box

1. Bank _____ Box Number _____

Deputies _____

Household Goods and Furnishings

1. _____ Value _____

2. _____ Value _____

Other (Checks, Refunds, Taxes, Trusts)

1. _____

2. _____

3. _____

DEBTS

Funeral Bill

1. Name _____ Amount _____

Paid Y N

2. Other _____

3. Other _____

4. Other _____ (use additional pages if necessary)

ESTATE INFORMATION

Estate Checking Account

1. Bank _____ Account Number _____

EIN _____

Taxes

1. Does a tax return need to be filed? Y N

2. Does an Estate Tax need to be filed? Y N

3. Does a tax release for a bank account need to be filed? Y N

If yes, which accounts _____

ADDITIONAL DOCUMENTS TO PROVIDE:

- | | | |
|-----------------------|----------------------------|-----------------------|
| 1. Will- if available | 4. Motor Vehicle Titles | 7. Stock Certificates |
| 2. Death Certificate | 5. Bank Account Statements | 8. Funeral Bill |
| 3. Deeds | 6. Insurance Policies | 9. Checks |