



PROBATE INTAKE FORM

Please complete and return this intake form along with any other requested information or documentation. This intake form contains general information commonly required to begin a probate representation. If you believe a particular piece of information is irrelevant or unknown, please leave it blank. However, please be aware that if such information is relevant, it may delay or impair timely representation.

Please return this completed intake form with the following:

- Signed Retainer Agreement
- Deposit for initial expenses
- Original Death Certificate
- Original Last Will and Testament
- Copies of deeds for all real estate (We can retrieve deeds from county records for \$25 each)
- Copies of all vehicle titles
- List of all known creditors at time of death, including name, amount owed, and mailing address

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

PETITION AND DECEDENT INFORMATION

Client-Petitioner's Name _____

Client-Petitioner's Relationship to Decedent: _____

Birth date _____ US Citizen? _____

Driver's license state and number _____ SS# _____

Home Address _____

City _____ State _____ Zip _____

Primary Phone Number _____ Cell Home Business

Alternate Phone Number _____ Cell Home Business

E-mail Address _____ It is okay to communicate with me via E-mail

DECEDENT INFORMATION

Decedent's Full Name _____

Also Known As _____
(other names used to title property and accounts)

Home Address _____ City _____ State _____ Zip _____

State of Residence _____ Birth date _____ SS# _____ US Citizen? _____

Date of Death _____ Place of Death _____

Marital Status: Single, never married

Married?: Date of Marriage _____ Existing Pre-Nuptial Agreement? Yes No

Divorced (date _____) Widowed (date _____)

ESTATE PLAN INFORMATION

Please mark whether the decedent had any of the following estate planning documents. Please provide copies of these documents if available. If unavailable, please indicate where these documents can be found.

No Known Estate Planning Documents

Will

Financial Power of Attorney

HIPPA Authorization

Revocable Living Trust

Irrevocable Trust

Other Trust

Advanced Healthcare Directive

Living Will

FAMILY AND HEIRS

Please provide the name and address of the following family members of the deceased, whether heirs or not. If deceased, please indicate so.

Mother _____ Deceased (Approximate date of death _____)

Mailing Address: _____

Father _____ Deceased (Approximate date of death _____)

Mailing Address: _____

Spouse/Domestic Partner _____

Mailing Address: _____

Children of Decedent (Please provide their name, relation to deceased, birthdate, and state of residence. If deceased, please indicate so and provide information on any of their children. Use additional pages as necessary.)

Name	Relation	Age	Mailing Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Important Persons (include all persons named in the Will and other documents)

Name	Relation	Age	Mailing Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROPERTY INFORMATION

Please provide information on property owned by the deceased at the time of death. Please indicate any joint owners or beneficiaries.

Real Estate

Address	Estimated Gross Value	Mortgage

Vehicles (including boats, trailers, and other items)

Make/Model/Year	Location	Estimated Value	Vehicle Liens

Bank Accounts (Checking/Savings Accounts)

Bank Name	Account Number	Estimated Value

Investment Accounts (Stocks/Mutual Funds)

Financial Institution	Account Number	Beneficiaries	Estimated Value

Retirement Accounts (IRA/401K)

Financial Institution	Account Number	Beneficiaries	Estimated Value

Insurance Policies

Insurer	Policy Number	Beneficiaries	Estimated Value

CREDITOR INFORMATION

Approximate amount owed to secured creditors: _____ Approximate number of creditors: _____
(secured creditors include mortgages, car loans, and other liens where the creditor can foreclose on property if not paid)

Approximate amount owed to unsecured creditors: _____ Approximate number of creditors: _____
(unsecured creditors include credit cards, personal loans, and amounts owed to others)

Approximate amount owed to contingent creditors: _____ Approximate number of creditors: _____
(contingent creditors are creditors who might be owed money or property based on future events)

Approximate amount owed in back alimony or child support: _____

Approximate amount owed in back tax liability: _____

FINAL QUESTIONNAIRE

Please check if any of the following apply:

- Property will be sold or abandoned during the probate
- Decedent has a safe-deposit box
- Decedent owns rental or other income-producing property
- Decedent owns all or part of a business
- Decedent received private care by family or other non-paid worker prior to death
- Decedent received Medi-Cal or other need-based medical care prior to death
- Decedent has minor or disabled children
- Money may have been withdrawn without decedent's consent prior to death
- Client or other person served as agent under power of attorney
- Client or other person served as guardian
- Estate proceedings have been filed in another state or county
- Client believes that controversy may arise among family members or other family has already hired attorney

Anticipated Disputes (Please describe any issues or disputes anticipated by heirs or others that may impact this estate or probate.)
