

Probate
Intake Worksheet

Decedent's Name:

Your relationship to decedent:

Date of Death: Place of Death

Age on Date of Death:

Do you have a certified copy of the death certificate: YES NO

Inventory Information

Estimate Value of Property:

Any debts owed at the time of death: YES NO

Debtor: Amount Owed:

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Last Will and Testament

Did the decedent have a Last Will and Testament? YES NO

Do you have the original will? YES NO

Date the will is signed:

Is the will handwritten or typed? Handwritten Typed

If the will is handwritten, name two people who can testify to decedent's handwriting

Witness #1 Name:

Current Address:

Current Phone Number:

Witness #2 Name:

Current Address:

Current Phone Number:

Is the will attested? (Signed by 2 witnesses) YES NO

Does the will have a self-proving affidavit? YES NO

Person named as Executor:

Beneficiary #1

Name:

Current Address:

Current Telephone #:

Relationship to Decedent:

Beneficiary #2

Name:

Current Address:

Current Telephone #:

Relationship to Decedent:

Beneficiary #3

Name:

Current Address:

Current Telephone #:

Relationship to Decedent:

Marital History

Was the Decedent married at the time of death? YES NO

Spouse's Name:

Date of Marriage:

Place of Marriage:

Dissolution Date: Divorce Death

If spouse predeceased decedent, how was the estate handled?

 Probate Affidavit of Heirship NONE

Familial History

Did the Decedent have children? YES NO

Child's Name: Date of Birth:

Father's Name:

Current Address:

Current Phone Number:

Child's Name:

Date of Birth:

Father's Name:

Current Address:

Current Phone Number:

Child's Name:

Date of Birth:

Father's Name:

Current Address:

Current Phone Number:

Please complete this portion if decedent was not married and had no children.

Did the decedent have siblings:

YES NO

Sibling's Name:

Date of Birth:

Father's Name:

Mother's Name:

Current Address:

Current Phone Number:

Sibling's Name:

Date of Birth:

Father's Name:

Mother's Name:

Current Address:

Current Phone Number: