



Probate Information Form

Date: _____ Attorney: _____ Referral Name: _____

Deceased's Name: _____ Testate: _____ Intestate: _____

Estimated Price: _____ Down Payment: _____ Filing Fees: _____ Other Fees: _____

PERSONAL INFORMATION

Deceased's Name: _____ S.S.#: _____

Address: _____ City: _____ State & Zip Code: _____

Age: _____ County of Probate: _____ Date of Death: _____ Place of Death: _____

Original Will: Have ____ On TDL ____ Original Death Certificate: Have ____ On TDL ____

Tax ID for Probate Estate: _____

Name of Surviving Spouse: _____

Personal Representative's Name: _____

Physical Address: _____ City: _____ State & Zip Code: _____

Mailing Address: _____ City: _____ State & Zip Code: _____

Mobile Phone: _____ Work Phone: _____ Home Phone: _____

E-Mail Address: _____ AR Resident: No Yes

Relationship to Deceased: _____

Co-Personal Representative's Name: _____

Physical Address: _____ City: _____ State & Zip Code: _____

Mailing Address: _____ City: _____ State & Zip Code: _____

Mobile Phone: _____ Work Phone: _____ Home Phone: _____

E-Mail Address: _____ AR Resident: No Yes

Relationship to Deceased: _____

PROBATE ASSETS TO DO LIST:

Real Estate

- Deeds (if copy, need front & back) Number Needed: ____ Comment: _____
- Purchasers Agreement/Notes Receivables Number Needed: ____ Comment: _____

Bank Assets/Investment Company Assets

- Savings Account Statement Number Needed: ____ Comment: _____
- Checking Account Statement Number Needed: ____ Comment: _____
- Investment Account Statement Number Needed: ____ Comment: _____
- C.D.(copies are O.K.) Number Needed: ____ Comment: _____
- Money Market Statement Number Needed: ____ Comment: _____
- Bonds Number Number Needed: ____ Comment: _____
- Stock Certificates Number Needed: ____ Comment: _____
- IRA Statement Number Needed: ____ Comment: _____
- 401(k) or 403(b) Statement Number Needed: ____ Comment: _____
- Annuities Number Number Needed: ____ Comment: _____

Life Insurance

- Life Insurance Policy Number Needed: ____ Comment: _____

Personal Corporation, Partnership, or L.L.C.

- Corporation's Stock Certificates Number Needed: ____ Comment: _____
- Corporation's By-Laws Which Corp. if more than one: _____
- Articles of Incorporation Number Needed: ____ Comment: _____
- Partnership Agreement Which partnership, if more than one: _____
- Buy Sell Agreement Which agreement, if more than one: _____

Vehicle Title/Mobile Home Title

- Car Title Number Number Needed: ____ Comment: _____
- Mobile Home Title Number Needed: ____ Comment: _____

Documents

- Original Death Certificate Number Needed: ____ Comment: _____
- Original Will Number Needed: ____ Comment: _____
- Income Tax Return Years Needed: _____ Comment: _____

Creditor Statements

- Credit Cards Number Needed: ____ Comment: _____
- Mortgage Number Needed: ____ Comment: _____
- Other creditor Number Needed: ____ Comment: _____

KNOWN CREDITORS

<u>Name</u>	<u>Amount</u>	<u>Owed Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

THE HEIRS

1. Name: _____ Over 18: _____ Living? _____

Work Phone: _____ Home Phone: _____ Date of Birth: _____

Address: _____

Relationship to Deceased: _____

Spouse's Name If Appropriate: _____

children: _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

2. Name: _____ Over 18: _____ Living? _____

Work Phone: _____ Home Phone: _____ Date of Birth: _____

Address: _____

Relationship to Deceased: _____

Spouse's Name If Appropriate: _____

children: _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

3. Name: _____ Over 18: _____ Living? _____

Work Phone: _____ Home Phone: _____ Date of Birth: _____

Address: _____

Relationship to Deceased: _____

Spouse's Name If Appropriate: _____

children: _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

4. Name: _____ Over 18: _____ Living? _____

Work Phone: _____ Home Phone: _____ Date of Birth: _____

Address: _____

Relationship to Deceased: _____

Spouse's Name If Appropriate: _____

children: _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Notes: