

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 Residence at time of Death
(prior to Nursing home or Hospital): _____
City: _____ County: _____
State: _____ Zip Code: _____
Date of Birth: _____ Date of Death: _____
Social Security Number: _____
Was Decedent ever on Medicaid: _____ If so, state his Medicaid No. _____
Was Decedent ever on Medicare: _____ If so, state his Medicare No. _____

Will: If none, check here _____

Date of Will: _____
Location of Codicil, If any: _____
Date of Codicil: _____

Personal Representative (Executor/Administrator):

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Social Security #: _____
Telephone: _____ E-Mail: _____
Relationship to Decedent: _____

If there is an Alternate personal representative, please provide the same information as above: _____

Beneficiaries or Heirs at Law:

Spouse: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Social Security #: _____
Telephone: _____ E-Mail: _____

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 Certificates of Deposit:

Name of Institution	Account Number	How titled	Date of Death Value

U.S. Government Savings Bonds: Yes ____ No ____

How titled: _____

Location of Bonds: _____

To Be Cashed: Yes ____ No ____

If yes, Name of Transferee: _____

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