

PROBATE INFORMATION FORM

<u>DECEDENT INFORMATION:</u>

1.	Name of Decedent:				
2.	Date of Death:				
3.	Date of Birth:				
4.	Place of Death (Address):				
5.	Did Decedent have a will?				
6.	5. Was Decedent married at the time of death? YES (please complete #6A-D below) NO				
	a. Name of Spouse:				
	b. Address of Spouse:				
	c. Email of Spouse:				
	d. Telephone # of Spouse:				
7.	Did Decedent have children? ☐ YES (please complete #7A-C below) ☐ NO				
	a. If yes, how many?				
	Child #1:				
	i. Name:				
	ii. Address:				
	iii. Telephone:				
	iv. Emaile				



Child #2:
i. Name:
ii. Address:
iii. Telephone:
iv. Email:
Child #3:
i. Name:
ii. Address:
iii. Telephone:
iv. Email:
b. Are all the children still alive? \square YES \square NO
b. If any child is deceased, did the deceased child have any children? (if yes, please complete following for all children of Decedent's deceased child) \square YES \square NO
i. Name:
ii. Address:
iii. Telephone:
iv. Email:
*Attach additional pages as needed.
PETITIONER'S INFORMATION:
1. Name:
2. Address:
3. Telephone:
4. Email:



DECEDENT'S ASSETS

1.	How many properties did the Decedent own at the time of death? (please complete #1A-C below for each property)	
	Property #1:	
	a. Address of the property:	
	b. Estimated value of the property:	
	c. Was this the homestead property of the Decedent? \square YES \square NO	
	Property #2:	
	a. Address of the property:	
	b. Estimated value of the property:	
	c. Was this the homestead property of the Decedent? \square YES \square NO	
2.	Did the Decedent have any bank accounts at the time of death? (if yes, please complete #2A-D below for each bank account) YES NO	
	a. Account Number:	
	b. Bank Name:	
	c. Type of Bank Account:	
	d. All Names Listed on Bank Account:	
3.	Did the Decedent have any other assets at the time of death? (Assets include, but are not limited to, jewelry, motor vehicles, art, CDs, IRAs, bonds) YES (complete #3A-C below for each asset) NO	
	Asset #1:	
	a. Name of Asset:	
	b. Location of Asset:	



c.	Value of Asset:			
Asset #	#2:			
a.	Name of Asset:			
b.	Location of Asset:			
c.	Value of Asset:			
*A	ttach additional pages as needed.			
<u>DECEDE</u>	NT'S LIABILITIES			
 Did the Decedent have any outstanding liabilities at the time of death? (Liabilities include) debts of the Decedent at the time of death which include, but are not limited to, mortgages, outstanding be debt, loans, and judgments) YES (complete #1A-E below) 				
Liabili	ty #1:			
a.	Type of Debt:			
b.	Name of Creditor:			
c.	Address of Creditor:			
d.	Account Number:			
e.	Estimate of Amount Owed:			
Liabili	ty #2:			
a.	Type of Debt:			
b.	Name of Creditor:			
c.	Address of Creditor:			



d.	Account Number:
e.	Estimate of Amount Owed:

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We hereby certify the following:

(a) we have reviewed pages 1 through 5 of the Probate Information Form; (b) all the information contained in this Probate Information Form is true and correct; and (c) all information set forth in this Probate Information Form should be used in connection with the Estate of the Decedent.

Signature:	Date:	
Print Name:		
Signature:	Date:	
Print Name:		
STATE OFCOUNTY OF	_)	
The foregoing instrument was	acknowledged before me on this day of	, 2019
by	, who is \square personally known to me or \square produ	aced the following as
identification:		
	Notary Public State of	