

## PROBATE INFORMATION FORM

### DECEDENT INFORMATION:

1. **Name of Decedent:** \_\_\_\_\_
2. **Date of Death:** \_\_\_\_\_
3. **Date of Birth:** \_\_\_\_\_
4. **Place of Death (Address):** \_\_\_\_\_
5. **Did Decedent have a will?**  YES (please provide original)  NO
6. **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. Email: \_\_\_\_\_

**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?  YES  NO

c. If any child is deceased, did the deceased child have any children? (if yes, please complete the following for all children of Decedent's deceased child)  YES  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?  YES  NO

**Property #2:**

- a. Address of the property: \_\_\_\_\_
- b. Estimated value of the property: \_\_\_\_\_
- c. Was this the homestead property of the Decedent?  YES  NO

2. **Did the Decedent have any bank accounts at the time of death?** (if yes, please complete #2A-E 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: \_\_\_\_\_
- e. Amount In/Value of 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: \_\_\_\_\_

\*Attach additional pages as needed.

**DECEDENT'S LIABILITIES**

1. **Did the Decedent have any outstanding liabilities at the time of death?** (Liabilities include any and all debts of the Decedent at the time of death which include, but are not limited to, mortgages, outstanding bills, credit card debt, loans, and judgments)

YES (complete #1A-E below)  NO

**Liability #1:**

a. Type of Debt: \_\_\_\_\_

b. Name of Creditor: \_\_\_\_\_

c. Address of Creditor: \_\_\_\_\_

d. Account Number: \_\_\_\_\_

e. Estimate of Amount Owed: \_\_\_\_\_

**Liability #2:**

a. Type of Debt: \_\_\_\_\_

b. Name of Creditor: \_\_\_\_\_



LEGAL COUNSEL  
P.A.

- c. Address of Creditor: \_\_\_\_\_
- d. Account Number: \_\_\_\_\_
- e. Estimate of Amount Owed: \_\_\_\_\_

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I hereby certify the information contained in this Probate Information Sheet is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

This Probate Information Sheet is sworn to and subscribed before me by means of \_\_\_ online notarization or \_\_\_ physical presence, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is \_\_\_ personally known to me or \_\_\_ produced the following as identification:  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_