



PROBATE INTAKE

PLEASE BRING TO OUR INITIAL MEETING:

1. Two Death Certificates (short form without the cause of death)
2. A Marriage Certificate if decedent was your spouse
3. Copies of deeds to real property owned by the decedent, if outside State of Florida
4. Names, addresses and social security numbers of decedent's children/beneficiaries
5. Original or copy of the decedent's will or trust
6. Copies of all bills sent to the decedent since the date of death
7. Copy of paid funeral bill (Showing \$0 balance)
8. Two most recent monthly bank statements from all Decedent's bank accounts
9. Two most recent monthly credit card statements from all Decedent's credit cards
10. Decedent's checkbook register or a copy of the entire register
11. Copies of all asset/investment/brokerage account statements
12. Copies of vehicle titles

HOW WERE YOU REFERRED TO OUR FIRM?

PETITIONER INFORMATION

FULL NAME:		RELATIONSHIP:
ADDRESS:		
CITY, STATE AND ZIP CODE:		COUNTY:
PHONE:	EMAIL:	
SOCIAL SECURITY #:		DOB:

Individual: (their name) _____

DECEDENT INFORMATION

FULL NAME OF DECEASED:	
ADDRESS:	
DATE OF BIRTH:	DATE OF DEATH:
COUNTY OF RESIDENCE:	SOCIAL SECURITY #:

I am an existing client Internet search Other: _____

ASSET SUMMARY

ASSET	VALUE	TITLED
Home		
Other Real Estate		
Bank Accounts		
CD's		
Brokerage Accounts (Stocks & Bonds)		
Savings Bonds (E, EE, H)		
Business Interests		
Notes Payable to Decedent		
Vehicles		
IRA's/Annuities		
Safe Deposit Box		

Did the Decedent make regular payments to landscape maintenance, homeowners insurance, private care provider (nurse or assistant), pool maintenance or other home maintenance provider, doctor's offices, utilities, charities, etc.? Please list them below:

INTERVIEW QUESTIONNAIRE		
	YES	NO
Was deceased's death caused by an accident?	{ }	{ }
Was the deceased married?	{ }	{ }
Did the deceased have children?	{ }	{ }
Are any of the children of the decedent disabled?	{ }	{ }
Is there a Will?	{ }	{ }
Is the Will in a Safe Deposit Box?	{ }	{ }
Owned Home?	{ }	{ }
Balance of Mortgage: _____		
Value of Homestead: _____		
Vehicle(s)?	{ }	{ }
VIN/Mileage/Model/Year: _____		
Household Contents Value (Estimate): _____		
Did deceased file his/her 1040's regularly?	{ }	{ }
Was the deceased on Medicaid?	{ }	{ }
Did the deceased have a CPA or Financial Planner? If yes, who? _____	{ }	{ }

ACCOUNT INFORMATION
Checking Account/Address/Balance/Representative/Account Manager:
Account 1:
Account 2:
Savings Account/Address/Balance:
Account 1:
Account 2:
CD's/Address/Balance:
Account 1:
Account 2:
Other Accounts:

**Any additional account information may be listed on a separate page*

BENEFICIARY WORKSHEET

DECEDENT'S SPOUSE:

ADDRESS:

CITY/STATE/ZIP:

EMAIL:

PHONE:

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

DATE OF MARRIAGE:

UNITED STATES CITIZEN

DECEDENT'S CHILDREN:

NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE:

EMAIL:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

UNITED STATES CITIZEN

NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE:

EMAIL:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

UNITED STATES CITIZEN

NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE:

EMAIL:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

UNITED STATES CITIZEN

NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE:

EMAIL:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

UNITED STATES CITIZEN

CREDITOR WORKSHEET

PLEASE PRINT ALL POSSIBLE CREDITORS OF THE DECEASED.

CREDITOR NAME:

MAILING ADDRESS

ACCOUNT NUMBER:

BALANCE:

CREDITOR NAME:

MAILING ADDRESS

ACCOUNT NUMBER:

BALANCE:

CREDITOR NAME:

MAILING ADDRESS

ACCOUNT NUMBER:

BALANCE:

CREDITOR NAME:

MAILING ADDRESS

ACCOUNT NUMBER:

BALANCE:

CREDITOR NAME:

MAILING ADDRESS

ACCOUNT NUMBER:

BALANCE:

CREDITOR NAME:

MAILING ADDRESS

ACCOUNT NUMBER:

BALANCE:

CREDITOR NAME:

MAILING ADDRESS

ACCOUNT NUMBER:

BALANCE:

UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

DATED THIS _____ DAY OF _____, 20__.

PRINT NAME: _____