YOUR PERSONAL LAWYER
Jonathan Dixon, Attorney at Law

CLIENT INFO SHEET: PROBATE

This is a questionnaire designed to get information for the decedent's probate estate.

If you do not know any of the information requested, we can work with you to gather the information when necessary.

Please understand that any information you provide is *strictly confidential*, and will not be shared with anyone without your permission (this includes your spouse or any members of your family). Your privacy and security is paramount, and, while you can certainly share your information with whomever you choose, we will not share your information with anyone without your permission and instructions to do so.

If any of the requested information does not apply to you or is not relevant, please simply disregard it.

ABOUT YOU:

Your first name:

Middle name:

Last name:

Maiden name:

Check any that apply: ☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V

Address:

Telephone numbers:
Home: Work: Cell:

Email address:

ABOUT THE DECEDENT:

Decedent's first name:

Middle name:

Last name:

Maiden name:

Check any that apply: ☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V

Address:

Date of Birth:

Place of birth:

Social security number:

Was the decedent an armed services veteran?

If the answer is "yes," in what branch did they serve?

Was the decedent married?

Date of marriage:

Did the decedent have a will?

If so, who is named as the executor?

Did the decent have a trust?

What funeral arrangements are being made/have been made for the decedent?

About the Decedent's Children:

First, middle, and last names of each of the decedent's children, including "Jr.", "II", "III", "IV", etc. where it may apply. List the names of any deceased children, indicating "deceased."

Child's Name	Date of Birth	Social Security Number

About the Decedent's Grandchildren:

First, middle, and last names of each of the decedent's grandchildren, including "Jr.", "II", "III", "IV", etc. where it may apply. List the names of any deceased grandchildren, indicating "deceased."

Child's Name	Date of Birth	Social Security Number

DECEDENT'S ASSETS:

REAL ESTATE

FIRST PROPERTY:

Property address:

Who, besides the decedent, is on title to the property?

If decedent is not the only owner of the property (i.e., someone else – or other people – are on title to the property), how is the property owned? (e.g., "joint tenancy" or "tenancy in common" etc.)

Value of the property: $

SECOND PROPERTY:

Property address:

Who, besides decedent, is on title to the property?

If decedent is not the only owner of the property (i.e., someone else – or other people – are on title to the property), how is the property owned? (e.g., "joint tenancy" or "tenancy in common" etc.)

Value of the property:

If there are additional properties, please so indicate and provide information on the back of this sheet.

BANK ACCOUNTS

FIRST BANK ACCOUNT:

Type of account (e.g., "savings" or "checking"):

Name of bank/institution:

Address:

Balance of the account: $

Name each person on the account:

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SECOND BANK ACCOUNT:

Type of account (e.g., “savings” or “checking”):

Name of bank/institution:

Address:

Balance of the account: $

Name each person on the account:

If there are additional accounts, please so indicate and provide information on the back of this sheet.

Automobiles/Vehicles

FIRST AUTOMOBILE/VEHICLE:

Make and model of vehicle:

Value of vehicle:

SECOND AUTOMOBILE/VEHICLE:

Make and model of vehicle:

Value of vehicle:

If there are additional vehicles, please so indicate and provide information on the back of this sheet.

Certificates of Deposit (CDs)

FIRST CD:

Amount: $

Name each person on the account:

SECOND CD:

Amount: $

Name each person on the account:

If there are additional CDs, please so indicate and provide information on the back of this sheet.

Money Market Funds

FIRST MONEY MARKET:

Name of bank/institution:

Address:

Balance of the account: $

Name each person on the account:

SECOND MONEY MARKET:

Name of bank/institution:

Address:

Balance of the account: $

Name each person on the account:

If there are additional accounts, please so indicate and provide information on the back of this sheet.

Brokerage House Accounts

FIRST ACCOUNT:

Name of broker:

Address:

Value of account:

SECOND ACCOUNT:

Name of broker:

Address:

Value of account:

If there are additional accounts, please so indicate and provide information on the back of this sheet.

STOCKS

FIRST STOCK:

Name of stock:

Number of shares:

If the decedent is not the sole owner, name(s) of other title holder(s):

Value:

SECOND STOCK:

Name of stock:

Number of shares:

If the decedent is not the sole owner, name(s) of other title holder(s):

Value:

If there are additional stocks, please so indicate and provide information on the back of this sheet.

GOVERNMENT SAVINGS BONDS (SERIES E, H, EE, HH), TAX-FEE BONDS AND OTHER BONDS

FIRST BOND:

Name:

If the decedent is not the sole owner, name(s) of other title holder(s):

Value:

SECOND BOND:

Name:

If the decedent is not the sole owner, name(s) of other title holder(s):

Value:

If there are additional bonds, please so indicate and provide information on the back of this sheet.

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MUTUAL FUNDS

FIRST MUTUAL FUND:

Name of fund:

Number of shares:

If the decedent is not the sole owner, name(s) of other title holder(s):

Value: $

SECOND MUTUAL FUND:

Name of fund:

Number of shares:

If the decedent is not the sole owner, name(s) of other title holder(s):

Value: $

If there are additional accounts, please so indicate and provide information on the back of this sheet.

INDIVIDUAL RETIREMENT ACCOUNTS (IRAS)

FIRST IRA:

Institution:

Beneficiary:

Value: $

SECOND IRA:

Institution:

Beneficiary:

Value: $

If there are additional accounts, please so indicate and provide information on the back of this sheet.

PENSION AND PROFIT SHARING PLAN

Please describe (and attach a copy of the most recent statement of account):

KEOGH PLAN

Briefly describe plan:

Estimated retiree and survivor benefits:

Who is the trustee?

Name, address, and telephone number of the institution:

Person to contact:

401(K)

Briefly describe plan:

Beneficiary:

QUALIFIED OR NON-QUALIFIED EMPLOYER PLANS

How much do you expect to receive at retirement under the plan?

Are there any survivor benefits?

If so, what percentage will go to the survivor and for how long?

Who is beneficiary?

DEFERRED COMPENSATION

Description:

Beneficiary:

Value:

ANNUITIES

Description:

Value: $

LIFE INSURANCE

FIRST POLICY:

Name of insured:

Insurance company:

Type of policy:

Owner:

Amount of death benefit:

Cash value:

Beneficiary of policy:

SECOND POLICY:

Name of insured:

Insurance company:

Type of policy:

Owner:

Amount of death benefit:

Cash value:

Beneficiary of policy:

If there are additional policies, please so indicate and provide information on the back of this sheet.

INTEREST IN BUSINESS, PARTNERSHIP OR SOLE PROPRIETORSHIP

Please describe and provide as much information as possible with regard to decedent's interest in business, partnership, or sole proprietorship:

PERSONAL, MISCELLANEOUS, OR OTHER ASSETS

Please describe, and give approximate value of each item:

If there are additional items, please so indicate and provide information on the back of this sheet.

Who prepares decedent's income tax returns?

DECEDENT'S FINANCIAL OBLIGATIONS

MORTGAGE

Creditor:

Outstanding balance as of 20____:

SECOND MORTGAGE

Creditor:

Outstanding balance as of 20____:

If there are additional mortgages, please so indicate and provide information on a separate sheet of paper.

HOME EQUITY LOAN

Creditor:

Outstanding balance as of 20____:

If there are additional loans, please so indicate and provide information on a separate sheet of paper.

AUTO LOAN

Creditor:

Outstanding balance as of 20____:

SECOND AUTO LOAN

Creditor:

Outstanding balance as of 20____:

If there are additional loans, please so indicate and provide information on a separate sheet of paper.

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PERSONAL LOAN

Creditor:

Outstanding balance as of 20____:

SECOND PERSONAL LOAN

Creditor:

Outstanding balance as of 20____:

If there are additional loans, please so indicate and provide information on a separate sheet of paper.

STUDENT LOAN

Creditor:

Outstanding balance as of 20____:

SECOND STUDENT LOAN

Creditor:

Outstanding balance as of 20____:

If there are additional loans, please so indicate and provide information on a separate sheet of paper.

CREDIT CARD

Creditor:

Outstanding balance as of 20____:

SECOND CREDIT CARD

Creditor:

Outstanding balance as of 20____:

If there are additional accounts, please so indicate and provide information on a separate sheet of paper.

OTHER DEBTS

Creditor:

Outstanding balance as of 20____:

If there are additional creditors, please so indicate and provide information on a separate sheet of paper.

NOTE: if decedent was a co-signer or guarantor to any other person's loan(s), please provide information for those loan(s) as well.

DEBTS OWED TO DECEDENT

(If anyone owes the decedent money, please provide the details below.)

Borrower's name:

Address:

Telephone number:

Amount of money owed to the decedent:

Date money loaned:

Interest rate (if any):

Collateral (if any):

Location of any writing memorializing the loan:

Repayment schedule:

If there are additional debts owed, please so indicate and provide information on a separate sheet of paper.

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PROFESSIONAL RELATIONSHIPS

ACCOUNTANT:

Address:

Telephone number:

LIFE INSURANCE REPRESENTATIVE:

Address:

Telephone number:

FINANCIAL PLANNER:

Address:

Telephone number:

STOCKBROKER:

Address:

Telephone number:

BENEFITS COORDINATOR AT WORK:

Address:

Telephone number:

OTHER:

Address:

Telephone number:

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