

Probate Worksheet

Probate Information:

Information re petitioner:

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone Number: home: (____) _____

Telephone Number: work: (____) _____

Social Security Number _____

Interest in Estate: _____

I.e. spouse, child, heir, nominated in will, etc.

Information re decedent:

Name _____

Address: _____

City _____ State _____ Zip Code _____

County _____, Date established residency _____

Social Security Number _____

Date of birth _____ Date of Death _____

Age at date of death: _____

Information re family and beneficiaries:

Name of Spouse: _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security Number: _____

Names of Children of decedent and Surviving Spouse:

1. Name _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security Number: _____

Age: _____ Relationship to Decedent _____

Name _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security Number: _____

Age: _____ Relationship to Decedent _____

Name _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security Number: _____

Age: _____ Relationship to Decedent _____

4. Name _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security Number: _____

Age: _____ Relationship to Decedent _____

5. Name _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security Number: _____

Age: _____ Relationship to Decedent _____

6. Name _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security Number: _____

Age: _____ Relationship to Decedent _____

Names of Children of decedent but NOT of surviving Spouse:

1. Name _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security Number: _____

Age: _____ Relationship to Decedent _____

Name _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security Number: _____

Age: _____ Relationship to Decedent _____

3. Name _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security Number: _____

Age: _____ Relationship to Decedent _____

4. Name _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security Number: _____

Age: _____ Relationship to Decedent _____

5. Name _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security Number: _____

Age: _____ Relationship to Decedent _____

6. Name _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security Number: _____

Age: _____ Relationship to Decedent _____

Names of OTHER HEIRS or DEVISEES

1. Name _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security Number: _____

Age: _____ Relationship to Decedent _____

Name _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security Number: _____

Age: _____ Relationship to Decedent _____

3. Name _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security Number: _____

Age: _____ Relationship to Decedent _____

4. Name _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security Number: _____

Age: _____ Relationship to Decedent _____

5. Name _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security Number: _____

Age: _____ Relationship to Decedent _____

6. Name _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security Number: _____

Age: _____ Relationship to Decedent _____

Persons who have made demand for Notice

1. Name _____

Account Number if applicable _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security Number: _____

Age: _____ Relationship to Decedent _____

Name _____

Account Number if applicable _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security Number: _____

Age: _____ Relationship to Decedent _____

4. Information re Will: Is there a will? Yes _____ No _____ Unknown _____

If there is a will, please provide the original will or if unavailable, location of will.

5. Information on Personal Representative

Name _____ Address: _____

City: _____ State _____ Zip Code _____ Social Security Number:

Age: _____ Relationship to Decedent _____

6. Information re Bond:

Is bond waived in will or some other manner? Yes ___ No _____

If waived, please provide document waiving bond.

Tax Return Information:

Accountant's name: _____ Telephone Number (____)

Address: _____

City _____ State _____ Zip Code _____

Life Insurance Information:

Was there any insurance on decedent's life that is not included in the tax return as part of the gross estate? Yes ___ No ____; If yes, please explain:

Did decedent own any insurance on the life of another that is not included in the gross estate? Yes ___ No ____; If yes, please explain:

Asset Information

Real Estate:

Property No. 1 Street Address:

City _____ County _____ State _____

Value: \$ _____

Mortgage Holder _____ Account Number _____

Principal Amount owed _____

Street Address: _____

City _____ County _____ State _____

Property No. 2 Street Address:

City _____ County _____ State _____

Value: \$ _____

Mortgage Holder _____ Account Number _____

Principal Amount owed _____

Street Address: _____

City _____ County _____ State _____

Property No. 3 Street Address:

City _____ County _____ State _____

Value: \$ _____

Mortgage Holder _____ Account Number _____

Principal Amount owed _____

Street Address: _____

City _____ County _____ State _____

Property No. 4 Street Address:

City _____ County _____ State _____

Value: \$ _____

Mortgage Holder _____ Account Number _____

Principal Amount owed _____

Street Address: _____

City _____ County _____ State _____

Stocks and Bonds

Name of Stock Number of Shares Value per share Total Value

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Mortgages, Notes owed to the decedent at time of death:

Name of debtor Address Date of Mortgage of Note Value of Asset

1. _____

2. _____

3. _____
4. _____
5. _____
6. _____

Cash Assets, including bank accounts

Name of Bank Address Account Type Account Number Value at time of death

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Safe Deposit Boxes:

Did decedent, at the time of death, have or have access to a safe deposit box? _____. If, yes, provide the location and the content of each box

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Insurance on Decedent's Life:

Name of Insurance Company Address Policy Number Beneficiary

1. _____

2. _____

Motor Vehicles:

Vehicle No. 1

Make: _____ Model _____ Year _____

Mileage _____ Condition: _____

Lien of vehicles: Name of Creditor _____ Account Number

Address: _____ City _____ State _____ Zip Code _____

Principal Amount owed \$ _____

Vehicle No. 2

Make: _____ Model _____ Year _____

Mileage _____ Condition: _____

Lien of vehicles: Name of Creditor _____ Account Number

Address: _____ City _____ State _____ Zip Code _____

Principal Amount owed \$ _____

Vehicle No. 3

Make: _____ Model _____ Year _____

Mileage _____ Condition: _____

Lien of vehicles: Name of Creditor _____ Account Number

Address: _____ City _____ State ____ Zip Code _____

Principal Amount owed \$ _____

Vehicle No. 4

Make: _____ Model _____ Year _____

Mileage _____ Condition: _____

Lien of vehicles: Name of Creditor _____ Account Number

Address: _____ City _____ State ____ Zip Code _____

Principal Amount owed \$ _____

Clothing, Jewelry and other Personal Effects

Item Value Location

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Other Miscellaneous Property (Artistic/collectible items, furniture, bonus/award, etc.)

Item Value Location

- 1. _____
- 2. _____
- 3. _____
- 4. _____

5. _____

6. _____

Debts of decedent, including mortgages and liens:

Description Name of Creditor Address Account Number Amount owed

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____