



PROBATE INFORMATION

Date: _____

Name of Decedent: _____

Residence: _____

Date of Death: _____ State of Domicile at Death: _____

Social Security Number of Decedent: _____

Year in which domicile established: _____

Place of Death: _____ Cause of Death: _____

Length of Last Illness: _____

Employer Identification Number, if any: _____

Decedent's physicians: _____

If Decedent was confined in a hospital during his/her last illness or within three years prior to death, give name and address of hospital: _____

Date of Birth: _____ Place of Birth: _____

Business or Occupation: _____

If retired, state former business or occupation: _____

Business address: _____

Will: Yes No If yes, date of Will: _____

Codicils: Yes No If yes, date of Codicils: _____

Statement or List disposing of tangible personal property: Yes No
If yes, date: _____

Draftsman of Will: _____

Address of draftsman: _____

In possession of: _____

Names and addresses of witnesses (if no self-proving affidavit):

Petition to be signed by: _____

Relation to Decedent: _____

Address: _____

Executor or Administrator: _____ Telephone: _____

Address: _____

Heirs, Legatees and Devisees:

Name	Relation	Age	Address	Soc. Sec. No.

ATTACH ADDITIONAL LIST AS NECESSARY

Date of marriage to surviving spouse: _____

Domicile at marriage: _____

Date of birth of surviving spouse: _____

If spouse is deceased, indicate date of death: _____

If decedent adopted a child, indicate name, date and place of adoption: _____

If decedent was divorced, indicate name of former spouse, date and place of decree (obtain certified copy of decree): _____

Name of Accountant: _____ Telephone: _____

Address: _____

Safe Deposit Box: Yes No

Name of Bank or safe deposit company: _____

Address: _____

Names of Authorized Persons: _____

Who has keys?: _____

Transfers:

(a) Transfer of \$10,000 or more within one year preceding date of death:

Date	Person to Whom Transferred	Nature of Transfer	Value

(b) Was gift tax return filed? Yes No If so, when? _____

(c) Any transfers or trusts which take effect in possession or enjoyment at or after the death of decedent:

_____ Value: _____

_____ Value: _____

(d) General Powers of Appointment:

_____ Value: _____

_____ Value: _____

Amount of Bond of Executor or Administrator, if required: \$ _____
(125% of estimated personal property plus probable annual income from real estate)

Debts of Decedent:

Creditor	Nature of Debt	Amount	Security

ATTACH ADDITIONAL LIST AS NECESSARY

Assets of Decedent:

Real Estate: _____

Cash: _____

Checking Account: _____

Savings Account: _____

Certificates of Deposit: _____

Annuities: _____

Stock or Bonds: _____

If held by Stockbroker, etc.:

<u>Name of Account</u>	<u>Type of Securities</u>	<u>Account #</u>	<u>Broker's Name</u>	<u>Firm</u>	<u>Phone #</u>
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Life Insurance: _____

Vehicles: _____

Retirement Plans: _____

Estimated value of personal property: \$ _____

Any other assets: _____

Where to file (county): _____

Filing fee: _____