

**PROBATE WORKSHEET**

**A) Client Information:**

- 1) Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_
- 2) Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_
- 3) What is your relationship to Decedent? \_\_\_\_\_

**B) Decedent Information:**

- 4) Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_
- 5) Address (at time of death): \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 6) Marital Status (at time of death): Single Married Divorced Widowed
- 7) Full Name of Decedent's Spouse (at time of death): \_\_\_\_\_
- 8) Date Married: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Divorced/Deceased: \_\_\_\_/\_\_\_\_/\_\_\_\_

**C) Additional Spousal Information:**

- 9) Full Name of FIRST Spouse of Decedent: \_\_\_\_\_
- 10) Date Married: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Divorced/Deceased: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 11) Full Name of SECOND Spouse of Decedent: \_\_\_\_\_
- 12) Date Married: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Divorced/Deceased: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PROBATE WORKSHEET**

**Next of Kin (Parents, Children, Siblings):**

Name/Address

Social Security Number

1) Name: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

3) Name: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

4) Name: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

5) Name: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

**PROBATE WORKSHEET**

List of Assets

**D) Real Estate - Home**

We will need a list of ALL real property owned by decedent. A property description for each property should be attached; however, most can be obtained from courthouse records.

<i>Primary Property Address</i>	<i>Approximate Value</i>

**E) Real Estate – Other**

<i>Property Description</i>	<i>Approximate Value</i>
1. _____ _____	
2. _____ _____	
3. _____ _____	
4. _____ _____	

**PROBATE WORKSHEET**

**G) Stocks & Bonds**

List or have your Financial Planner send a comprehensive list, with values at date of decedent’s death.

*Note 1: Stocks include number of shares owned, CUSIP #, exact name of owner, and value*

*Note 2: Bonds include type of bond, series #, maturity date, CUSIP #*

**H) Mortgages, Notes, Cash**

Include any mortgages or notes to the decedent at date of death.

Include cash on hand. For bank accounts include bank, account #, names on account, balances at date of death.

**I) Insurance**

List all insurance policies on the decedent’s own life owned by decedent or included in his gross estate for federal tax purposes. It would also include policies owned by decedent on the lives of others.

Description		Value at Death	Community (C) or Separate (S)
1)			
2)			
3)			
4)			

**PROBATE WORKSHEET**

**J) Other Assets**

1) Did decedent have any interest in business? \_\_\_\_\_  
(If any cross-purchase or stock redemption agreements exist, please attach copies.)

2) Did decedent own any Patents, Trademarks, Copyrights, or Royalties? \_\_\_\_\_  
(If yes, please give details.)

3) Did decedent have any interests in Trusts? \_\_\_\_\_  
Was decedent the beneficiary of any Trusts? \_\_\_\_\_

4) Value of tangible personal property \$ \_\_\_\_\_

5) Value of household furniture,  
furnishings and contents \$ \_\_\_\_\_

6) Value of personal effects (jewelry, furs, etc.) \$ \_\_\_\_\_

7) List all vehicles and attach copies of titles:  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

8) Final Salary \$ \_\_\_\_\_

K) Did decedent make any transfer of property within three (3) years of death? \_\_\_\_\_  
Did decedent give any monetary gifts within three (3) years of death? \_\_\_\_\_  
(If yes to the above, please provide a list of gifts made, amounts, donee and dates)

L) Annuities (Employee Benefits/Retirement Plans) - List the company that handles the plan(s), the owner, and the beneficiary(ies) of each.

**PROBATE WORKSHEET**

List of Liabilities

M) Complete the following expenses associated with funeral expenses:

1) Funeral Home and Address:

\_\_\_\_\_

\_\_\_\_\_

Cost: \$ \_\_\_\_\_

2) Flower expense, if any. \$ \_\_\_\_\_

3) Funeral service expense \$ \_\_\_\_\_

4) Medical expenses:

Doctor #1 \_\_\_\_\_ \$ \_\_\_\_\_

Doctor #2 \_\_\_\_\_ \$ \_\_\_\_\_

Doctor #3 \_\_\_\_\_ \$ \_\_\_\_\_

Hospital \_\_\_\_\_ \$ \_\_\_\_\_

Nursing Care \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**N) Debts, Mortgages & Liens**

Mortgages (List bank and amount owed at date of death):

*Bank*

*Property*

*Balance Due*

<i>Bank</i>	<i>Property</i>	<i>Balance Due</i>

**PROBATE WORKSHEET**

Notes:

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Credit Cards (*List company, account number and amount owed at date of death*):

<i>Company</i>	<i>Account Number</i>	<i>Balance Due</i>

**A. MOVABLE PROPERTY**

1. Type Account: Checking, Savings, Certificate of Deposit

Name of Bank:

Account No.

Owner of Account:

B. Type Account: Checking, Savings, Certificate of Deposit

Name of Bank:

Account No.

Owner of Account:

Valued at date of death:

C. Personal Property (Example: Car):

Number on Registration:

Valued at date of death:

D. All personal effects,  
 furnishings and appliances  
 located at *address of decedent*