

Client Intake Form
PROBATE

Thank you for contacting our firm. How did you hear about us?

Today's Date: _____

PERSONAL REPRESENTATIVE INFORMATION

Full Name: _____

Address: _____

Telephone (Home) _____ Work: _____

Email: _____ Best Way to Contact: _____

SSN: _____ Devisee/Heir? __Yes __No

P R relationship to decedent _____

Accountant information _____

Questions	Y	N	Additional Information
Are There Specific Bequests?			
Is There a Testamentary Trust?			
Will the PR take Fee?			
Is bond waived?			
Are there heirs not listed in Will?			

DECEDENT INFORMATION

Full Name: _____

Date of Death: _____ SSN: _____

Address: _____

HEIRS & DEVISEES

Name: _____ Relationship: _____

Percentage Distribution: _____ Heir ___ Devisee ___

Address: _____

Social Security Number: _____

Name: _____ Relationship: _____
Percentage Distribution: _____ Heir ___ Devisee _____

Address:

Social Security Number:

Name: _____ Relationship: _____
Percentage Distribution: _____ Heir ___ Devisee _____

Address:

Social Security Number:

Name: _____ Relationship: _____
Percentage Distribution: _____ Heir ___ Devisee _____

Address:

Social Security Number:

Name: _____ Relationship: _____
Percentage Distribution: _____ Heir ___ Devisee _____

Address:

Social Security Number:

DOCUMENTS

Documents from Client	Received Y/N	Additional Information
Death Certificate		
Original Will		
Authorization for Information		
Blank SS-4		
Bank Account Form		
Fee Agreement		

TOPICS TO COVER

Probate Structure:	PR Duties:	Taxes:
1) Letters Received	1) Fiduciary	1) Individual Return
2) Info to Heirs/Publication	2) No commingling	2) Fiduciary Return
3) Inventory	3) Find and preserve Assets	3) Estate Tax Return
4) Affidavit of Compliance	4) Search for Creditors	4) Capital Gains
5) Final Account	5) Account to Beneficiaries	
6) Distribution & Discharge	6) Timely Administration	

ASSETS (Indicate if Non-probate)

Real Property

Street Address	City, State	Mortgage?	Estimated Value

Bank Accounts

Bank/Credit Union	Type of Account	Account #	Estimated Value

Investment Accounts

Financial Company	Type of Account	Account #	Estimated Value

Stocks

Company	Account #	No. of Shares	Estimated Value

Retirement

Financial Company	Type	Account #	Estimated Value

Life Insurance

Financial Company	Type	Account #	Estimated Value

Vehicles

Year/Make/Model	VIN	Estimated Value

Personal Property

Description	Special Bequest	Estimated Value

Other Assets

Description	Notes	Estimated Value

DEBTS/CLAIMS

Real Property

Mortgage Company	Address	City, State	Estimated Debt

Consumer Debt

Company	Type of Account	Account #	Estimated Debt

Preferred Claims (medical of last illness, taxes, cost of administration, funeral)

Creditor	Type of Service	Account #	Estimated Debt

General Claims

Company	Type of Service	Account #	Estimated Debt