



Probate Information Form

Thank you for contacting us. We know this may be a difficult time for you. The information requested on this form is very personal, however it necessary for the attorney to best advise you. Your accuracy and completeness will help us expedite the probate process. Please return this completed form prior to your initial consultation.

Date: _____

Decedent Information

Full Legal Name: _____		DOB: _____	
AKA: _____		DOD: _____	
Last 3 digits SSN: _____		Last 3 digits Driver's License: _____	
Street Address: _____		Male	Female
City: _____	State: _____	Zip: _____	
County: _____		Place of Death: _____	
Address at Time of Death: _____			
City: _____		State: _____	Zip: _____
Marital Status: Married Single Divorced			
Name of Surviving Spouse: _____		DOB: _____	
Marital History: _____			

Executor/Client Information

Full Legal Name: _____		DOB: _____	
AKA: _____		Male	Female
Last 3 digits SSN: _____		Last 3 digits Driver's License: _____	
Street Address: _____		Relationship: _____	
City: _____	State: _____	Zip: _____	
County: _____			
Phone Number: _____			
Email: _____			

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Probate Information Form

Additional Parties (C=Child, B=Beneficiary, W=Witness)				
C	B	W	Full Legal Name:	DOB:
Street Address:				Male Female
City:		State:		Zip:
Phone:			Relationship:	
Email:			Marital Status:	
If child, name of other parent:			Years known:	
C	B	W	Full Legal Name:	DOB:
Street Address:				Male Female
City:		State:		Zip:
Phone:			Relationship:	
Email:			Marital Status:	
If child, name of other parent:			Years known:	
C	B	W	Full Legal Name:	DOB:
Street Address:				Male Female
City:		State:		Zip:
Phone:			Relationship:	
Email:			Marital Status:	
If child, name of other parent:			Years known:	
C	B	W	Full Legal Name:	DOB:
Street Address:				Male Female
City:		State:		Zip:
Phone:			Relationship:	
Email:			Marital Status:	
If child, name of other parent:			Years known:	

Inventory			
Asset	Location/Description	Ownership	Value

Documentation Checklist			
	Original Will		Oil, Gas, Mineral, Surface Rights and Income
	Original Death Certificate		Vehicle Titles
	Driver's License (deceased)		Life Insurance Policies
	Social Security Number (deceased)		Marriage License(s)
	Driver's License (applicant)		Divorce Decree(s)
	Social Security Number (applicant)		Death Certificate of deceased spouse
	Financial account with no beneficiary		Death Certificate of deceased children
	Property Deeds		Obituary or Funeral Program
	Other:		Other:

Additional Notes:

Signature:
