

PROBATE INFORMATION INTAKE SHEET

DECEDENT _____ Date of Death _____, 20__

INITIAL WORKSHEETS - FIRST MEETING

PR - EXECUTOR CHECKLIST ___ Yes, I received this checklist.

ENGAGEMENT AGREEMENT - must be reviewed and signed.

AZ SUPREME COURT - ONLINE TRAINING PROGRAM - required participation and program completion prior to appointment - must watch online program and execute a Certificate of Authenticity to be filed with Court prior to appt. website - azcourts.gov/probate/training.aspx

Inventory - Decedent's Assets & Debts Person preparing? _____

Expense and Mileage Worksheet Use this as you diary of all activities.

==== Date & Time of Next Appointment _____, 20__ at _____ .m.

Funeral Home Name of Funeral Home _____

Personal Contact _____ Phone No. _____-____-_____

Death Certificates ___ # to Order- Person receiving _____

Decedent - Additional Information

If you have or will get a death certificate - most of the following information will be on that form - if not please fill in below

Full legal name (dc1) _____

Other names known by _____

If female, maiden name _____

Address of decedent (adap1) _____

County of decedent's residence (ctyr) - _____

State of residence at time of death (statr1) - _____

Date of decedent's death (dod#1) _____, 20__

Decedent's date of birth (dob1) _____, 19__

Decedent's social security number (ssn1) _____ - _____ - _____

Decedent's marital status ___ Unmarried ___ Married ___ Separated

Name of decedent's spouse (s1) _____

If spouse is deceased, date of spouse's death (sdde1) _____

THIS INFORMATION IS NOT ON DEATH CERTIFICATE

Information - Decedent's Children (cnames):

___ Number of Children ___ # deceased ___ Any missing - no address

Child's Name Address Phone # and Birth Date

_____ _____ Ph#: () _____

_____ _____ Born: _____-____-_____

<u>Child's Name</u>	<u>Address</u>	<u>Phone # and Birth Date</u>
_____	_____	Ph#: () _____
_____	_____	Born: ____-____-____
_____	_____	Ph#: () _____
_____	_____	Born: ____-____-____
_____	_____	Ph#: () _____
_____	_____	Born: ____-____-____
_____	_____	Ph#: () _____
_____	_____	Born: ____-____-____

<u>Other Beneficiaries</u>	<u>Address</u>	<u>Phone # and Birth Date</u>
_____	_____	Ph#: () _____
_____	_____	Born: ____-____-____
_____	_____	_____ Adult or Minor _____ Relationship to Decedent
_____	_____	Ph#: () _____
_____	_____	Born: ____-____-____
_____	_____	_____ Adult or Minor _____ Relationship to Decedent
_____	_____	Ph#: () _____
_____	_____	Born: ____-____-____

_____ See Additional sheets

PERSONAL REPRESENTATIVE INFORMATION

Name(s) of personal representative(s), as shown on original will (pr1)

- _____ relationship _____

- Co _____ relationship _____

If PR1 not a child or beneficiary, then provide address and phone no.-

PR 1 _____ - () _____ - _____

soc sec # of pr1 ____-____-____

county of resident if not maricopa (cty1) - _____

Name of pr1's spouse if deed of distribution to pr1 as sole and separate or as joint tenants or to lvt _____ prsp1

PR 1 - home phone no. (prph#) - () _____ - _____

PR 1 - cell phone no. (prpc#) - () _____ - _____

PR 1 - work phone no. (prpw#) - () _____ - _____

PR 1 - email no. (preml#) _____@_____._____

PR 1 - fax no. (prpf#) - () _____ - _____

PR 1 - soc sec no. (prsn1) ____ - ____ - _____

PR 1 - date of birth (prdob2) ____ - ____ - _____

If PR2 not a child or beneficiary, then provide address and phone no. -
 PR 2 _____ - (____) _____ - _____
 PR 2 - home phone no. (prph2#) - (____) _____ - _____
 PR 2 - cell phone no. (prpc2#) - (____) _____ - _____
 PR 2 - work phone no. (prpw2#) - (____) _____ - _____
 PR 2 - email no. (prem2#) _____@_____._____
 PR 2 - fax no. (prpf2#) - (____) _____ - _____
 PR 2 - soc sec no. (prsn2) _____ - _____ - _____
 PR 2 - date of birth (prdob3) _____ - _____ - _____
 PR 2 - county of resident if not maricopa (cty3) - _____

ESTATE INSTRUMENTS

Did Decedent have a **Living Trust** ? ___ Yes ___ No If so, can you produce the original and deliver to this office ? ___ Yes - If so, when can it be delivered ? _____, 20____

- ___ No, I know there is an original, the person named below has it.

Name _____ Phone No. ____-____-_____

Address _____

- ___ No, I know there is an original, not sure where it is or who has it.

Name of Successor Trustee _____

Did this office prepare this Living Trust ? ___ Yes ___ No If no, do you know who prepared it ? _____

- ___ No, I know there is an original, but not sure where it is.

Was there a **Last Will** ? ___ Yes ___ No Date: _____, 20____

Did this office prepare Last Will ? ___ Yes ___ No If no, do you know who prepared it ? _____

Can you produce the original and deliver to this office ? ___ Yes - when can it be delivered ? _____, 20____

- ___ No, I know there is an original, but someone else has it.

Name _____ Phone No. ____-____-_____

Address _____

- ___ No, I know there is an original, not sure where it is or who has it.

Exact Name on will (dc1) - _____

Date of Last Will (dsw1) - _____, _____

Location Where Last Will was executed - _____

Did Decedent prepare and leave a **Hand Written List to Distribute Tangible Personal Property Items** ? ___ Yes ___ No If so, can you produce the original and deliver to this office ? When can it be delivered? _____, 20____

- ___ No, I know there is an original. Contact Person named below:

Name _____ Phone ____-____-_____ -Address _____

- No, I know there is an original, not sure where it is or who has it.
Did the Decedent own a **Residence** ? Yes No If yes, indicate
counties ? _____

Did the Decedent own **Other Real Estate** ? Yes No If yes, number
and indicate state/counties ? _____

Real Estate Taxes must be paid. Do you need assistance with this
process ? Yes No Not certain

Insurance Premiums home, vehicles, etc. must be paid. Do you need
assistance with this process ? Yes No Not certain

At the time of Decedent's death, was there someone helping them with
their **Finances**, such as a Financial Power of Attorney, Joint Check
Signer or ? Yes No If yes, identify person and their
relationship to Decedent - _____

Who has access to Decedent's **Personal Records** - _____
If not PR or a child, then provide address and phone no. - _____

TAXES Estate Tax Income Tax Returns

Did the Decedent file **Income Tax Returns** ? Yes No

- Federal; Arizona; Other State(s) _____, _____

If so, can you produce the original and deliver to this office ?

- Yes - when can it be delivered ? _____, 20_____

- No, but I know there is an original,

but someone else has it. Name: _____

I am not sure where it is.

Who prepared the Decedent's income tax returns ? DRT PC

Name _____ Firm _____

Address _____

Phone No. (_____) _____ - _____ Fax No. (_____) _____ - _____

Was the Decedent filing **Quarterly Estimated Income Tax Payments** ?

Yes No Not certain - Fed only Fed and

State(s) _____, _____ - Do you need assistance with this

process ? Yes No Not certain

Did someone obtain a **Federal ID No.** for the Decedent's estate ?

Yes No - If so, what is the EIN (ein#1) _____

If not, will we need to obtain ? Yes No Not certain

Do you want our office to obtain the EIN ? Yes No

OTHER USEFUL INFORMATION - _____