



THREEHOUSE LAW FIRM, P.C.

Estate Intake – Probate or Estate Administration

Documents required for Probate or Estate Administration:

- Original Last Will and Testament (if applicable)
- Trust Agreement (if applicable)
- Certified Death Certificates
- Names, addresses, relationship (if any) and social security numbers of all beneficiaries
- List of known assets, including: bank statements, brokerage statements, stocks/bonds, cash on hand, personal property
- List of known liabilities, including: funeral home bill, utilities, insurances, medical bills, etc.
- Any life insurance policies available
- Real property paperwork, if applicable, including abstract of title, deeds, survey, tax bills

Decedent

Name: _____

Address: _____

SSN: _____

Date of Birth: _____

Date of Death: _____

Place of Death: _____

Petitioner (You)

Name: _____

Address: _____

SSN: _____

Relationship to Decedent: _____

Phone Number: _____

Email: _____

Heirs/Next of Kin

A. SPOUSE ___ Yes ___ No

If yes, please list information below:

(If spouse is deceased, please indicate so by writing "deceased" next to his or her name)

Name: _____

Address: _____

Phone Number: _____

Email: _____

SSN: _____

B. CHILDREN ___ Yes ___ No

If yes, please list information below:

(Please list all children, living or deceased, of the decedent. If child is deceased, then please indicate so by writing "deceased" next to his or her name)

1. Name: _____

Address: _____

Phone Number: _____

Email: _____

SSN: _____

2. Name: _____

Address: _____

Phone Number: _____

Email: _____

SSN: _____

3. Name: _____
Address: _____

Phone Number: _____
Email: _____
SSN: _____

4. Name: _____
Address: _____

Phone Number: _____
Email: _____
SSN: _____

C. IF NO SPOUSE AND NO CHILDREN, PLEASE LIST NEXT LIVING RELATIVES BELOW AND PROVIDE THEIR INFORMATION:

1. Name: _____
Relation to Decedent: _____
Address: _____

Phone Number: _____
Email: _____
SSN: _____

2. Name: _____
Relation to Decedent: _____
Address: _____

Phone Number: _____
Email: _____
SSN: _____

3. Name: _____
Relation to Decedent: _____
Address: _____

Phone Number: _____
Email: _____
SSN: _____

4. Name: _____
Relation to Decedent: _____
Address: _____

Phone Number: _____
Email: _____
SSN: _____

5. Name: _____
Relation to Decedent: _____
Address: _____

Phone Number: _____
Email: _____
SSN: _____

Please attach separate sheet if more space is needed.

Name of Any Person or Entity in Will (Not Already Listed)

1. Name: _____
Relation to Decedent: _____
Address: _____

Phone Number: _____
Email: _____

2. Name: _____
Relation to Decedent: _____
Address: _____

Phone Number: _____
Email: _____
Distribution (Residuary) _____

Please attach separate sheet if more space is needed.

Persons Named with Disability (Age or Supplemental Needs)

If any of the individuals listed herein suffer from any disability, receive government benefits as part of a government program (SSI, SSD, Food Stamps, Medicaid, etc.) please list and explain below:

ASSETS

Bank Accounts (Checking, Savings, Money Market, Christmas Club, CDs)

Owner(s)	Bank	Account Type	Account No.	Balance	Beneficiary/TOD

Life Insurance

Company	Policy Type	Policy No.	Death Benefit (\$)	Beneficiaries

Investments (Brokerage, Annuities, Stocks, Bonds)

Owner(s)	Company	Account Type	Account No.	Balance	Beneficiary/TOD

Retirement Accounts (IRA, 401k, 403b, etc.)

Owner(s)	Company	Account Type	Account No.	Balance	Beneficiary/TOD

Business Interests (LLC, Corporation, Partnership, Sole Proprietorship, etc.)

Name of Business	Type of Business	Decedent's % of Ownership	Value of Decedent's Ownership	Operating Agreement or By-Laws?

Receivables, Mortgages, and Notes Held (as lender)

Debtor	Address	Time Remaining	Balance Owed	Payments Current?

Automobiles

Year	Make	Model	Title?	Value	Loan?

Collections, Valuables, Cash on Hand, and Contents of Home

Asset Description	Estimated Value

Real Property

Owner(s)	Address	Tax Map No.	Size/Acreage	Fair Market Value

Other Assets/Information

DEBTS

Funeral Home:

Name of Funeral Home: _____

Total Amount of Funeral Bill: _____

Amount Owed/Unpaid: _____

Utilities

Gas Provider: _____, Amount Due Prior to Death \$ _____

Electric Provider: _____, Amount Due Prior to Death \$ _____

Telephone Provider: _____, Amount Due Prior to Death \$ _____

Fuel Oil Provider: _____, Amount Due Prior to Death \$ _____

Television Provider: _____, Amount Due Prior to Death \$ _____

Internet Provider: _____, Amount Due Prior to Death \$ _____

Note: Essential utilities such as electric and gas/heat source should stay on and running, but other non-essential utilities such as television and internet may be discontinued from payment by decedent

Credit Cards

Owner(s) of Account: _____

Company: _____

Type of Card (Visa, MC, Amex, etc.): _____

Account Number: _____

Balance/Amount Owed: _____

Owner(s) of Account: _____
Company: _____
Type of Card (Visa, MC, Amex, etc.): _____
Account Number: _____
Balance/Amount Owed: _____

Mortgages or Loans Owed

Company/Bank: _____
Type of Loan: _____
Account Number: _____
Balance/Amount Owed: _____
How were payments being made? _____

Company/Bank: _____
Type of Loan: _____
Account Number: _____
Balance/Amount Owed: _____
How were payments being made? _____

Company/Bank: _____
Type of Loan: _____
Account Number: _____
Balance/Amount Owed: _____
How were payments being made? _____

Other Debts

Comments on Family Dynamics

Information regarding family disputes, conflicts, communications issues, relationships, etc.

Anything Else Your Attorney Should Know?
