



**PRIVILEGED & CONFIDENTIAL**

**INITIAL PROBATE INFORMATION**  
**CHECKLIST**

**Meeting Date:** \_\_\_\_\_  
**Referred By:** \_\_\_\_\_

**I. DECEDENT’S INFORMATION**

**A. Full Name (including maiden, if applicable, and any “also known as” names):**

\_\_\_\_\_

**B. Permanent, Primary Address at time of death (including county):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Social Security Number:** \_\_\_\_\_

**D. Date of Birth:** \_\_\_\_\_

**E. Date of Death:** \_\_\_\_\_

**F. Place of Birth:** \_\_\_\_\_

**G. Certified Copy of Death Certificate** \_\_\_\_\_

**H. Did Decedent have a Will? (if yes, need original Will):** \_\_\_\_\_

**I. Were there any Codicils to the Will (if yes, need original Codicils):** \_\_\_\_\_

**J. Do Will (and Codicils, if any) have self-proving affidavits?** \_\_\_\_\_  
(If no self-proving affidavits, will need to obtain interrogatories from witnesses)

**K. Did Decedent ever create any trusts during his/her lifetime (revocable or irrevocable)? (If yes, need originals or copies of trusts and any amendments to trusts.)** List any trusts below, with dates of execution and dates of any amendments:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**L. IF DECEDENT DID NOT HAVE ANY WILL, will a Petition for No Administration Necessary be sought or will Administration be needed?** \_\_\_\_\_

**M. List of all property (real and personal) owned by Decedent at his/her death, including a description of each item and an approximate fair market value for each item.** Include all property owned jointly by Decedent and any other person(s). For jointly owned property, state name(s), addresses and taxpayer identification numbers, and relationship to Decedent for any other owners who survived Decedent, and state whether property was owned a joint tenants with rights of survivorship, tenants in common, as tenants by the entirety, or whether the property was community property. If any item was subject to a beneficiary designation (such as an IRA or 401(k) account or life insurance policy), also state the name, taxpayer identification number (if any) and relationship to Decedent for each named beneficiary. Include any debts owed by another person to the Decedent.

**NOTE: In any probate situation, we will need a list of all property owned by Decedent at his/her death, including a description of each item of property and an approximate fair market value for each item.** However, if a Petition for No Administration Necessary is desired, this list will have to be very detailed, including account numbers and serial or other identification numbers, where applicable, and including copies of deeds for any real estate.

**N. List of All Debts Owed by the Decedent at his/her death (mortgages, car loans, credit cards, utilities, etc.).** State name and address of creditor, type of debt, account number (if any), date debt was first incurred, date debt was scheduled to be paid in full, interest rate charged and amount owed at date of death. If debt is secured (e.g., mortgage, car loan), also describe the item used as security.

**II. FAMILY INFORMATION**

**A. Was Decedent Survived by a Spouse? (If yes, need full name, address, social security number, and date of birth for spouse):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Were any divorce proceedings between the Decedent and the surviving spouse taking place, or were the Decedent and the spouse legally separated? (if yes, please state the status of the matter as of the date of death and provide contact information for the Decedent's divorce attorney and the spouse's divorce attorney)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If Decedent Was Not Survived by a Spouse, Had Decedent Ever Been Married? If yes, was Decedent divorced or widowed at the time of his/her death? \_\_\_\_\_**

**If widowed, need full name, date of birth, date of death and social security number for Decedent's spouse: \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_

**If widowed, has Decedent's spouse's estate been subject to a completed administration in a probate court? \_\_\_\_\_**

**If widowed, was an IRS Form 706, Estate (and Generation-Skipping Transfer) Tax Return, filed for Decedent's spouse? \_\_\_\_\_**

**If yes, we need a copy of the return.**

**C. Did Decedent Have Any Children (whether or not they survived Decedent)? If yes, list Decedent's children, providing full name, address, telephone number, social security number, date of birth, and date of death (if applicable) for each child:**

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**D. If Decedent Had One or More Deceased Children, Did Any Deceased Child Have Any Children Who Survived the Decedent? If yes, list all living children of each deceased child of the Decedent, including name, address, telephone number, social security number, date of birth and parent's name for each such child:**

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- 5. \_\_\_\_\_  
\_\_\_\_\_

**E. If Decedent Had No Spouse and No Living Children, Grandchildren or other Descendants, List The Decedent’s Closest Living Family Members,<sup>1</sup> Providing Full Name, Address, Telephone Number, Social Security Number, Date of Birth, and Relationship to Decedent for Each Person. If Listed Relatives Are Not Siblings, Please Also Name the Ancestor of the Decedent Through Which Each Listed Person is Related to the Decedent:**

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_

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<sup>1</sup> The Decedent’s “closest living family” includes, in this order, parents, siblings, nieces and nephews, great-nieces and great-nephews and other descendants of siblings, first cousins, second cousins, etc.

- 3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. BENEFICIARY INFORMATION**

**A. Are All Beneficiaries Also “Heirs”<sup>2</sup> of the Decedent?** \_\_\_\_\_

**B. If Some Beneficiaries Are Not Also Heirs, List Each Such Beneficiary, Providing Full Name, Address, Contact Person (if Beneficiary is not an individual), Federal Taxpayer Identification Number (Social Security number, for an individual, or employer identification number, for an organization such as a charity), Date of Birth (for individuals), and Telephone Number for Each Beneficiary. For Individuals, Also State the Beneficiary’s Relationship to the Decedent (e.g., friend, grandchild, niece, nephew, cousin):**

- 1. \_\_\_\_\_  
\_\_\_\_\_

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<sup>2</sup> The Decedent’s “heirs” are essentially the Decedent’s closest living family members, as described in footnote 1 above, except that, if a Decedent is survived by a spouse and/or children, the spouse and children will be the Decedent’s closest living family members. Even if a decedent has no children, the decedent’s spouse will be considered a closer family member than the Decedent’s other family members.

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**C. Are Any Adult Heirs or Adult Beneficiaries Not Legally Competent?:**

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**If yes, please list each such heir or beneficiary and state whether a guardian been appointed for such heir or beneficiary. Also, if a guardian has been appointed for any such heir or beneficiary, please provide the name, address and telephone for such guardian:**

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