



**Confidential**

# **Probate Intake Form**

**Dear Client,**

Please accept our condolences for the loss of your loved one. We recognize this is an emotional time and we appreciate you placing your trust in our Firm and allowing our attorneys to assist your family. Since 2002, our attorneys have assisted thousands of families through these difficult times.

Quality probate administration requires a detailed review of your loved one's estate planning documents, as well as family and financial information.

Please complete the attached *Probate Intake Form* as thoroughly as possible. The information you provide allows us to assess your specific needs to properly carry out your loved one's final wishes. Please return the completed form at least two (2) weeks prior to your scheduled meeting.

All information you share with our Firm will remain confidential and is a privileged attorney/client communication. Additional conflicts, privacy and security policies can be found at [evansdavis.com/forms](https://evansdavis.com/forms).

Following our initial meeting, we will provide you a recommended course of action along with an outline of proposed professional fees to complete your plan.

If you have any questions or need help at any time during the administration process, please contact us at (866) 708-2335 or via e-mail at [attorneys@evansdavis.com](mailto:attorneys@evansdavis.com). If for any reason you need to change or cancel your initial appointment or any subsequent appointment, please notify us at least 48 hours ahead of time.

Our Firm takes great pride in building long-standing relationships with each of our clients. Ultimately, our goal is to serve our clients and their families for beyond a lifetime.

All our best,  
Your Attorneys at Evans & Davis



Client Information

Full Name:
Date of Birth: Social Security Number:
Mailing Address:
City: State: Zip: Email:
Home Phone: Work Phone:
Mobile Phone: Fax Phone:
Who referred you to Evans & Davis?

Decedent's Information

Full Name (First/Middle/Last):
Date of Birth: Date of Death:
Social Security Number: Place of Death:
Was the Decedent married at the time of death? (Y/N)

Table with 4 columns: All Spouse's Name(s), Date of Marriage, Date of Divorce, Date of Death. Contains two rows of data.

At the time of death, did the Decedent have a Will? (Y/N)
If yes, please provide the original or a copy of the Decedent's Death Certificate.
If yes, was the Will probated? (Y/N)
Address of Decedent at the Time of Death:



# Decedent's Children

If the Decedent had children, natural or adopted, please list the following information. It is critical that you list all children regardless of the situation or relationship, including any children given up for adoption or for which parental rights have been terminated.

**Living or Deceased Children** (On the "Child of:" line indicate if Child is (J) Joint, (H) Husband's, (W) Wife's, or (P) Partner's Child.)

1) Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Child of: \_\_\_\_\_ Adopted(Y/N): \_\_\_\_\_  
Gender: \_\_\_\_\_ Current Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_  
If deceased, please provide the names of any living children\*:  
\_\_\_\_\_

2) Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Child of: \_\_\_\_\_ Adopted(Y/N): \_\_\_\_\_  
Gender: \_\_\_\_\_ Current Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_  
If deceased, please provide the names of any living children\*:  
\_\_\_\_\_

3) Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Child of: \_\_\_\_\_ Adopted(Y/N): \_\_\_\_\_  
Gender: \_\_\_\_\_ Current Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_  
If deceased, please provide the names of any living children\*:  
\_\_\_\_\_

4) Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Child of: \_\_\_\_\_ Adopted(Y/N): \_\_\_\_\_  
Gender: \_\_\_\_\_ Current Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_  
If deceased, please provide the names of any living children\*:  
\_\_\_\_\_

**\*Including any children given up for adoption or for which parental rights have been terminated.**



## Personal Representative Information

Please provide the following information of the intended Personal Representative if different than client:

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to Decedent: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Beneficiary Information

Please list all individuals and/or charities that are listed to receive under any will. If there are more beneficiaries than will fit on this page, you may add an additional page or add to the Notes section at the end.

1) Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to Deceased: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

2) Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to Deceased: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

3) Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to Deceased: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

4) Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to Deceased: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_



# Real Estate & Minerals

Please list all real estate that was owned by the Decedent or an associated trust at the time of death. This will include residences, rental property, commercial properties, time shares, vacant land, oil and other mineral interests, etc. If you have a copy of the deed, please provide that as well.

1. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests)

Address/Location & County:

Owner(s):

Current Value: \$

Outstanding Mortgage: \$

Is the current value based off of an appraisal or the county assessor?

2. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests)

Address/Location & County:

Owner(s):

Current Value: \$

Outstanding Mortgage: \$

Is the current value based off of an appraisal or the county assessor?

3. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests)

Address/Location & County:

Owner(s):

Current Value: \$

Outstanding Mortgage: \$

Is the current value based off of an appraisal or the county assessor?

4. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests)

Address/Location & County:

Owner(s):

Current Value: \$

Outstanding Mortgage: \$

Is the current value based off of an appraisal or the county assessor?



## Financial and Investment Accounts

Please list all financial and investment accounts that were owned by the Decedent at the time of their death. Under Account Type specify cash, checking, savings, money market, mutual fund, brokerage account, securities (stocks & bonds), certificate of deposit (CD), etc. Please provide a recent statement from each account.

1. Name of Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_ Beneficiaries: \_\_\_\_\_

2. Name of Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_ Beneficiaries: \_\_\_\_\_

3. Name of Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_ Beneficiaries: \_\_\_\_\_

4. Name of Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_ Beneficiaries: \_\_\_\_\_



# Stocks

|    |                                               |                                          |
|----|-----------------------------------------------|------------------------------------------|
| 1. | Company: _____                                | Number of shares: _____                  |
|    | Date Issued: _____                            | Book entry of certificate form: _____    |
|    | Certificate No. if in certificate form: _____ | Account No. if in book entry form: _____ |
|    | Account Number: _____                         | Account Type: _____                      |
|    | Type of ownership: _____                      | Approximate Value: _____                 |

|    |                                               |                                          |
|----|-----------------------------------------------|------------------------------------------|
| 2. | Company: _____                                | Number of shares: _____                  |
|    | Date Issued: _____                            | Book entry of certificate form: _____    |
|    | Certificate No. if in certificate form: _____ | Account No. if in book entry form: _____ |
|    | Account Number: _____                         | Account Type: _____                      |
|    | Type of ownership: _____                      | Approximate Value: _____                 |

|    |                                               |                                          |
|----|-----------------------------------------------|------------------------------------------|
| 3. | Company: _____                                | Number of shares: _____                  |
|    | Date Issued: _____                            | Book entry of certificate form: _____    |
|    | Certificate No. if in certificate form: _____ | Account No. if in book entry form: _____ |
|    | Account Number: _____                         | Account Type: _____                      |
|    | Type of ownership: _____                      | Approximate Value: _____                 |

|    |                                               |                                          |
|----|-----------------------------------------------|------------------------------------------|
| 4. | Company: _____                                | Number of shares: _____                  |
|    | Date Issued: _____                            | Book entry of certificate form: _____    |
|    | Certificate No. if in certificate form: _____ | Account No. if in book entry form: _____ |
|    | Account Number: _____                         | Account Type: _____                      |
|    | Type of ownership: _____                      | Approximate Value: _____                 |

List any additional information on other accounts:

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# Bonds

Please provide a copy of each bond.

1. Date the bonds were issued: \_\_\_\_\_ Type of bond: \_\_\_\_\_

How is the bond held? (jointly, payable on death, etc.) \_\_\_\_\_

Maturity date: \_\_\_\_\_ Redemption value: \_\_\_\_\_

2. Date the bonds were issued: \_\_\_\_\_ Type of bond: \_\_\_\_\_

How is the bond held? (jointly, payable on death, etc.) \_\_\_\_\_

Maturity date: \_\_\_\_\_ Redemption value: \_\_\_\_\_

3. Date the bonds were issued: \_\_\_\_\_ Type of bond: \_\_\_\_\_

How is the bond held? (jointly, payable on death, etc.) \_\_\_\_\_

Maturity date: \_\_\_\_\_ Redemption value: \_\_\_\_\_

4. Date the bonds were issued: \_\_\_\_\_ Type of bond: \_\_\_\_\_

How is the bond held? (jointly, payable on death, etc.) \_\_\_\_\_

Maturity date: \_\_\_\_\_ Redemption value: \_\_\_\_\_

List any additional information on other accounts:

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# Retirement Benefit Accounts

Please list all of Decedent's retirement accounts such as: 401(k)s, IRAs, Profit Sharing Plans, Thrift Savings Plans, etc.

1. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_

2. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_

3. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_

4. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_



## Pension Plans

1. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Does the plan terminate at the death of the beneficiary? Yes  No   
Approximate Value: \_\_\_\_\_

2. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Does the plan terminate at the death of the beneficiary? Yes  No   
Approximate Value: \_\_\_\_\_

3. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Does the plan terminate at the death of the beneficiary? Yes  No   
Approximate Value: \_\_\_\_\_

## Decedent's Life Insurance Policies

*Please provide the following information for all of Decedent's insurance policies. Also, please provide the original policy documentation to us as well.*

1. Life Insurance Company: \_\_\_\_\_

|                                                                                           |                                            |
|-------------------------------------------------------------------------------------------|--------------------------------------------|
| Policy No.:                                                                               | Owner of Policy:                           |
| Insured:                                                                                  | Beneficiaries:                             |
| Type of Policy:    Term <input type="checkbox"/> Whole/Universal <input type="checkbox"/> | Accidental/Travel <input type="checkbox"/> |
| Death Benefit: \$                                                                         | Cash Value: \$                             |
| Is there any loan against the policy? (Y/N)                                               | If "yes", how much? \$                     |

2. Life Insurance Company: \_\_\_\_\_

|                                                                                           |                                            |
|-------------------------------------------------------------------------------------------|--------------------------------------------|
| Policy No.:                                                                               | Owner of Policy:                           |
| Insured:                                                                                  | Beneficiaries:                             |
| Type of Policy:    Term <input type="checkbox"/> Whole/Universal <input type="checkbox"/> | Accidental/Travel <input type="checkbox"/> |
| Death Benefit: \$                                                                         | Cash Value: \$                             |
| Is there any loan against the policy? (Y/N)                                               | If "yes", how much? \$                     |

3. Life Insurance Company: \_\_\_\_\_

|                                                                                           |                                            |
|-------------------------------------------------------------------------------------------|--------------------------------------------|
| Policy No.:                                                                               | Owner of Policy:                           |
| Insured:                                                                                  | Beneficiaries:                             |
| Type of Policy:    Term <input type="checkbox"/> Whole/Universal <input type="checkbox"/> | Accidental/Travel <input type="checkbox"/> |
| Death Benefit: \$                                                                         | Cash Value: \$                             |
| Is there any loan against the policy? (Y/N)                                               | If "yes", how much? \$                     |



# Tangible Personal Property

List jewelry, artwork, furs, antiques, gold, silver, or other valuable coins, cars, boats, etc. Please list all tangible personal property that Decedent owned at the time of death valued individually over \$5,000.

1. Description:

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Ownership (Individual/Joint/Trust):

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|                       |                                     |
|-----------------------|-------------------------------------|
| Approximate Value: \$ | Has the item been appraised?: (Y/N) |
| Appraised Value: \$   | Current location of item:           |

2. Description:

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Ownership (Individual/Joint/Trust):

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|                       |                                     |
|-----------------------|-------------------------------------|
| Approximate Value: \$ | Has the item been appraised?: (Y/N) |
| Appraised Value: \$   | Current location of item:           |

3. Description:

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Ownership (Individual/Joint/Trust):

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|                       |                                     |
|-----------------------|-------------------------------------|
| Approximate Value: \$ | Has the item been appraised?: (Y/N) |
| Appraised Value: \$   | Current location of item:           |

4. Description:

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Ownership (Individual/Joint/Trust):

---

|                       |                                     |
|-----------------------|-------------------------------------|
| Approximate Value: \$ | Has the item been appraised?: (Y/N) |
| Appraised Value: \$   | Current location of item:           |

List any additional information regarding assets/etc. and include any copies of documents with the estimated value of each item (patent rights, copyrights, contract rights, etc.):

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# Gift Tax Return

Did the Decedent ever file a federal gift tax return?

Yes  No

*If yes, please provide a copy of all relevant documents*

## Creditors

*Please provide the following information for all the Decedent's known creditors. Examples of creditors include medical debt, loans, credit cards etc.*

|    |                  |                     |
|----|------------------|---------------------|
| 1. | Name: _____      | Amount: _____       |
|    | Address: _____   |                     |
|    | Account #: _____ | Type of Debt: _____ |
| 2. | Name: _____      | Amount: _____       |
|    | Address: _____   |                     |
|    | Account #: _____ | Type of Debt: _____ |
| 3. | Name: _____      | Amount: _____       |
|    | Address: _____   |                     |
|    | Account #: _____ | Type of Debt: _____ |
| 4. | Name: _____      | Amount: _____       |
|    | Address: _____   |                     |
|    | Account #: _____ | Type of Debt: _____ |
| 5. | Name: _____      | Amount: _____       |
|    | Address: _____   |                     |
|    | Account #: _____ | Type of Debt: _____ |
| 6. | Name: _____      | Amount: _____       |
|    | Address: _____   |                     |
|    | Account #: _____ | Type of Debt: _____ |
| 7. | Name: _____      | Amount: _____       |
|    | Address: _____   |                     |
|    | Account #: _____ | Type of Debt: _____ |



## Decedent's Advisors

Please provide the following information for all of Decedent's advisors.

### Financial Planner:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Client(s) authorize(s) Evans & Davis Attorneys to contact their Financial Planner?

Yes

No

### Accountant:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Client(s) authorize(s) Evans & Davis Attorneys to contact their Accountant?

Yes

No

### Life Insurance Agent:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Client(s) authorize(s) Evans & Davis Attorneys to contact their Life Insurance Agent?

Yes

No

### Attorney:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Client(s) authorize(s) Evans & Davis Attorneys to contact their Personal Attorney?

Yes

No

### Funeral Home:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Client(s) authorize(s) Evans & Davis Attorneys to contact their Funeral Home?

Yes

No



Notes

Lined area for notes, consisting of multiple horizontal lines.



