

PROBATE INFORMATION SHEET

NAME AND ADDRESS OF APPLICANT

_____ (Executor/Administrator)

_____ (Address / Email)

Home number: _____ Cell number _____

Social Security Number and D/L of Applicant: _____ / _____

Deceased Name and address:

Social Security Number of Deceased: _____ Date of Birth: _____

Date of Death: _____ City and County of Death: _____

Did Deceased have a Will? _____ **Date of Will:** _____ **Original / Copy:** _____

Any child born after date of Will? _____ If yes, child's date of birth: _____

Child's name / address: _____

Was Decedent's Will made after/before divorce: _____ Date of Divorce: _____

If married at death, spouse name: _____ If divorced, name of Ex: _____

Approximate value of Estate:

- | | |
|--|----------|
| 1) Real Property (home) | \$ _____ |
| 2) Real Property (other) | \$ _____ |
| 3) Cash | \$ _____ |
| 4) Securities | \$ _____ |
| 5) Motor vehicle(s)
(automobiles, boats, etc) | \$ _____ |
| 6) Household Goods &
Personal effects | \$ _____ |
| Subtotal value of Estate | \$ _____ |

Any Debts of the Estate:

- | | |
|-------------------|----------|
| 1) Credit Card(s) | \$ _____ |
| 2) Mortgages | \$ _____ |
| 3) Car loans | \$ _____ |
| 4) Other debts | \$ _____ |
| Subtotal of debts | \$ _____ |

Name/Addresses/Phone numbers of Beneficiaries of Will / Estate:

Name & Address of Charity, State or Governmental Agency named as beneficiary in Will:

