

PROBATE ATTORNEY WORKSHEET

DECEDENT'S NAME: _____

SS# OF DECEASED: _____

DATE OF DEATH: _____

DATE OF BIRTH: _____

NAME OF PERSONAL REPRESENTATIVE: _____

SS# OF PERSONAL REPRESENTATIVE: _____

RESIDENCE OF PERSONAL REPRESENTATIVE: _____

HOME# _____

WORK # _____

IS THERE A CO-PERSONAL REPRESENTATIVE: _____

MAILING ADDRESS OF DECEASED: _____

BENEFICIARIES: ADDRESS: AGE: SS:

WILL: YES _____

NO _____

CODICIL: YES _____
NO _____

REAL PROPERTY: _____

CERTIFICATES OF DEPOSIT: _____

CHECKING ACCOUNTS: _____

SAVINGS ACCOUNTS: _____

STOCK CERTIFICATES: _____

MUTUAL FUNDS: _____

LIFE INSURANCE: _____

IRA'S AND ANNUITIES: _____

MISCELLANEOUS: _____

IS ALL REAL PROPERTY IN THE STATE WHERE DECEDENT LIVED: _____

IF NO, WHERE IS IT LOCATED: _____

TYPE. OF ADMINISTRATION: _____

FORMAL ADMINISTRATION: _____

FAMILY ADMINISTRATION: _____

SUMMARY ADMINISTRATION: _____

ANCILLARY PROCEEDINGS: _____

DEBTS OF DECEDENT:

DID THE DECEDENT HAVE A SAFE-DEPOSIT BOX? _____