



DOSSEY & JONES
— PLLC —

PROBATE INTAKE FORM

| Personal & Contact Information | | |
|--|------|------|
| Decedent's Name as it Appears in Will: | | |
| Alias?: | | |
| Decedent's Home Address, including County of Domicile: | | |
| Date of Birth/Date of Death: | DOB: | DOD: |
| Decedent's SSN & last 3 of TDL: | SSN: | TDL: |
| Was Decedent ever divorced? If so, names and dates: | | |
| Place of Death: | | |
| Executor's Name as it Appears in the Will: SSN (Complete): TDL (Last 3 digits): | | |
| Executor's Mailing Address: | | |
| Executor's Email & Phone No.: | | |
| Has Executor ever been convicted of a Felony? | | |

Last Will & Testament - ATTORNEY WILL COMPLETE THIS SECTION -

Type of Administration:

- | | |
|---|--|
| <input type="checkbox"/> §401.001 Indep Exec. Named | <input type="checkbox"/> 401.003 Intestate Estate & Heirship |
| <input type="checkbox"/> §401.002 (a) Non-Indep Exec. Named | <input type="checkbox"/> Heirship (No Administration) |
| <input type="checkbox"/> §§401.002 (b) Exec not Named | <input type="checkbox"/> Muniment of Title |

| | | | |
|----------------------|--|--|--|
| Date of Will: | | Self-Proved Yes <input type="checkbox"/> No <input type="checkbox"/> | Bond Waived Yes <input type="checkbox"/> No <input type="checkbox"/> |
|----------------------|--|--|--|

| | | | | | | |
|---|---|--|--|---|--|--|
| Will have a "Power of Sale" Yes <input type="checkbox"/> No <input type="checkbox"/> | Are all Benef Consents needed to sale? Yes <input type="checkbox"/> No <input type="checkbox"/> | Add Benef Consent to Power of Sale to Order Yes <input type="checkbox"/> No <input type="checkbox"/> | Medicaid after 3/1/05 Yes <input type="checkbox"/> No <input type="checkbox"/> | Children Born After Date of Will Yes <input type="checkbox"/> No <input type="checkbox"/> | More than 4 yrs after DOD Yes <input type="checkbox"/> No <input type="checkbox"/> | Copy of Will Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|---|--|--|---|--|--|

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|-------------------------------------|--|--|--|--|--|--|
| Other Unusual Circumstances: | | | | | | |
|-------------------------------------|--|--|--|--|--|--|

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|---|--|--|--|--|--|--|
| Beneficiaries: (include full name, age, address and relationship to decedent) | | | | | | |
|---|--|--|--|--|--|--|

Children Born or Adopted by Decedent

| Full Name | Date of Birth | Address & Phone # | Marital Status | Other Parent's Name |
|------------------|----------------------|------------------------------|-----------------------|----------------------------|
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Please answer YES or NO to the following questions and provide the appropriate documents where requested:

Was the decedent a citizen of the United States? _____

Had decedent completed Wills, Trusts or other Estate Planning documents? _____
(Please furnish copies of these documents)

Are there any potential legal actions or any legal actions that you believe the estate should consider bringing?

Was the decedent receiving social security, disability, or the government benefits? _____
(Please furnish copies of these documents)

Is the decedent's surviving spouse receiving social security, disability, or other governmental benefits?

Was decedent ever divorced? _____
(If yes, please provide a copy of the divorce decree)

Was the decedent making payments pursuant to a divorce or property settlement agreement? _____
(Please furnish a copy)

Had decedent ever signed a pre- or post-marriage contract? _____
(Please furnish copy)

Had decedent previously been widowed? _____
(If a federal estate tax return or a state death tax return was filed, please furnish a copy)

Had decedent ever filed a federal or state gift tax return? _____

Do any of the decedent's children receive government support of benefits? _____

Did decedent legally adopt any of the listed children? _____
(Please provide a copy of the adoption decree)

Did the decedent relinquish parental rights for a child? _____
(Please provide a copy of the Court Order or Decree)

Were any of decedent's children adopted by someone else? _____

Did decedent have children with special education, medical or physical needs? _____

Any of decedent's children institutionalized? _____

Did decedent provide primary or other major financial support to adult children? _____

| Assets | | |
|--|-------------------|-------------------|
| Description | FMV Date of Death | Beneficiary/Title |
| BANK ACCOUNTS & CDS | | |
| | | |
| | | |
| | | |
| SECURITIES (NON-IRA) | | |
| | | |
| | | |
| | | |
| IRAs 401Ks and RETIREMENT PLANS | | |
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| | | |
| REAL ESTATE | | |
| | | |
| | | |
| | | |
| CARS, BOATS, ETC. | | |
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|--------------------------|--|---------------|--|
| LIFE INSURANCE | | | |
| | | | |
| | | | |
| OTHER PROPERTY | | | |
| | | | |
| | | | |
| TOTAL | | | |
| Liabilities | | | |
| Description | | Amount | |
| Mortgages | | | |
| | | | |
| | | | |
| Other Liabilities | | | |
| Auto - | | | |
| | | | |
| Credit Cards - | | | |
| OTHER INFORMATION | | | |
| | | | |