



CARESS LAW, PC

Probate Intake Form

Your Name: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Preferred Phone: _____

Email: _____

Date of Birth: _____

Your Social Security Number: _____

Your Relationship to the Decedent: _____

Have you ever been convicted of a crime? _____

Have you ever been disbarred or suspended from the practice of law? _____

Have you ever resigned from practicing law? _____

Are you a licensed funeral services practitioner? _____

Have you ever declared bankruptcy? _____

Decedent's Full Name: _____

Decedent's Social Security Number: _____

Decedent's Date of Birth: _____

Decedent's Place of Birth: _____

Decedents Date of Death: _____

Decedent's Address at the Time of Death:

Post Office Address (if different from residing address):

When did Decedent begin to live at the above address? _____

Decedent's Prior Address: _____

Decedent's Place of Death: _____

Cause of Decedent's Death: _____

Do you have a death certificate? _____

Did the Decedent have a Will? _____

If so, do you have the Will? _____

If so, it is the original? _____

Did Decedent have a Trust? _____

If so, do you have a copy? _____

Are you aware of anyone asserting an interest in the Decedent's Estate? _____

If so, provide name(s) and contact information:

Decedent's Marital Status at Time of Death: _____

If married, name of spouse: _____

If married, date of marriage: _____

If married, spouse's social security number and residence:

If divorced, name(s) of prior spouse(s): _____

If divorced, date(s) of divorce(s): _____

If legally separated, name of spouse: _____

If legally separated, date of legal separation: _____

If widowed, name(s) of deceased spouse(s): _____

If widowed, date and place of spouse(s) death: _____

Did Decedent have any children? _____

List all living children, including names, addresses, phone numbers, and dates of birth:

List all deceased children, including names, dates of birth, and dates of death:

Did Decedent have any living parents? _____

If so, provide the names, addresses, and phone numbers for any living parents:

Was Decedent employed at the time of death? _____

If yes, provide employer name, address, phone number, and job title:

Was Decedent the owner of any business at the time of death? _____

If yes, provide business name, address, phone number, and business purpose:

Decedent's Advisors:

Title	Name	Address/Company	Phone Number
Attorney			
Accountant			
Financial Advisor			
Primary Personal Bank			
Life Insurance Agent			
Stock Broker			

Decedent's Cash Accounts:

Name of Institution	Ownership	Checking	Savings or Money Market	CD's

Decedent's Investments (Stocks, Bonds, etc. If held in street name with Broker, just list the Brokerage Account. Investments held in IRAs, 401(k)s and similar tax-referred plans or account should be listed under Retirement Benefits below.):

Company	Ownership	Value

Decedent's Retirement Benefits:

Company	Ownership	Value	Beneficiaries

Real Property:

Address	Ownership	Value

Decedent's Mortgages, Notes, Liens and Debts:

Lien Holder	Ownership	Date of Lien/Note	Amount Due

Decedent's Miscellaneous Assets (List only major personal effects such as automobiles, valuable jewelry, art, coin collections, stamp collections, etc.):

Description	Ownership	Net Value

Decedent's Life Insurance Policies:

Company	Type	Owner	Beneficiary	Alt. Beneficiary	Death Benefit	Policy Loans