



PROBATE INTAKE INFORMATION

YOU, THE PERSONAL REPRESENTATIVE (AKA Executor)

Your Name: _____
 Social Security Number: _____
 Date of Birth: _____
 Residence Address: _____
 Telephone: _____
 E-mail Address: _____
 Relationship to Decedent: _____
 Have you ever been convicted of a felony? YES NO

LAST WILL AND TESTAMENT (The "Will")

Do you have the **ORIGINAL**? YES NO
 If NO, do you know if one exists? YES NO
 Does a codicil exist for this Will? YES NO
 Have you found a Separate Written List? YES NO

THE DECEASED

Name(s): _____
 Residence: _____
 Street: _____
 City, State, Zip: _____
 County: _____
 Post Office Address (if different): _____
 Social Security Number: _____
 Date of Birth: _____
 Date of Death: _____
 Place of Death: _____
 (hospital name, location, etc.) _____

 Spouse's Name (if applicable): _____
 Address: _____
 Is spouse deceased? Date: _____
 Death Certificate for deceased spouse available?

BENEFICIARIES NAMED IN WILL

| Name | Address | Telephone & E-Mail | Relationship | If Minor, Birth Year |
|------|---------|--------------------|--------------|----------------------|
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SURVIVING CHILDREN (If different than Beneficiaries)

| Name | Address | Telephone & E-Mail | If Minor, Birth Year |
|------|---------|--------------------|----------------------|
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TRUST

Did Decedent have a Trust? YES NO
 If Yes, when was it dated: _____
 Amendments? If Yes, Dates: _____

| Successor Trustees | Address | Telephone & E-mail |
|--------------------|---------|--------------------|
| | | |
| | | |

Safe Deposit Box

Are you aware of one? YES NO
 Bank Name: _____
 Branch Address: _____
 Box Number: _____

| Real Estate Address | Name(s) on Deed | Estimated Value | Homestead? |
|---------------------|-----------------|-----------------|------------------------------|
| | | | <input type="checkbox"/> YES |
| | | | <input type="checkbox"/> YES |
| | | | <input type="checkbox"/> YES |
| | | | <input type="checkbox"/> YES |

PROBATEABLE ASSETS

(To include all known: bank accounts, CDs, investments, bonds, retirement accounts, money market accounts, vehicles, jewelry, etc.)

Please list any other known asset below, include if known (i) managing company/bank; (ii) account number; and (iii) estimated value:

1

2

3

4

5

6

7

8

9

10

DIGITAL ASSETS (This information will be passed on to a representative of Estatepass.com, who will follow up with you.)

Please list any online account that you would like CLOSED, MEMORIALIZED, or TRANSFERRED (depending on availability of the service provider)

Ex: E-mail, Facebook, LinkedIn, Instagram, Netflix, Amazon, Dropbox, Bitcoin, etc...

1

Choose one: CLOSE | MEMORIALIZE | TRANSFER

2

Choose one: CLOSE | MEMORIALIZE | TRANSFER

3

Choose one: CLOSE | MEMORIALIZE | TRANSFER

4

Choose one: CLOSE | MEMORIALIZE | TRANSFER

5

Choose one: CLOSE | MEMORIALIZE | TRANSFER

6

Choose one: CLOSE | MEMORIALIZE | TRANSFER

7

Choose one: CLOSE | MEMORIALIZE | TRANSFER

8

Choose one: CLOSE | MEMORIALIZE | TRANSFER