



Probate Intake Form

Date Completed: _____

****Please upload copies of Wills or Trusts. Note that we need to see original also.****

Your Loved One's Information:

Full Legal Name: _____

Nickname: _____

U.S. Citizen: Yes No If No, state nationality: _____

D/O/B: _____ D/O/D: _____ Location of death (city/county): _____

Social Security No: _____ Medicare# _____

Married Date _____ Divorced: Date _____ Widowed: Date _____ Single

Name of Spouse: _____

Home address: _____ City: _____

Zip Code: _____ County of Residence domiciled on d/o/d: _____

Date domicile established _____

Home Phone Number: _____ Cell Number: _____

Employer: _____ Position: _____

Business Phone No: _____

Personal Email Address: _____

List all sources of income plus amount of gross annual income: _____

Did your loved one: Have a Will ? Yes No

Names/number of Personal Representative(s)? _____

Do PR's have felonies? _____

Address of PRs: _____

Have a Trust? Yes No What is name of Trustee? _____

Name of Person Retaining Attorney and/or Petitioner(s): Use additional paper if needed.

Full Legal Name: _____



Law Office of Lori Vella

Nickname: _____ SS# _____

D/O/B: _____

Relationship to Decedent (Loved One, above) _____

U.S. Citizen: Yes No If No, state nationality: _____

Home address: _____ City: _____

Zip Code: _____ County of Residence: _____

Home Phone Number: _____ Cell Number: _____

Employer: _____ Position: _____

Business Phone No: _____

Personal Email Address: _____

Inventory and Fair Market Value of Estate Assets For Your Loved One

ASSETS	OWNED BY HUSBAND-STATE VALUE	OWNED BY WIFE- STATE VALUE	JOINT W/ ANOTHER-STATE VALUE	LIABILITIES
RESIDENCE-homestead property? Yes or no. EXPLAIN TYPE OF DEED.	FMV \$	FMV \$	FMV\$	MORTGAGES ON REAL ESTATE:
OTHER REAL ESTATE-if in another state or country, must specify.				MORTGAGES ON REAL ESTATE:
HOUSEHOLD FURNISHINGS				
STOCKS				NOTES TO BANKS:
MUTUAL FUNDS				
BONDS				OTHER NOTES (SECURED):



BUSINESS INTERESTS-LLC? Sole proprietorship? Partner? List relationship, ownership and if any agreements as to death of a member, etc.				
EMPLOYEE BENEFITS (a) Pension Plan				UNSECURED NOTES:
(b) Profit Sharing				
(c) 401(k)				
(d) Group Insurance				
(e) Deferred Comp.				
IRA's				
CHECKING ACCOUNTS				LOANS ON INSURANCE:
SAVINGS ACCOUNTS				
MONEY MARKET ACCOUNTS				
AMOUNT OF INS. ON INSURED AND OWNED BY INSURED				OTHER LIABILITIES:
AMOUNT OF INS. ON INSURED AND OWNED BY SPOUSE				
MORTGAGES OWNED				
AUTOS & BOATS				
INCLUDABLE LIFETIME TRANSFERS				
FUTURE ANTICIPATED INHERITANCES				



LIST ALL DEBTS, INCLUDING CREDIT CARD OR LOANS				
TOTAL ASSETS	\$	\$	\$	TOTAL LIABILITIES \$

TOTALASSETS (H, W &J): \$ _____

TOTAL
LIABILITIES: \$ _____

TOTAL ESTATE \$ _____

Any known creditors? Please set forth.

Have funeral bills been paid? _____

Any reason to believe this probate will be contested? _____

Is there a safety deposit box? _____

Full Legal Name of Children & All Beneficiaries: including children that pre-deceased, please state name/specific relationship/address

Names and Addresses

D/O/B

_____	_____
_____	_____
_____	_____

Feel free to write additional information on back of this form.