

PREPARED FOR:

LAW OFFICES OF BETH A. McDANIEL, PLLC
272 Hardie Avenue SW
Renton WA 98055

PROBATE INFORMATION SHEET

Name: _____

Date of Initial Meeting: _____

Referred by: _____

This form is extremely important. Your accuracy and completeness will help us to best represent you. Please complete all sections before your appointment at 272 Hardie Avenue Southwest, Renton, WA 98057 on _____, 2015 @ _____. Please complete this form and forward a copy to our office one week before your appointment along with all supporting written documentation, including All executed estate planning documents including, Last Will and Testament, Community Property Agreement, Durable Power of Attorney and Health Care Directive. IF THIS QUESTIONNAIRE IS NOT COMPLETED AND RETURNED TO OUR OFFICE BEFORE YOUR APPOINTMENT, YOUR APPOINTMENT WILL HAVE TO BE RESCHEDULED. Please list all names as they would properly appear on legal documents.

I. GENERAL INFORMATION

DECEASED:	Death:
Name: _____	Date of Death: _____
Occupation: _____	Place of Death: _____
Citizenship: _____	County: _____
Birth Date: _____	
SSN: _____	
Marital Status: _____	
Last Address: _____ _____	
County: _____	

Is there a **Will**? Yes _____ No _____ If yes, the date: _____

Names of witnesses: _____

Where executed (State)?: _____

Is there a **Codicil(s)**? Yes _____ No _____ If yes, the date(s): _____

Names of witnesses: _____

Where executed (State)?: _____

Is there a **Trust**? Yes _____ No _____

Is there a **Community Property Agreement** (if appropriate)? Yes _____ No _____

Personal Representative/Administrator:	Contact Information:
Name: _____	Work: _____
Occupation: _____	Home: _____
Citizenship: _____	Cell: _____
Birth Date: _____	Other: _____
SSN: _____	Email: _____
Address where you reside: _____ _____	
County: _____	
Mailing Address, if different: _____ _____	

If Personal Representative/Administrator resides out of state, would you consent to Beth A. McDaniel as agent for service of process? Yes _____ No _____

Has the Personal Representative/Administrator ever been convicted of a crime?
Yes _____ No _____. If yes, please explain. _____

Has the Personal Representative/Administrator ever declared bankruptcy?
Yes _____ No _____. If yes, please give date(s), type of bankruptcy. _____

Heirs, Devisees, Legatees (please attach additional pages, if necessary):		
1. Legal Name, Address and Telephone Numbers:	Age:	Relationship

Legal Name of Spouse: _____		
Legal Names of Children: _____		

2. Legal Name, Address and Telephone Numbers:	Age:	Relationship

Legal Name of Spouse: _____		
Legal Names of Children: _____		

3. Legal Name, Address and Telephone Numbers:	Age:	Relationship

Legal Name of Spouse: _____		
Legal Names of Children: _____		

4. Legal Name, Address and Telephone Numbers:	Age:	Relationship

Legal Name of Spouse: _____		
Legal Names of Children: _____		

Name, Address and Telephone Number and Contact name of Organization(s) named in the Will/Codicil:	
1. _____ _____	2. _____ _____

Important Contacts (including children excluded from Will/Codicil):	
1. _____ _____	2. _____ _____

II. ASSETS (Please attach additional sheets as needed.)

Real Property:

Secure a copy of the legal description (last Deed) and the tax parcel number (property tax statement).

Address:	Name of mortgage company, its contact information, and outstanding balance owed:
1. _____ _____	_____ _____

2. _____ _____	_____ _____
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3. _____ _____	_____ _____
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Are there currently any residents in any of the above? If yes, explain. _____

Stocks and Bonds:

Secure copies of account statements or securities.

1. _____ _____	Cash Value per share and number of shares:
2. _____ _____	Cash Value per share and number of shares:

3. _____ _____	Cash Value per share and number of shares:
4. _____ _____	Cash Value per share and number of shares:

Bank Accounts and Cash:

Secure copies of account statements for the month before the death and the month after the death.

1. _____ _____	Amount in account at death:
2. _____ _____	Amount in account at death:
3. _____ _____	Amount in account at death:
4. _____ _____	Amount in account at death:

Household goods and Personal Effects:

Fair Market Value of household goods: _____

Any items over \$10,000.00 in value that should be appraised? _____

All Other Personal Property:

Automobiles: (Make and Kelley Blue Book value) Note: Secure copies of titles or registrations.	Boats, mobile home, airplane, etc. (Include Make and Fair Market value):

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Life Insurance and Annuities:

If the policies are available, please provide copies.

Face Amount

Company and contact information: Policy Number: Beneficiary:	
Company and contact information: Policy Number: Beneficiary:	
Company and contact information: Policy Number: Beneficiary:	

Qualified Plans (401k, §403b, IRAs, Pension Plans, etc.):

Secure copies of statements.

Amount

Company and contact information: _____ _____ Beneficiary: _____ _____	
Company and contact information: _____ _____ Beneficiary: _____ _____	
Company and contact information: _____ _____ Beneficiary: _____ _____	

If summary plan descriptions and/or beneficiary designations are available, please provide copies.

Death Benefits through Employment:

Amount

Accounts Receivable:

Amount

Assets that included payable on death provisions:

Please include type of asset, company holding asset, cash value, and the names of whomever it is made payable to.

Other Assets not listed above:

Debts of Decedent:

Please include debt amounts owing at date of death (including any active lawsuits in which the decedent was a defendant):

- Did the Decedent have a safety deposit box? Yes _____ No _____

If so, which bank and branch? _____

Does anyone other than decedent have access to the box? Yes _____ No _____

If so, who? _____
- Did the decedent have any claims in existence against any other person?

Yes _____ No _____

If so, describe: _____

- Are there any other possible liabilities of the estate? Yes _____ No _____

If so, describe: _____

4. Did the decedent ever make individual gifts for more than \$10,000.00?
Yes _____ No _____

If so, please list recipients, dates and amount of gifts.

Recipient	Amount of gift and Date given

- Were gift tax returns prepared for the year(s) of the gifts?
Yes _____ No _____

If yes, please secure copies of these returns.

5. Additional Estate Information: _____

