

PREPARED FOR:

**LAW OFFICES OF BETH A. McDANIEL, PLLC**  
**272 Hardie Avenue SW**  
**Renton WA 98056**

**PROBATE INFORMATION SHEET**

Client: \_\_\_\_\_

Date of Initial Meeting: \_\_\_\_\_

Referred by:  
\_\_\_\_\_

**I. GENERAL INFORMATION**

<b>DECEASED:</b>	<b>Death:</b>
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 \_\_\_\_\_

<b>Personal Representative/Administrator:</b>	<b>Contact Information:</b>
Name: _____ Occupation: _____ Citizenship: _____ Birth Date: _____ SSN: _____	Work: _____ Home: _____ Cell: _____ Other: _____ 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Heirs, Devisees, Legatees</b> (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. _____
_____	_____

Would you like each of the above parties to receive a copy of the Will when they receive notice that the probate has commenced? Yes \_\_\_\_ No \_\_\_\_\_. If no, please know that we will provide a copy only upon request.

**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. _____ _____	_____ _____
3. _____ _____	_____ _____

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:
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**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:**

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

**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):


1. 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? \_\_\_\_\_
2. Did the decedent have any claims in existence against any other person?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 If so, describe: \_\_\_\_\_  
 \_\_\_\_\_
3. 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: