

PREPARED FOR:

LAW OFFICES OF BETH A. McDANIEL, PLLC
15 South Grady Way
Evergreen Building, Suite 249
Renton, WA 98057

PROBATE INFORMATION SHEET

Client: _____

Date of Initial Meeting: _____

Referred by:

I. GENERAL INFORMATION

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

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: _____		



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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:

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

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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: