



Confidential

Probate Intake Form

Dear Client,

Please accept our condolences for the loss of your loved one. We recognize this is an emotional time and we appreciate you placing your trust in our Firm and allowing our attorneys to assist your family. Since 2002, our attorneys have assisted thousands of families through these difficult times.

Quality probate administration requires a detailed review of your loved one's estate planning documents, as well as family and financial information.

Please complete the attached Probate Intake Form as thoroughly as possible. The information you provide allows us to assess your specific needs to properly carry out your loved one's final wishes. Please return the completed form at least two (2) weeks prior to your scheduled meeting.

All information you share with our Firm will remain confidential and is a privileged attorney/client communication. Additional conflicts, privacy and security policies can be found at evansdavis.com/forms.

Following our initial meeting, we will provide you a recommended course of action along with an outline of proposed professional fees to complete your plan.

If you have any questions or need help at any time during the administration process, please contact us at (866) 708-2335 or via e-mail at attorneys@evansdavis.com. If for any reason you need to change or cancel your initial appointment or any subsequent appointment, please notify us at least 48 hours ahead of time.

Our Firm takes great pride in building long-standing relationships with each of our clients. Ultimately, our goal is to serve our clients and their families for beyond a lifetime.

All our best,
Your Attorneys at Evans & Davis



Client Information

Full Name:
Date of Birth: Social Security Number:
Mailing Address:
City: State: Zip: Email:
Home Phone: Work Phone:
Mobile Phone: Fax Phone:
Who referred you to Evans & Davis?

Decedent's Information

Full Name (First/Middle/Last):
Date of Birth: Date of Death:
Social Security Number: Place of Death:
Was the Decedent married at the time of death? (Y/N)
Table with 3 columns: All Spouse's Name(s), Date of Marriage, Date of Divorce/Death

At the time of death, did the Decedent have a Will? (Y/N)
If yes, please provide the original or a copy of the Decedent's Death Certificate.
If yes, was the Will probated? (Y/N)
City and County of Residence (if applicable):
City and County of Residence at the Time of Death:



Decedent's Children

If the Decedent had children, natural or adopted, please list the following information. It is critical that you list all children regardless of the situation or relationship, including any children given up for adoption or for which parental rights have been terminated.

Living or Deceased Children (On the "Child of:" line indicate if Child is (J) Joint, (H) Husband's, (W) Wife's, or (P) Partner's Child.)

1) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____

Gender: _____ Current Address: _____

Social Security Number: _____ Date of Death (if applicable): _____

If deceased, please provide the names of any living children*:

2) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____

Gender: _____ Current Address: _____

Social Security Number: _____ Date of Death (if applicable): _____

If deceased, please provide the names of any living children*:

3) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____

Gender: _____ Current Address: _____

Social Security Number: _____ Date of Death (if applicable): _____

If deceased, please provide the names of any living children*:

4) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____

Gender: _____ Current Address: _____

Social Security Number: _____ Date of Death (if applicable): _____

If deceased, please provide the names of any living children*:

5) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____

Gender: _____ Current Address: _____

Social Security Number: _____ Date of Death (if applicable): _____

If deceased, please provide the names of any living children*:

***Including any children given up for adoption or for which parental rights have been terminated.**



Personal Representative Information

Please provide the following information of the intended Personal Representative:

Full Name:	Age:	Relation to Decedent:
Street Address:	City:	
State:	Zip Code:	Email:
Home Phone:	Cell Phone:	Work Phone:

Beneficiary Information

Please list all individuals and/or charities that are listed to receive under any will. If there are more beneficiaries than will fit on this page, you may add an additional page or add to the Notes section at the end.

Full Name:	DOB:	Relation to Decedent:
Social Security Number:	Percentage to Receive:	
Street Address:	City:	
State:	County:	Zip Code:

Full Name:	DOB:	Relation to Decedent:
Social Security Number:	Percentage to Receive:	
Street Address:	City:	
State:	County:	Zip Code:

Full Name:	DOB:	Relation to Decedent:
Social Security Number:	Percentage to Receive:	
Street Address:	City:	
State:	County:	Zip Code:

Full Name:	DOB:	Relation to Decedent:
Social Security Number:	Percentage to Receive:	
Street Address:	City:	
State:	County:	Zip Code:



Financial and Investment Accounts

Please list all financial and investment accounts that were owned by the Decedent at the time of their death. Under Account Type specify cash, checking, savings, money market, mutual fund, brokerage account, securities (stocks & bonds), certificate of deposit (CD), etc. Please provide a recent statement from each account.

1. Name of Financial Institution: _____ Phone Number: _____
Address: _____
Owner(s): _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____ Beneficiaries: _____

2. Name of Financial Institution: _____ Phone Number: _____
Address: _____
Owner(s): _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____ Beneficiaries: _____

3. Name of Financial Institution: _____ Phone Number: _____
Address: _____
Owner(s): _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____ Beneficiaries: _____

4. Name of Financial Institution: _____ Phone Number: _____
Address: _____
Owner(s): _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____ Beneficiaries: _____



Retirement Benefit Accounts

Please list all of Decedent's retirement accounts such as: 401(k)s, IRAs, Profit Sharing Plans, Thrift Savings Plans, etc.

1. Company: _____ Phone Number: _____
Address: _____
Beneficiaries: _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____

2. Company: _____ Phone Number: _____
Address: _____
Beneficiaries: _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____

3. Company: _____ Phone Number: _____
Address: _____
Beneficiaries: _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____

4. Company: _____ Phone Number: _____
Address: _____
Beneficiaries: _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____



Pension Plans

1. Company: _____ Phone Number: _____
Account Number: _____ Does the plan terminate at the death of the beneficiary? Yes No
Approximate Value: _____

2. Company: _____ Phone Number: _____
Account Number: _____ Does the plan terminate at the death of the beneficiary? Yes No
Approximate Value: _____

3. Company: _____ Phone Number: _____
Account Number: _____ Does the plan terminate at the death of the beneficiary? Yes No
Approximate Value: _____

Stocks

1. Company: _____ Number of shares: _____
Date Issued: _____ Book entry of certificate form: _____
Certificate No. if in certificate form: _____ Account No. if in book entry form: _____
Account Number: _____ Account Type: _____
Type of ownership: _____ Approximate Value: _____

2. Company: _____ Number of shares: _____
Date Issued: _____ Book entry of certificate form: _____
Certificate No. if in certificate form: _____ Account No. if in book entry form: _____
Account Number: _____ Account Type: _____
Type of ownership: _____ Approximate Value: _____

3. Company: _____ Number of shares: _____
Date Issued: _____ Book entry of certificate form: _____
Certificate No. if in certificate form: _____ Account No. if in book entry form: _____
Account Number: _____ Account Type: _____
Type of ownership: _____ Approximate Value: _____



Bonds

Please provide a copy of each bond.

1.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____
2.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____
3.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____
4.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____

List any additional information on other accounts:

Gift Tax Return

Did the Decedent ever file a federal gift tax return?

Yes No

If yes, please provide a copy of all relevant documents



Real Estate

Please list all real estate that was owned by Trust or Decedent's name at the time of death.

This will include residences, rental property, commercial properties, time shares, vacant land, oil and other mineral interests, etc. If you have a copy of the deed, please provide that as well.

1. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests) _____
Address/Location & County: _____
Owner(s): _____
Current Value: \$ _____ Outstanding Mortgage: \$ _____
Is the current value based off of an appraisal or the county assessor? _____

2. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests) _____
Address/Location & County: _____
Owner(s): _____
Current Value: \$ _____ Outstanding Mortgage: \$ _____
Is the current value based off of an appraisal or the county assessor? _____

3. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests) _____
Address/Location & County: _____
Owner(s): _____
Current Value: \$ _____ Outstanding Mortgage: \$ _____
Is the current value based off of an appraisal or the county assessor? _____

4. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests) _____
Address/Location & County: _____
Owner(s): _____
Current Value: \$ _____ Outstanding Mortgage: \$ _____
Is the current value based off of an appraisal or the county assessor? _____



Tangible Personal Property

List jewelry, artwork, furs, antiques, gold, silver, or other valuable coins, cars, boats, etc.

Please list all tangible personal property that Decedent owned at the time of death valued individually over \$5,000.

1. Description: _____

Ownership (Individual/Joint/Trust): _____

Approximate Value: \$ _____ Has the item been appraised?: (Y/N) _____

Appraised Value: \$ _____ Current location of item: _____

2. Description: _____

Ownership (Individual/Joint/Trust): _____

Approximate Value: \$ _____ Has the item been appraised?: (Y/N) _____

Appraised Value: \$ _____ Current location of item: _____

3. Description: _____

Ownership (Individual/Joint/Trust): _____

Approximate Value: \$ _____ Has the item been appraised?: (Y/N) _____

Appraised Value: \$ _____ Current location of item: _____

4. Description: _____

Ownership (Individual/Joint/Trust): _____

Approximate Value: \$ _____ Has the item been appraised?: (Y/N) _____

Appraised Value: \$ _____ Current location of item: _____

List any additional information regarding assets/etc. and include any copies of documents with the estimated value of each item (patent rights, copyrights, contract rights, etc.):



Decedent's Life Insurance Policies

Please provide the following information for all of Decedent's insurance policies. Also, please provide the original policy documentation to us as well.

1.

Life Insurance Company: _____

Policy No.: _____

Owner of Policy: _____

Insured: _____

Beneficiaries: _____

Type of Policy: Term Whole/Universal Accidental/Travel

Death Benefit: \$ _____

Cash Value: \$ _____

Is there any loan against the policy? (Y/N) _____

If "yes", how much? \$ _____

2.

Life Insurance Company: _____

Policy No.: _____

Owner of Policy: _____

Insured: _____

Beneficiaries: _____

Type of Policy: Term Whole/Universal Accidental/Travel

Death Benefit: \$ _____

Cash Value: \$ _____

Is there any loan against the policy? (Y/N) _____

If "yes", how much? \$ _____

3.

Life Insurance Company: _____

Policy No.: _____

Owner of Policy: _____

Insured: _____

Beneficiaries: _____

Type of Policy: Term Whole/Universal Accidental/Travel

Death Benefit: \$ _____

Cash Value: \$ _____

Is there any loan against the policy? (Y/N) _____

If "yes", how much? \$ _____



Decedent's Advisors

Please provide the following information for all of Decedent's advisors.

Financial Planner:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Financial Planner?

Yes

No

Accountant:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Accountant?

Yes

No

Life Insurance Agent:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Life Insurance Agent?

Yes

No

Attorney:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Personal Attorney?

Yes

No

Funeral Home:

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Funeral Home?

Yes

No



