

EVANS & DAVIS

Confidential

Probate Intake Form



Dear Client,

Please accept our condolences for the loss of your loved one. We recognize this is a difficult time and we appreciate you placing your trust in our Firm and for allowing our attorneys to assist your family.

Please complete the attached Probate Intake Form as thoroughly as possible. The information you provide allows us to assess your specific needs and properly assist you.

Once you have completed the form, please return it to our office via mail, e-mail, or facsimile. If you have not done so already, please schedule an appointment with our Firm to review your specific information. You may contact us at our toll free number at (866) 708-2335 or by e-mail at attorneys@evansdavis.com. Please return the completed form at least three (3) business days prior to your scheduled meeting.

Please note that all information you share with our Firm will remain confidential and is privileged attorney/client communication. If you have questions or concerns, please do not hesitate to contact us at any time.

Warm Regards,
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) _____

At the time of death, did the Decedent have a Will? (Y/N) _____

If yes, was the Will probated? (Y/N) _____

Place of Residence: _____

If yes, please provide the original or a copy of the Decedent's Death Certificate.

Spouse's Name

Date of Marriage

Date of Divorce/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.

Name:	Date of Birth:	Gender:	Adopted: (Y/N):
Social Security Number:	Current Address:		
Date of Death (if applicable):	If deceased, please provide the names of any living children*:		

Name:	Date of Birth:	Gender:	Adopted: (Y/N):
Social Security Number:	Current Address:		
Date of Death (if applicable):	If deceased, please provide the names of any living children*:		

Name:	Date of Birth:	Gender:	Adopted: (Y/N):
Social Security Number:	Current Address:		
Date of Death (if applicable):	If deceased, please provide the names of any living children*:		

Name:	Date of Birth:	Gender:	Adopted: (Y/N):
Social Security Number:	Current Address:		
Date of Death (if applicable):	If deceased, please provide the names of any living children*:		

Name:	Date of Birth:	Gender:	Adopted: (Y/N):
Social Security Number:	Current Address:		
Date of Death (if applicable):	If deceased, please provide the names of any living children*:		

Name:	Date of Birth:	Gender:	Adopted: (Y/N):
Social Security Number:	Current Address:		
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 to the Notes section at the end.

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

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

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

Full Name:	DOB:	Relation to Decedent:
Social Security Number:	Percentage to Receive:	
Street Address:	City:	
State:	Country:	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. 401(k), IRA, Profit Sharing, Thrift Savings, 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: \$ _____



Retirement Benefit Accounts (Continued)

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 and Bonds

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: _____



Stocks and Bonds (Continued)

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 work/retirement related 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

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

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

1. **Type:** (Residence, rental, time share, vacant land, oil, and other mineral interests) _____
Address/Location & Country: _____
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 & Country: _____
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 & Country: _____
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 & Country: _____
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 \$5,000.00.

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 policy documentation to us as well.

Policy No. 1

Life Insurance Company: _____

Account 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? \$ _____

Policy No. 2

Life Insurance Company: _____

Account 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? \$ _____

Policy No. 3

Life Insurance Company: _____

Account 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.

Personal Attorney:

Firm Name:

Address:

Phone:

Financial Planner:

Company Name:

Address:

Phone:

Accountant:

Company Name:

Address:

Phone:

Funeral Home:

Address:

Phone:



Notes Continued

Home office & mailing address

Edmond

211 N. Broadway
Edmond, OK 73034
Phone: (405) 286-2335
Fax: (214) 540-6610

Phoenix

2735 E. Camelback Rd, Suite 600
Phoenix, AZ 85016
Phone: (602) 423-2335

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Dallas, TX 75255
Phone: (214) 368-2335

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Stacey L. Bond, Paralegal
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Haley M. Weatherford, Legal Assistant
Cassidy B. Blake, Legal Assistant
Colt L. Coldren, Legal Assistant
Michelle L. Siebert, Legal Assistant
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