

**PROBATE INTAKE SHEET**

DATE: \_\_\_\_\_

NAME OF DECEDENT: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS OF DECEDENT: \_\_\_\_\_

COUNTY OF DECEDENT: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

**SUCCESSOR TRUSTEE/PERSONAL REPRESENTATIVE:**

NAME OF ST/PR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RELATIONSHIP TO DECEDENT: \_\_\_\_\_

BENEFICIARIES:	NAMES	RELATIONSHIP	ADDRESSES

ASSETS:	TYPE OF ASSET	APPROX. VALUE

DGP: \_\_\_\_\_ PROBATE: \_\_\_\_\_

NEED ORIGINAL WILL; 2 DEATH CERTIFICATES IF PROBATE