

PROBATE INFORMATION SHEET

DECEDENT: _____

1. BACKGROUND DATA:

(A) DATE OF DEATH : _____ DATE OF BIRTH: _____

(B) DOMICILE AT DATE OF DEATH:

(C) PLACE OF DEATH _____

(D) SOCIAL SECURITY NUMBER _____

(E) SURVIVING SPOUSE _____

(F) SPOUSE'S ADDRESS _____

(G) DATE OF MARRIAGE _____

(H) IF WIDOWED:
NAME OF DECEASED SPOUSE _____

DATE OF DEATH _____

DEATH CERTIFICATE RECORDED? _____

Date of Will: _____

Date of Trust: _____

Amendments: _____ ;

MISCELLANEOUS:

DESIGNATED PERSONAL REPRESENTATIVE

NAME: _____

ADDRESS: _____

TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

EMPLOYER:

TRUSTEE, IF DIFFERENT FROM ABOVE

NAME: _____

ADDRESS: _____

TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

EMPLOYER:

Probate Information Worksheet

ESTATE ASSETS:

BANK ACCOUNTS
(Name and Number)

_____ YES

_____ NO

STOCKS/or BROKERS
(Company and Account Number)

_____ YES

_____ NO

BONDS

_____ YES

_____ NO

MUTUAL FUNDS

_____ YES

_____ NO

ACCOUNTS RECEIVABLE

_____ YES

_____ NO

Probate Information Worksheet

INSURANCE POLICIES
(Company and Policy Number)

_____ YES

_____ NO

REFUNDS (INSURANCE, UTILITIES, TAX)
(From Whom and Account Number)

_____ YES

_____ NO

PERSONAL PROPERTY

_____ YES

_____ NO

HOMESTEAD:

IF YES, HOMESTEAD EXEMPTION

_____ YES

_____ NO

TAXES CURRENT

_____ YES

_____ NO

UTILITIES TO BE KEPT ON

_____ YES

_____ NO

TERMINATE UTILITIES

_____ YES

_____ NO

APPRAISAL REQUIRED

_____ YES

_____ NO

HOME & CONTENTS

_____ YES

_____ NO

LOCATION OF KEYS:

Probate Information Worksheet

OTHER REAL ESTATE _____ YES _____ NO
(Describe)

SAFETY DEPOSIT BOX _____ YES _____ NO

MOTOR VEHICLES _____ YES _____ NO

VETERAN'S BENEFITS _____ YES _____ NO

LIABILITIES/DEBTS:

TAXES: IS A FINAL 1040 DUE _____ YES _____ NO

IS A 1041 ANTICIPATED _____ YES _____ NO

INTANGIBLE RETURN _____ YES _____ NO

706 (ESTATE TAX) RETURN _____ YES _____ NO

Probate Information Worksheet

MEDICARE _____ YES _____ NO
Policy Number:

SUPPLEMENTAL COVERAGE _____ YES _____ NO
(Company and Policy Number)

MEDICAL CLAIMS TO BE FILED:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

MISCELLANEOUS:

ESTIMATED VALUE OF GROSS ESTATE: \$ _____

TYPE OF ANTICIPATED ADMINISTRATION(S):

& _____

& _____

ATTORNEY FEES QUOTED:

\$ _____

Items Necessary to Commence Administration:

originals:

- Will / Prior Will(s)
- Trust / Amendments
- death certificates - cause of death shown (4)
- death certificates - no cause of death (2)

copies:

- Driver's License of Decedent
- Driver's License of Personal Representative
- Social Security Card of Decedent
- Insurance Policies
- Bank Statements
- Deeds
- Brokerage Reports
- Medical Supplemental Policy
- Previous Year's Tax Return(s)
- Funeral Bill

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