

# PROBATE INFORMATION WORKSHEET

DECEDENT'S NAME \_\_\_\_\_

Include a/k/a, if any \_\_\_\_\_

## BACKGROUND DATA:

DATE OF DEATH : \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

"DOMICILE" AT DATE OF DEATH:

\_\_\_\_\_  
\_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SURVIVING SPOUSE (If Applicable): \_\_\_\_\_

SPOUSE'S ADDRESS: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_

IF WIDOWED:

NAME OF DECEASED SPOUSE: \_\_\_\_\_

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

WAS DEATH CERTIFICATE RECORDED? \_\_\_\_\_

Date of Will: \_\_\_\_\_

Date of Trust (If Applicable): \_\_\_\_\_

Amendments to Trust (if any): \_\_\_\_\_

## MISCELLANEOUS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESIGNATED PERSONAL REPRESENTATIVE (P.R.)**

P.R.'s NAME: \_\_\_\_\_

P.R.'s EMAIL ADDRESS: \_\_\_\_\_

P.R.'s ADDRESS: \_\_\_\_\_

P.R.'s TELEPHONE: \_\_\_\_\_ (CELL)

\_\_\_\_\_ (HOME)

P.R.'s SOCIAL SECURITY NUMBER: \_\_\_\_\_

**EMPLOYER & EMPLOYER'S PHONE NUMBER**

\_\_\_\_\_

\_\_\_\_\_

**TRUSTEE, IF DIFFERENT FROM ABOVE**

TRUSTEE's NAME: \_\_\_\_\_

TRUSTEE's EMAIL ADDRESS: \_\_\_\_\_

TRUSTEE's ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TRUSTEE's TELEPHONE: \_\_\_\_\_ (CELL)

\_\_\_\_\_ (HOME)

TRUSTEE's SOCIAL SECURITY NUMBER: \_\_\_\_\_

**EMPLOYER & EMPLOYER'S PHONE NUMBER**

\_\_\_\_\_

\_\_\_\_\_

**BENEFICIARIES OF ESTATE**

NAME: \_\_\_\_\_  
RELATIONSHIP TO DECEDENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
MARITAL STATUS: \_\_\_\_\_

NAME: \_\_\_\_\_  
RELATIONSHIP TO DECEDENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
MARITAL STATUS: \_\_\_\_\_

NAME: \_\_\_\_\_  
RELATIONSHIP TO DECEDENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
MARITAL STATUS: \_\_\_\_\_

NAME: \_\_\_\_\_  
RELATIONSHIP TO DECEDENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
MARITAL STATUS: \_\_\_\_\_

NAME: \_\_\_\_\_  
RELATIONSHIP TO DECEDENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
MARITAL STATUS: \_\_\_\_\_

**ESTATE ASSETS:**

**BANK ACCOUNTS:**      **Please provide copies of all bank statements, i.e., checking accounts with auto debits/credits.**

BANK ACCOUNTS (Name & Account Number)	_____ YES	_____ NO
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STOCKS & BROKERS NAME (if Applicable) (Company & Account Number)	_____ YES	_____ NO
_____	_____	_____
_____	_____	_____
_____	_____	_____

BONDS	_____ YES	_____ NO
_____	_____	_____
_____	_____	_____
_____	_____	_____

MUTUAL FUNDS	_____ YES	_____ NO
_____	_____	_____
_____	_____	_____

ACCOUNTS RECEIVABLE \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_

INSURANCE POLICIES (Life, Home, Auto) \_\_\_\_\_ YES \_\_\_\_\_ NO  
(Company & Policy Number)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFUNDS (Insurance, Utilities, & Taxes) \_\_\_\_\_ YES \_\_\_\_\_ NO  
(List Company & Account Number)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 REQUESTED? \_\_\_\_\_ YES \_\_\_\_\_ NO

HOMEOWNERS INS. CURRENT \_\_\_\_\_ YES \_\_\_\_\_ NO

STRUCTURAL APPRAISAL? \_\_\_\_\_ YES \_\_\_\_\_ NO

CONTENTS APPRAISAL? \_\_\_\_\_ YES \_\_\_\_\_ NO

LOCATION OF KEYS: \_\_\_\_\_

REAL ESTATE (Other than Homestead) \_\_\_\_\_ YES \_\_\_\_\_ NO  
(Describe)

\_\_\_\_\_

\_\_\_\_\_

SAFE DEPOSIT BOX \_\_\_\_\_ YES \_\_\_\_\_ NO  
(Location & Box Number)

\_\_\_\_\_

MOTOR VEHICLES \_\_\_\_\_ YES \_\_\_\_\_ NO  
(Include Model and Mileage & VIN)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VETERAN'S BENEFITS \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_

LIABILITIES/DEBTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TAXES: IS A FINAL 1040 DUE? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IS A 1041 ANTICIPATED? \_\_\_\_\_ YES \_\_\_\_\_ NO  
706 (ESTATE TAX) RETURN? \_\_\_\_\_ YES \_\_\_\_\_ NO

WHO WILL PREPARE TAX RETURNS?: \_\_\_\_\_

If any funds paid out of pocket, does a Claim/PR Proof of Claim need to be filed?  
If yes, provide details and/or proof of payment:

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MEDICARE \_\_\_\_\_ YES \_\_\_\_\_ NO  
Policy Number:

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SUPPLEMENTAL COVERAGE \_\_\_\_\_ YES \_\_\_\_\_ NO  
(Company and Policy Number)  
Attach copy of card(s)

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POTENTIAL CREDITORS (If any):

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

**MISCELLANEOUS:**

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**ESTIMATED VALUE OF GROSS ESTATE:** \$ \_\_\_\_\_

**PLEASE PROVIDE TO SKIPPER & SKIPPER P.A.**

**ORIGINALS of:**

**Will / Prior Will(s)**

**Trust / Amendments (if applicable)**

**Death certificates - long form (cause of death shown) (2)**

**Death certificates - short form (no cause of death) (2)**

**COPIES of:**

**Driver's License of Decedent**

**Driver's License of Personal Representative**

**Social Security Card of Decedent**

**Insurance Policies**

**Bank Statements**

**Deed(s)**

**Brokerage Reports**

**Medical Supplemental Policy**

**Previous Year's Tax Return(s)**

**Paid Funeral Bill**

**SKIPPER & SKIPPER, P.A.**  
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