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Special Needs Trusts | Elder Law | Long Term Care Planning | Medicaid | Probate | Wills & Trusts
Incapacity Planning | Guardianship | Developmental Disabilities | Veteran's Benefits

PROBATE AND ESTATE ADMINISTRATION INTAKE FORM

DECEDENT INFORMATION

NAME OF DECEDENT: _____

ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____

SOCIAL SECURITY NUMBER: _____

WILL INFORMATION

LOCATION OF WILL, IF ANY: _____

DATE OF WILL: _____

LOCATION OF CODICIL, IF ANY: _____

DATE OF CODICIL: _____

PERSONAL REPRESENTATIVE INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

RELATIONSHIP TO DECEDENT: _____

ALTERNATE PERSONAL REPRESENTATIVE INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

RELATIONSHIP TO DECEDENT: _____

TRUST INFORMATION

NAME OF TRUST, IF ANY: _____

DATE OF TRUST: _____

DATE OF AMENDMENTS AND/OR RESTATEMENTS, IF ANY: _____

TRUSTEE OR SUCCESSOR TRUSTEE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

RELATIONSHIP TO DECEDENT: _____

TRUSTEE OR SUCCESSOR TRUSTEE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

RELATIONSHIP TO DECEDENT: _____

BENEFICIARIES OR HEIRS AT LAW

NAME OF DECEDENT'S SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

NAME OF DECEDENT'S 1ST CHILD: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

NAME OF DECEDENT'S 2ND CHILD: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

NAME OF DECEDENT'S 3RD CHILD: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

NAME OF DECEDENT'S 4TH CHILD: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

NAME OF DECEDENT'S 5TH CHILD: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

NAME OF DECEDENT'S 6TH CHILD: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

OTHER BENEFICIARIES

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

RELATIONSHIP TO DECEDENT: _____

DATE OF BIRTH, IF MINOR: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

RELATIONSHIP TO DECEDENT: _____

DATE OF BIRTH, IF MINOR: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

RELATIONSHIP TO DECEDENT: _____

DATE OF BIRTH, IF MINOR: _____

ASSET INFORMATION

SAFE DEPOSIT BOX: YES: _____ NO: _____

LOCATION: _____

REAL ESTATE:

ADDRESS #1: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DATE OF DEATH VALUE: _____

HOW TITLED: _____

HOMESTEAD: YES: _____ NO: _____

ADDRESS #2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DATE OF DEATH VALUE: _____

HOW TITLED: _____

HOMESTEAD: YES: _____ NO: _____

ADDRESS #3: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DATE OF DEATH VALUE: _____

HOW TITLED: _____

HOMESTEAD: YES: _____ NO: _____

STOCKS AND BONDS

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

BANK ACCOUNTS

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

MONEY MARKET ACCOUNTS OR CERTIFICATES OF DEPOSIT

NAME OF INSTITUTION: _____

ACCOUNT NUMBER : _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

U.S. GOVERNMENT SAVINGS BONDS (E, EE, H)

HOW TITLED: _____

LOCATION OF BONDS: _____

TO BE CASHED: YES: _____ NO: _____

IF YES, NAME OF TRANSFEREE: _____

DATE OF DEATH VALUE: _____

MORTGAGES AND NOTES (RECEIVABLE)

MORTGAGOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

DATE OF DEATH VALUE: _____

MORTGAGOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

DATE OF DEATH VALUE: _____

INSURANCE ON DECEDENT'S LIFE

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

ANNUITIES

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

VEHICLES

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MISCELLANEOUS PERSONAL PROPERTY

DOCUMENTS NEEDED BY THIS OFFICE

- _____ LAST WILL AND TESTAMENT
- _____ TRUST DOCUMENTS
- _____ DEATH CERTIFICATE
- _____ PAID FUNERAL BILL
- _____ REAL ESTATE DEEDS
- _____ VEHICLE TITLES
- _____ COPIES OF ANY BILLS/CREDITORS ADDRESSES
- _____ OTHER: _____
- _____ OTHER: _____