

Curtin Law Firm

Probate Information Form

Meeting Date: _____

of Letters Testamentary: _____

Signing Date: _____

File No: _____

Basic Personal Info

Name of Decedent			
Known Under Any Other Name			
Social Security #		Date of Death	
Address at Time of Death	Street		
	City/State/Zip		
Place of Death			
County Domicile at Time of Death			
Marital Status			

Estate Representation/Executor/Administrator

Person(s) Representing Deceased during the Probate Process (does not necessarily have to be family). Often times the Will names this person (known as the Executor of the Will).

Name of Personal Representative			
Address	Street		
	City/State/Zip		
Social Security #		Relationship	
Home Phone		Cell/Work Phone	
Email Address			

Name of Personal Representative			
Address	Street		
	City/State/Zip		
Social Security #		Relationship	
Home Phone		Cell/Work Phone	
Email Address			

Family/ Heirs

Names of Spouse/Children/Next of Kin. Use additional paper if necessary.

	Full Name	Social Security #	Date of Birth/Age	Address (Include Street & City/State/Zip)	Relationship
1.					
2.					
3.					
4.					
5.					

Other Beneficiaries

Names of Friends/Charities/Churches/Other Organizations to be included in Probating of the Estate.

	Full Name	Social Security #	Date of Birth/Age	Address (Include Street & City/State/Zip)	Relationship
1.					
2.					
3.					
4.					
5.					

Trust

Did the Decedent have a Trust?		If so, please name	
Name of Trustee			
What assets funded the Trust			

Minor Children

Was a guardian appointed in the Will for minor children?		
Name and Address of Guardian	Name	
	Street	
	City/State/Zip	
What assets funded the Trust?		

Additional Information

Use Additional Paper if Necessary

--

Asset Inventory

The Decedent's assets need to be itemized so we may provide proper notice to creditors or people the Decedent owed money to. This also determines the steps needed in probating the Estate. Please fill out the below form to the best of your ability. Supplemental asset forms are welcome. Please just be sure all the categories below are addressed in their entirety.

Cash & Savings

Bank/Savings & Loan	Address	Amount

Stocks & Bonds

Description	# of Shares	Title/Owner	Value

Retirement Programs

Type (IRA, 401(k), Roth IRA)	Company	Beneficiaries	Face Value

Insurance

Type (whole life, term endowment)	Company	Beneficiaries	Face Value
Location of Policies			

Business Interests Business in which the Decedent had a vested interest (owner, partner, or stock holder).

Business	Address	Other Owners	Interest

Georgia Real Estate Owned

Address		Record Title Holder	Value
Mortgage Company		Balance	

Personal Property Miscellaneous items of value owned by the Decedent (automobiles-include year/make/model, jewelry, boats, furniture, paintings, collections, etc.)

Description	Value

Medical Expenses Expenses accrued during last illness (doctors, nursing home, hospital, etc.) or unpaid medical expenses

Was the Decedent receiving Medicaid?	

Other Debts Credit Cards, Utilities, Loans, etc.

Creditor	Address (City/State/Zip)	Account #	Amount Owed (if known)

Did the Decedent have a safety deposit box?	
Location of safety deposit box/ depository	

NOTE: It is important that we be notified of any creditors or outstanding debts held by the Decedent so we can notify them in the appropriate manner. Please be sure the asset inventory is completed to the best of your knowledge with the documentation you have obtained.

Documentation Needed

- Certified Copy of Death Certificate
- Original Wills
- Original Codicils (updates/ changes made to Original Will)
- Copy of Deed
- Copy of Tax Bill
- Last Bank Statements
- Copies of Titles to Automobiles, Boats, Motorcycles, etc.
- Copies of Stock Certificates
- Copies of Bonds
- Other (please list):