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Probate Information Form

Information regarding decedent:

Name: _____
First MI Last

Date of Birth: _____ Place of Birth: _____
MO/DY/YR City State

Date of Death: _____ Place of Death: _____
MO/DY/YR City State

Address at time of death: _____ County: _____
City State

Social Security Number: _____ Spouse's name: _____
 (Decedent) Spouse's SSN: _____
 Spouse's DOB: _____

Information regarding heirs: *(Please list all heirs)*

Name	Mailing Address	Relationship to Decedent	Social Security Number

Financial Institutions:

Name	Mailing Address	Name	Mailing Address

Additional Information to Bring to Your Appointment

- Original of Will and all Codicils
- List of names and addresses of Will beneficiaries
- Death Certificate (if available)
- Title papers for real estate (Deeds/Abstract)
- All available information about assets and their value such as bank or brokerage statements
- Last income tax return of Decedent