

## PROBATE INTAKE INFORMATION

DATE: \_\_\_\_\_

DECEDENT: \_\_\_\_\_

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

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

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_

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

SSN: \_\_\_\_\_

PROPOSED PERSONAL REPRESENTATIVE: \_\_\_\_\_

RELATIONSHIP TO DECEDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

LAST WILL AND TESTAMENT: \_\_\_\_\_

CERTIFIED COPY OF SHORT FORM DEATH CERTIFICATE: \_\_\_\_\_

CHILDREN: \_\_\_\_\_

NAMES/ADDRESSES: \_\_\_\_\_

SIBLINGS: \_\_\_\_\_

NAMES/ADDRESSES: \_\_\_\_\_

ASSETS: \_\_\_\_\_

\_\_\_\_\_

REFERRAL FROM: \_\_\_\_\_