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PROBATE INFORMATION SHEET

Upon completion, please bring this form to your next scheduled appointment along with a certified copy of the decedent's death certificate (if possible). If extra space is needed please provide additional pages.

PERSONAL INFORMATION OF THE DECEASED:

Name of Decedent _____

Street Address, City, State, Zip: _____

County of Residence: _____ Social Security No.: _____

Date & Place of Birth: _____

Date & Place of Death: _____

Date of Will: _____ Date of Codicil: _____

Spouse's Full Name: _____

Street Address, City, State, Zip: _____

Social Security No.: _____ Date & Place of Birth: _____

If Applicable:

Predeceased Spouse Full Name: _____

Social Security Number: _____ Date of Birth: _____

Date of Death: _____

Former Spouse (s) address: _____

PERSONAL REPRESENTATIVE

Name of Nominated Personal Representative: _____

Street Address, City, State, Zip: _____

Social Security No.: _____ The PID No. (if applicable): _____

Relationship to Decedent: _____

Home Phone: _____ Work Phone _____

Cellular Phone: _____ Email: _____

CHILDREN OF DECEDENT (Please specify Biological, Step, or Adopted):

1. Name: _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Social Security No.: _____

2. Name: _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Social Security No.: _____

3. Name: _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Social Security No.: _____

4. Name: _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Social Security No.: _____

5. Name: _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Social Security No.: _____

LIST ANY PREDECEASED CHILDREN:

1. Name: _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Social Security No.: _____

2. Name: _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Social Security No.: _____

OTHER BENEFICIARIES (Siblings, etc.):

1. Name: _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Social Security No.: _____

2. Name: _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Social Security No.: _____

3. Name: _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Social Security No.: _____

4. Name: _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Social Security No.: _____

HOMESTEAD INFORMATION (Provide Deed if Possible):

Address: _____

County: _____ Amount of Mortgage: _____

Fair Market Value: _____

ADDITIONAL REAL ESTATE INFORMATION (Provide Deed if Possible):

Address: _____

County: _____ Amount of Mortgage: _____

Fair Market Value: _____

BUSINESS ASSETS:

Name of Business: _____

Street Address, City, State, Zip: _____

Type of Business: _____

Approximate Value of Business: _____

Name of Person Operating Business: _____

CASH, BANK AND/OR INVESTMENT ACCOUNTS (Provide Latest Statements):

1. Bank/Company: _____

Type of Account: _____ Value as of DOD: _____

Name of Joint Owner or Beneficiary: _____

2. Bank/Company: _____

Type of Account: _____ Value as of DOD: _____

Name of Joint Owner or Beneficiary: _____

3. Bank/Company: _____

Type of Account: _____ Value as of DOD: _____

Name of Joint Owner or Beneficiary: _____

4. Bank/Company: _____

Type of Account: _____ Value as of DOD: _____

Name of Joint Owner or Beneficiary: _____

SECURITIES, STOCKS AND BONDS (Provide Latest Statements):

1. Company: _____
Type of Investment: _____ Value per share as of DOD: _____
Name of Joint Owner or Beneficiary: _____

2. Company: _____
Type of Investment: _____ Value per share as of DOD: _____
Name of Joint Owner or Beneficiary: _____

3. Company: _____
Type of Investment: _____ Value per share as of DOD: _____
Name of Joint Owner or Beneficiary: _____

4. Company: _____
Type of Investment: _____ Value per share as of DOD: _____
Name of Joint Owner or Beneficiary: _____

LIFE INSURANCE (Provide Latest Statements):

1. Name of Company: _____
Value of Policy: _____ Beneficiary: _____

2. Name of Company: _____
Value of Policy: _____ Beneficiary: _____

RETIREMENT ACCOUNTS/ANNUITIES (Provide Latest Statements):

1. Company: _____
Type of Account: _____ Value as of DOD: _____
Name of Joint Owner or Beneficiary: _____

2. Company: _____
Type of Account: _____ Value as of DOD: _____
Name of Joint Owner or Beneficiary: _____

3. Company: _____
Type of Account: _____ Value as of DOD: _____

Name of Joint Owner or Beneficiary: _____

4. Company: _____

Type of Account: _____ Value as of DOD: _____

Name of Joint Owner or Beneficiary: _____

PERSONAL PROPERTY:

Auto: Make and Model: _____ Value: _____

Loan Amount: _____ Debtor: _____

Auto: Make and Model: _____ Value: _____

Loan Amount: _____ Debtor: _____

Value of Furniture and Household Goods: _____

Value of Wearing Apparel and Jewelry: _____

Value of Other Personal Property: _____

FUNERAL EXPENSES:

Name of Funeral Home: _____ Amount Owed: _____

List anyone who advanced funds for funeral expenses:

Name: _____ Amount advanced: _____

Name: _____ Amount advanced: _____

Name: _____ Amount advanced: _____

Did Decedent receive Medical Assistance Benefits? _____

OTHER DEBTS AND/OR CLAIMS (Credit Cards, Medical Bills, Etc.):

Name: _____

Street Address: _____

City, State, Zip: _____

Amount of Claim: _____ Reason for Claim: _____

Name: _____

Street Address: _____

City, State, Zip: _____

Amount of Claim: _____ Reason for Claim: _____

Name: _____

Street Address: _____

City, State, Zip: _____

Amount of Claim: _____ Reason for Claim: _____

Name: _____

Street Address: _____

City, State, Zip: _____

Amount of Claim: _____ Reason for Claim: _____

TAXES:

Date real estate taxes are next due: _____ Amount Due: _____

When did Decedent last file income tax returns? _____

Did Decedent file gift tax returns for gifts made during lifetime? _____

Name of Accountant: _____ Phone: _____

CHECKLIST OF DOCUMENTS TO BRING TO THE FIRST MEETING

- Original Will, all Codicils, and written lists
- List of names and addresses of heirs and/or Will beneficiaries
- Death Certificate (if available)
- Title papers for real estate (deeds, certificates of title, etc.)
- All available information about Decedent's assets and their value
- All available bills and other evidence of Decedent's outstanding obligations
- Decedents last income tax return
- List of questions you may have