



## **PROBATE PLANNING WORKSHEET**

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**Plainview office:**  
**Peoples State Bank Building**  
**100 4<sup>th</sup> Avenue SE, Suite 3**  
**Plainview, MN 55964**

**Rochester office:**  
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**Rochester, MN 55902**

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# Rochford Langins Jarstad LLC

## Probate Intake Form

USING THIS ORGANIZER WILL ASSIST US IN GUIDING YOU THROUGH THE PROBATE PROCESS.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA MAIL, EMAIL OR FAX.

Name of Decedent: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date and Place of Death: \_\_\_\_\_

Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_

How Long at Residence? \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Did Decedent Receive Medical Assistance Benefits? \_\_\_\_\_

### **Will Information**

Is there a Will? \_\_\_\_\_ Original Will? \_\_\_\_\_ Date: \_\_\_\_\_

Separate Writing Found? \_\_\_\_\_ Date of Writing: \_\_\_\_\_

Codicil Found? \_\_\_\_\_ Date of Codicil: \_\_\_\_\_

Safe Deposit Box Bank Location: \_\_\_\_\_

### **Marital Information**

Marital Status: \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

If Divorced, Date and Place of Divorce: \_\_\_\_\_

Please provide a copy of Divorce Decree if possible.

Decedent's Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Spouse Pre-Deceased? \_\_\_\_\_ Date and Place of Death: \_\_\_\_\_

Did Spouse Receive Medical Assistance Benefits? \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Personal Representative Information**

Name of Proposed Personal Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_ Nominated in Will? \_\_\_\_\_

**Children of Decedent and Spouse**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Children of Decedent (who are not children of spouse)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Pre-Deceased Children**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grandchildren? \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grandchildren? \_\_\_\_\_

**Other Beneficiaries (those named in Will and others)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Decedent's Asset Information**

**Homestead Information**

Legal Description: \_\_\_\_\_

\_\_\_\_\_

Exact Name (s) on Title: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ Abstract or Torrens: \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_

Approximate amount of Mortgage: \_\_\_\_\_

Assessor's Est. Market Value: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

**Additional Real Estate Information**

Legal Description: \_\_\_\_\_

\_\_\_\_\_

Exact Name (s) on Title: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ Abstract or Torrens: \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_

Approximate amount of Mortgage: \_\_\_\_\_

Assessor's Est. Market Value: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

**Business and Farm Assets**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Approximate Value of Business: \_\_\_\_\_

Name of Person Operating Business: \_\_\_\_\_

If farm property, please provide list of machinery, crops, leases, etc. and approximate value.

**Cash and Bank Accounts**

Name of Bank: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Balance: \_\_\_\_\_

Name(s) on the Account: \_\_\_\_\_

Account Number: \_\_\_\_\_ P.O.D.? \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Balance: \_\_\_\_\_

Name(s) on the Account: \_\_\_\_\_

Account Number: \_\_\_\_\_ P.O.D.? \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Balance: \_\_\_\_\_

Name(s) on the Account: \_\_\_\_\_

Account Number: \_\_\_\_\_ P.O.D.? \_\_\_\_\_

**Investments: Securities, Stocks, and Bonds**

If individual stocks, please bring to our meeting a list of the stocks, number of shares, and value per share on decedent's date of death.

Name of Company: \_\_\_\_\_

Type of Investment: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

P.O.D.? \_\_\_\_\_ Account Value: \_\_\_\_\_.

Name of Company: \_\_\_\_\_

Type of Investment: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

P.O.D.? \_\_\_\_\_ Account Value: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Type of Investment: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

P.O.D.? \_\_\_\_\_ Account Value: \_\_\_\_\_

**Life Insurance Information**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Policy Value: \_\_\_\_\_

Beneficiary Information: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Policy Value: \_\_\_\_\_

Beneficiary Information: \_\_\_\_\_

**Vehicles (cars, boats, atvs)**

Type: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Est. Value: \_\_\_\_\_

Type: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Est. Value: \_\_\_\_\_

Type: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Est. Value: \_\_\_\_\_

**Retirement Accounts (401(k), IRA), Pensions, Annuities**

Type: \_\_\_\_\_ Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Owner: \_\_\_\_\_

Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Type: \_\_\_\_\_ Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Owner: \_\_\_\_\_

Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Type: \_\_\_\_\_ Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Owner: \_\_\_\_\_

Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Type: \_\_\_\_\_ Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Owner: \_\_\_\_\_

Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**Other Assets**

Est. Value of Furniture/Household Goods: \_\_\_\_\_

Est. Value of Clothes and Jewelry: \_\_\_\_\_

Other Personal Property: \_\_\_\_\_

Other Personal Property: \_\_\_\_\_

Other Personal Property: \_\_\_\_\_



**Decedent's Debts**

**Mortgages**

Lender: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Loan Amount: \_\_\_\_\_ Amount Remaining: \_\_\_\_\_

Monthly Payment Amount and Due Date: \_\_\_\_\_

Lender: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Loan Amount: \_\_\_\_\_ Amount Remaining: \_\_\_\_\_

Monthly Payment Amount and Due Date: \_\_\_\_\_

**Other Debts**

Lender/Creditor: \_\_\_\_\_ Amount: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Debt Description: \_\_\_\_\_

Lender/Creditor: \_\_\_\_\_ Amount: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Debt Description: \_\_\_\_\_

Lender/Creditor: \_\_\_\_\_ Amount: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Debt Description: \_\_\_\_\_

Lender/Creditor: \_\_\_\_\_ Amount: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Debt Description: \_\_\_\_\_

Lender/Creditor: \_\_\_\_\_ Amount: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Debt Description: \_\_\_\_\_

**Miscellaneous Information**

**Decedent's Employer**

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Expected Salary to be Paid: \_\_\_\_\_

**Possible Income**

Does Decedent have an interest in any rental property? \_\_\_\_\_

Does Decedent expect any other income? \_\_\_\_\_

**Tax Information**

Date Real Estate Taxes are next Due: \_\_\_\_\_ Amount: \_\_\_\_\_

Date of Last Income Tax Filing: \_\_\_\_\_

Did Decedent ever file gift tax returns? \_\_\_\_\_

**Funeral Expenses**

Funeral Home: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Who paid for the funeral? \_\_\_\_\_

**Last Illness Expenses**

Hospital: \_\_\_\_\_ Date(s): \_\_\_\_\_

Address: \_\_\_\_\_

Amount: \_\_\_\_\_ How Paid: \_\_\_\_\_

Treating Physician: \_\_\_\_\_

**IMPORTANT: WHAT TO BRING TO THE ATTORNEY-CLIENT MEETING**

- Original Will, Codicils, and any Separate Writings pertaining to these
- Certified copies of the Death Certificate
- Title Papers and Deeds for Real Estate
- Vehicle Titles
- Recent Bank Statements
- Insurance Policies (life, home, auto) and Retirement Account Information
- Creditor Information (mortgage, loans, credit cards, utilities, other bills)
- Last income tax return and property tax return of Decedent
- List of Heirs with addresses and phone numbers
- List of Questions Client May Have