

PROBATE PLANNING WORKSHEET

**Peoples State Bank Professional
Building**
100 4th Avenue SE, Suite 3
Plainview, MN 55964

Downtown Riverside Building
400 South Broadway, Suite 202
Rochester, MN 55904

Phone: 507-534-3119
Fax: 507-216-9916

Rochford & Langins, 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